The Human Support Group Limited

# Human Support Group Limited - Bolton

## Inspection report

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Tel: 01204827467

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19 September 2016

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## Ratings

| Overall rating for this service | Requires Improvement |
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| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The inspection took place on 19 September 2016 and was announced. The last inspection was undertaken on 10 July 2013 when the service was found to be meeting all the requirements reviewed.

Human Support Group Limited – Bolton provides care and support to people that enables them to remain in their own homes. Care is provided to people with a mental health related illness and to people who require help with personal care and daily living tasks.

There was a registered manager in place at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Appropriate individual and general risk assessments were in place and were reviewed and updated as required. Accidents and incidents were recorded, analysed and followed up with appropriate actions.

There were appropriate policies in place with regard to safeguarding and whistle blowing. Staff were able to demonstrate an understanding of safeguarding issues and how to report a concern. Safeguarding concerns had been followed up appropriately by the service. Staff were aware of the whistle blowing policy and confident to use it if necessary.

The recruitment process was robust, helping to ensure that people who used the service were suitable to work with vulnerable people. Disciplinary procedures were followed appropriately by the service in accordance with their policy.

Staff members and people who used the service told us there was a high turnover of staff and people complained that there was little consistency with regard to care staff. We spoke with the registered manager about this and they told us they tried to cover shifts with existing staff and agency when needed. They agreed that staffing had been an issue recently and they were in the process of recruiting more staff to help alleviate this problem.

Appropriate policies and training were in place with regard to medicines. Medicines errors were dealt with

according to the service's policies and procedures.

The induction was robust and included all mandatory training, practical and theoretical. Staff were required to do a shadowing shift before working alone and competence checks were carried out to ensure they were capable of the work.

There was on-going refresher training offered for mandatory training and many staff had chosen to undertaken National Vocational Qualifications (NVQ) courses. Some of the refresher training was out of date, but we saw evidence of courses arranged for the near future to bring this up to date.
The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA). Consideration was given to people's ability to make decisions, best interests decisions were made appropriately and consent was sought for all interventions.

People who used the service told us staff were kind and caring. People felt staff went above and beyond what was expected of them. Equality and diversity was respected and the service endeavoured to ensure people had support that was appropriate to their individual needs, culture and beliefs. People were treated with dignity and respect and independence was promoted.
The care files we looked at were person-centred and included information about people's needs, background, preferences, likes and dislikes. People were included in care planning and reviews.
There was an appropriate complaints policy and formal complaints were followed up appropriately by the service. However, some people we spoke with felt their concerns, when they rang the office, were not dealt with satisfactorily.

The registered manager at the service had been in post for a short time and they told us they intended to tighten up some of the practices at the service. People who used the service had mixed views about the effectiveness of the management of the service.

The management linked into local partnership meetings in order to share good practice and discuss issues and concerns.

Staff told us they were well supported by the management. There were regular team meetings, supervisions and appraisals undertaken.

Regular audits were undertaken by the service and issues identified used to contribute to the improvement of the service delivery. Customer feedback was regularly sought to help ensure the service remained appropriate for people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

Appropriate individual and general risk assessments were in place. Staff were able to demonstrate an understanding of safeguarding issues and how to report a concern. Appropriate policies and training were in place with regard to medicines.

The recruitment process was robust and disciplinary procedures were followed appropriately by the service in accordance with their policy.

Staff members and people who used the service told us there was a high turnover of staff. This meant that there was often inconsistency for people who frequently had different carers.

### Is the service effective?

**Good**

The service was effective.

The induction was robust and training was on-going for staff. There was on-going refresher training offered for mandatory training and

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and consent was sought for all interventions.

### Is the service caring?

**Good**

The service was caring.

People who used the service told us staff were kind and caring. People felt staff went above and beyond what was expected of them.

Equality and diversity was respected and people were treated with dignity and respect. Independence was promoted.

### Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

The care files were person-centred and included information about people's needs, background, preferences, likes and dislikes. People were included in care planning and reviews.

