

# The Human Support Group Limited

## Human Support Group Limited - Callendar Court

### Inspection report

Beacon Lough Estate  
Gateshead  
NE9 6RR

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Requires Improvement</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Inadequate</b> ●

# Summary of findings

## Overall summary

About the service: Callendar Court is an 'extra care housing' service, and provides personal care for people, some of who may be living with dementia. At the time of the inspection, there were 32 people who used the service.

People's experience of using this service: Medicines were not managed safely. We could not be sure people received their medicines as prescribed.

At the time of inspection, six people had not had their care needs assessed by the Provider. Other care records which had been created were not always accurate or up to date.

Risks to people had not always been mitigated. Management checks were either absent or not sufficiently robust to drive improvement to ensure the safety of service users.

Relatives we spoke with told us there were concerns regarding the level of care provided when the provider first took over the service, but told us that this seemed to have settled down.

Staff and people told us that there were enough staff employed to support people.

Staff interactions seen during the inspection were both kind and caring and people told us staff were kind and considerate.

Records showed people and their relatives had been involved in making decisions regarding people's ongoing care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: This was the first inspection since the provider was registered with the Care Quality Commission in November 2018.

Why we inspected: The inspection was brought forward due to information of concern received and associated risks.

Enforcement: Four breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 were identified. Please see the 'action we told the provider to take' section towards the end of the report.

Follow up: We have requested an action plan from the registered provider as to how they plan to address the breaches in regulation and make improvements to the service.

The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor

information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our Caring findings below

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our Well- led finding below.

**Inadequate** ●

# Human Support Group Limited - Callendar Court

## **Detailed findings**

### Background to this inspection

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

The inspection was prompted in part by notification of an incident following which a person using the service had not received their full dosage of prescribed medicine for a period of four weeks.

The information shared with CQC indicated potential concerns about the management of risk regarding unsafe medicines management. This inspection examined those risks.

**Inspection team:** The inspection team consisted of one inspector on the first day, and two inspectors on the second day, one of who was a pharmacy inspector.

**Service and service type:** Human Support Group Callendar Court, provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager deregistered on 4 February 2019. The current manager had submitted their application to register with CQC.

Notice of inspection: The inspection was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure people would be in.

What we did: Before the inspection we reviewed the information, we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

Due to the responsive nature of this inspection the provider did not complete a Provider Information Return (PIR). This is information we require providers to send to us at least annually to give us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection: We looked at two care plans and supporting daily notes, 12 medicine administration records (MAR). We spoke with four people who used the service and three relatives. We spoke with the manager, the regional director, the chief executive officer, the care co-ordinator, and two carers. We also spoke with one carer from another organisation. We looked at four staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

After inspection: The manager sent us further information which we had requested.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely; Assessing risk, safety monitoring and management.

- Medicines were not managed safely. The provider's medicines policy was issued in 2013 and did not have a documented review date. Staff had not signed to say they had read the policy and as a result we found staff were not following the policy. Training had been delivered to staff the week preceding the inspection however competency assessments were not in place to ensure staff were safe to administer medicines.
- Medicines administration records did not reflect the medicines staff were administering or the medicines that were prescribed. Although the level of support people needed with medicines was documented, this was not always followed by staff. Care plans lacked the detail to ensure people had the care to meet their individual needs.
- The provider had failed to take urgent action in relation to issues regarding the safe management of medicines which had been identified prior to our inspection.
- One person required support with their inhaler which was not recorded on their MAR. In addition, this person's inhaler had exceeded its expiry date. Another person had run out of one type of inhaler and as a consequence they were using their other inhaler as a result but were using it more times than had been prescribed by their GP.
- People's allergies had for some people, not been recorded on their MAR charts. For example, one person's care plan stated they had allergies to certain medicines which was dangerous to their health but recorded as 'no known allergies' on their MAR.
- Staff had failed to administer people's medicines safely. Staff had failed to recognise and act upon clear instructions which had been received from the hospital regarding one person's particular type of medicine. Instructions had been clearly highlighted and stated one type of medicine should not be given at the same time as another type of medicine due to possible interactions between the two types of medicine. Records showed both medicines had been given together.
- There was no robust audit process in place to identify, mitigate or