There was an appropriate complaints policy and formal complaints were followed up appropriately. However, some people we spoke with felt their concerns, when they rang the office, were not dealt with satisfactorily.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

People who used the service had mixed views about the effectiveness of the management of the service.

The management linked into local partnership meetings in order to share good practice and discuss issues and concerns.

Staff told us they were well supported by the management. There were regular team meetings, supervisions and appraisals undertaken.

Regular audits were undertaken by the service and customer feedback was regularly sought.

# Human Support Group Limited - Bolton

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19 September 2016. The provider was given 48 hours' notice of the visit. This was because we needed to be sure a member of the management team would be available at the office to facilitate the inspection. This inspection team consisted of one adult social care inspector.

Prior to the inspection visit we gathered information about the service. We looked at the information received about the service from notifications sent to the Care Quality Commission (CQC) by the registered manager. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

On the 19 September 2016 we spent time at the office and looked at seven staff files, seven care records, policies and procedures, meeting minutes, disciplinary records and other records held by the service. Following the inspection we received the training and supervision matrices and other quality assurance records. We spoke with the registered manager, the transition officer and four members of staff.

Following the inspection we contacted four professionals who have regular contact with the service, a further eight staff members and twenty one people who used the service to obtain their views and opinions.

Requires Improvement

# Our findings

We looked at seven care files and saw that there were general risk assessments relating to the environment, as well as individual risk assessments for issues such as moving and handling, mobility and medicines. These were reviewed on an annual basis, or when any changes occurred.

We saw that accidents and incidents were recorded appropriately. These were collated at the company's head office and monitored for any trends or patterns, which would then be followed up with actions.

There were appropriate policies and procedures in place relating to safeguarding and whistle blowing. We saw that safeguarding training was given to all staff as part of the induction programme. This was then to be renewed every two years, but some staff we spoke with told us they had not had refresher training for some time. However, staff we spoke with had an understanding of safeguarding and were aware of how to report any concerns. Staff we spoke with also knew about whistle blowing procedures and were confident to report any poor practice they may witness.

There had been a small number of safeguarding concerns raised at the service and these had been dealt with appropriately via the service's policy and procedures, which included referring to the local authority safeguarding team to investigate.

We looked at seven staff files and saw that the recruitment process was robust. Each file included a job application, job description, proof of identity, two references and a Disclosure and Barring Service (DBS) check. A DBS check helps to ensure people's suitability to work with vulnerable people. We looked at the service's records with regard to disciplinary procedures. These had been completed as per the company's policy and procedures and appropriate action had been taken.

Some staff told us that staffing levels were an issue and that there was a high turnover of staff. One told us, "A lot of staff have left recently". Another said, "There is no consistency with carers due to people leaving regularly". People who used the service also felt there was a high staff turnover. The main issue reported by people who used the service was that the service often struggled to supply the same care staff consistently. This meant that sometimes the staff were unaware of people's individual needs and preferences and left people who used the service feeling frustrated.

One person who used the service said, "I feel the service has gone downhill and they have lost some good carers because they don't know where they are going or who they are going to. They send them all over

Bolton". Another told us, "They [staff] don't always turn up on time as they are so busy". A third commented, "They are reasonably reliable but a lot of staff don't stay", and another said, "I mostly have the same carers and they turn up on time". Other comments included, "I have the same support worker [name]. He is always on time. On the rare occasion he isn't he rings the office and they let me know they he is going to be a bit late. He always comes though. Never missed a visit"; "They are always on time. The few times they haven't, they have rung and let me know. I have the same support team. New people are introduced to me first. I've had the same worker for about a year and a half"; "Could be better. It's good when I have the same carers"; "I am very weak and don't feel safe but they are never here on time in the morning"; "The visit is supposed to have been at 08.00. Only twice have they managed the visit before 08.30. When I've complained to the carers that they are late, they show me that they have three visits scheduled for the same time. Somebody is always going to get let down as nobody can be in two places at once"; "It just depends who I get. One lady comes for several visits and they are really good. The others are hit and miss".

The registered manager told us that they covered shifts with existing staff, quality monitoring officers and seniors if required. Agency staff were used as a last resort. The registered manager also told us the company were endeavouring to recruit more staff to help alleviate this issue.

The service had a 'no access' policy. This was an out of hours response team who fielded telephone calls outside normal working hours. They were able to contact the on call manager if, for example, a carer had failed to turn up for a visit, so that this could be addressed.

All staff were well supplied with personal protective equipment (PPE) in order to help prevent cross infection when delivering personal care. Staff we spoke with confirmed that they had access to enough equipment at all times.

We saw that carers and support workers had undertaken the appropriate training with regard to medicines. We saw that medicines errors were dealt with appropriately by the service as per the policy and procedure.

Good

# Our findings

Comments from people who used the service about staff skills and abilities included, "[Name] definitely knows what he is doing"; "The staff are consistent, well trained"; "Yes, definitely well trained"; "Some are effective"; "Oh yes, I have no worries"; "Not all of them [know what they are doing]. I have two that come and they are excellent. The one I had yesterday was awful"; "Most of them are quite good. I do have to explain each time they come though because they send different ones"; "Some people want to get out as quick as they can. They don't do the full visit time".

We looked at the training matrix and at staff personnel files to ascertain the level and frequency of training within the service. We saw that the induction was robust and included all areas of mandatory training, including moving and handling, safeguarding, dementia awareness, mental capacity awareness, health and safety, health and personal care, medication, fire safety awareness, first aid awareness, food safety awareness and infection control awareness. There was also training in the company's policies and procedures. There was practical as well as theoretical training and people were tested to see if they were competent in each area before commencing work. Staff were also required to do a shadowing shift prior to working on their own. This was confirmed by information we saw within people's personnel files. We also saw within these files that competence checks were undertaken regularly to ensure people's skills remained current and up to date. There was an employee handbook given to each new worker. This included information about staffing issues and policies and procedures.

However, we saw from the matrix that some of the refresher training required was out of date. The registered manager informed us that many staff were undertaking National Vocational Qualifications (NVQ) at various levels and this would include all areas of training. Some employees had undertaken distance learning courses and training courses had been arranged for other staff in the near future so that all training would be brought up to date very soon.

We saw the supervision matrix which evidenced regular supervision sessions with staff. We also saw supervision records within staff members' files and staff we spoke with told us supervisions were carried out regularly. Appraisals were undertaken on an annual basis for all staff and these were also evidenced within the matrix.

We looked at seven care files at the office, duplicates of which were kept in people's homes. We saw that all aspects of health and personal care requirements were recorded clearly and the care plans were reviewed on a six monthly basis. Each plan included information about tasks to be undertaken, risk assessments and

details of other professionals involved with the individual.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. There was an appropriate policy with regard to MCA. Staff had undertaken MCA training within their induction and some had also received further training via NVQ courses. Staff we spoke with demonstrated an understanding of decision making and how to assist people to make decisions where required. The company had appointeeship for some people who used the service, so that they could manage people's money. Decisions about appointeeships had been agreed with families, the person who used the service and professionals involved to ensure that these decisions were made in people's best interests.

We saw that consent forms with regard to issues such as disclosure of information and agreements to keeping care plans in people's homes were included with in care files. These were signed by people who used the service, if possible. One person who used the service told us, "They [staff] wouldn't do anything without asking me first". We asked staff we spoke with how they obtained consent to deliver personal care. One staff member said, "We ask people and give encouragement". Another told us, "We always try to gain consent, but we have to accept refusals and report this afterwards to ensure they are getting the right care". A third staff member said, "We always ask for consent and give lots of encouragement".

Good

# Our findings

One person who used the service said, "They [staff] are alright. They are talkative and very helpful. It is one and a half years since I had a missed visit". Another told us, "All the staff are really nice, but they don't always turn up on time as they are really busy". A third said, "The carers are brilliant". A fourth person commented, "[Staff member] goes above and beyond. I was trying to sort flowers for my sister. [Staff member] googled it and found me a local florist and arranged it with me". Other comments included: "[Staff member] is very good, he's fantastic"; "They [staff] are very nice indeed. I am really happy with the carer that's visiting me. They are lovely really"; "Most of them [staff] are very nice. Some I would say are absolutely lovely. Some of them do a bit more for you; others can't wait to get out of the door"; "My main carer is [name]. She is fantastic"

One staff member told us, "It's brilliant, I love it. I don't mind getting up in the morning. We are promoting independence when people achieve their goals. It's good to see". Another staff member said, "I get on well with all the staff and enjoy working with them".

The registered manager told us that they endeavoured to match people up with their preferred gender of carer as well as looking at people's needs with regard to carer skills, languages and culture. They gave examples of where carers and people who used the service had been matched up to ensure they were compatible in these areas. We saw that some staff had undertaken training in equality and diversity.

The service produced a service user guide which included information about the service for people who were thinking of using the service and their families. It included the Care Quality Commission regulations, the service's statement of purpose, aims, services, staff information, complaints procedure, fees, contact numbers, safeguarding information, confidentiality and service user rights.

Regular customer satisfaction surveys were sent out to people who used the service and their families to help ensure their views and opinions were taken into account when looking at development and improvement to the service.

We asked people if they were treated with dignity and respect. One person said, "I'm always treated with dignity and respect". Another commented, "I'm comfortable when they do personal care with me. They make me feel fine". When asked how they respected privacy and dignity one staff member told us, "I close the curtains, or cover people up". Other staff members made similar comments about ensuring people were covered appropriately and that curtains and doors were kept closed.

We looked at how the service promoted independence. A person who used the service told us, "I prepare my own food but they [the service] support me with shopping. I pick which supermarket we are going to and what food I am getting". One staff member told us, "I meet the person in town [to take to activities], rather than picking them up. This helps encourage them to be more independent".

Requires Improvement

# Our findings

We looked at seven care files and saw that they included a significant amount of personal information, including a document called 'About Me'. This contained background information, family, interests, friends, work history and health. People's preferences were recorded and the registered manager told us that the service tried to ensure people had choices in the support offered to them. However, people did not always get their choice of carer or time of call.

One person who used the service said, "I asked for the same person every time and they said yes. I didn't like the idea of having someone different". Another said, "Different carers came but I put my foot down and asked for the same one". A third person commented, "Different people do calls, I would like the same one, but it has not happened". Another said, "I do not like to go to bed before 9 pm but last time they [carers] came at 7.30 pm – I don't want to go to bed then". Another commented, "They get my breakfast for me when it's needed. They ask me what I want and give me a choice of things".

Many of the visits to people who used the service, particularly those with mental health issues, were to facilitate activities, such as shopping, visits to the gym and the pursuit of hobbies. We saw evidence that people were encouraged to pursue their interests and supported to attend places where they could do this.

People who used the service said they were involved in care planning and reviews. One person we spoke with said, "I'm involved in reviews with the CPN (Community Psychiatric Nurse)". Another told us, "I've been involved with reviews. The one criticism I have is that they need to maintain the agreed time [for visits]". A third person told us, "Yes, I attend a review and go through the care needed. They also ask me for details about the service". A fourth told us, "I had a review with [name] from home care recently. During the review [name] asked for feedback about the service. I am perfectly happy". We saw from the care records we looked at that the service included families in care planning and reviewing, where appropriate.

There was an appropriate complaints policy and procedure in place. A complaints log was collated by the service and the results were collated and analysed by head office to help ensure themes and patterns were picked up and addressed with actions.

A customer agreement included within people's care plans included the complaints procedure. This was also outlined within the service user guide and we saw posters displayed in the office, which summarised the complaints procedure.

We asked people who used the service about whether they had complained and how complaints were dealt with. One person told us, "I am quite satisfied – no complaints". Another said, "Any problems, I ring the office and they will sort it out". A third person said, "They do respond to complaints but are only partly helpful. I was three weeks without personal care because they didn't replace the staff who left". Other comments included, "I ring if they are late. The office sort it out"; "I complained once. The office didn't tell the carers that I'd cancelled the visit because I was going out. It's the office not the carers I think the problem lies with"; "I'm fed up of complaining. Yesterday I had someone that was a bully, I explained to the office staff, I'm sick of telling them, but it doesn't change"; I have complained a few times. Some things they've ironed out but not altogether. There are still issues"; "Fine, no complaints"; "I complained about a staff member and they didn't come again. They [management] rang and apologised".

We asked staff about how well the service managed transition between services. Staff members felt this was fine, but one person commented that communication from other professionals could be better when people had been in hospital or had a GP visit. This would enable carers to know if changes had been made or extra support was required.

# Our findings

There was a registered manager at the service, who facilitated the inspection at the office. The manager had been in post for a short time and explained that there were certain practices and tasks that would be tightened up in the future. For example, some staff training was out of date, but the registered manager had arranged courses for the near future.

We saw minutes of the local Health and Social Care partnership meeting which had been attended by a member of the management team. The agenda included a skills for care update, training issues and sharing of good practice. The manager told us that they intended to start attending provider meetings. These took place two or three times per year and were a forum for discussing issues and sharing good practice.

A health care professional we spoke with told us that there were certain issues that they were hearing about on a regular basis. These included staff not turning up at the times stated in the care plans, staff being unaware of people's needs, not staying for the allocated time or rushing and not undertaking tasks as per the care plan. However, they felt there were relatively few complaints in relation to the size of the service and the complexities relating to some of the people who used the service.

People who used the service had mixed views about the management of the service. Comments included, "The office [staff] are useless. I am sick to death of having four different carers every day"; "We can't get hold of them [office staff]"; "I would definitely recommend the service to others needing support"; "I'd recommend the service without a doubt"; They've been fine with me, I have nothing but positives to say"; "No, I wouldn't recommend them. If they altered the timing [of visits] it would be marvellous"; "Personally wouldn't recommend it. It is not well led at all"; "When I get the good ones it's a good service. It is inconsistent though".

We asked staff members if they felt supported by the management. One staff member said, "No problem with management. They are very supportive and try to accommodate requests made for extra hours. As a company they are good". Another said, "They are not supportive with issues brought up". A third commented, "They [management] are pretty helpful", and a fourth said "Management are always supportive and we have a manageable workload. The induction is good and you can have further training if you want to". A fifth staff member told us, "I feel well supported. Whenever I've needed support I've got it. I'm quite happy in my work".

The employee handbook, given to each new member of staff, included a range of information to support

staff within their employment. We saw that staff supervisions were undertaken on a regular basis. These provided a forum for staff to raise any issues and to look at their professional development. Team meetings also took place regularly and we saw minutes of the most recent of these. Items discussed included missed calls, supervisions, note taking, log in and log out, medication recording and sickness reporting. Staff who were unable to attend team meetings received a copy of the minutes. One staff member commented, "Team meetings and supervisions are helpful". We saw that regular observations of practice took place in order to ensure people's skills and abilities still met the required standards.

A number of audits were undertaken by the service. For example medication administration record (MAR) sheets were audited on a monthly basis. This meant that any medicines errors could be picked up and issues, such as the need for further staff training could be addressed. Comments books were used in people's homes and these were also audited monthly to help pick up on any issues, accidents and incidents and complaints were audited and analysed by head office to identify patterns and trends and address these.

Service user feedback was sought via regular telephone checks from the office to ascertain people's satisfaction with the service. Customer satisfaction questionnaires were sent out twice yearly and we saw the results of the most recent questionnaires. These demonstrated a high level of satisfaction from people who used the service and their relatives. We saw that these were analysed by the company, issues identified and actions recorded to be completed by the service.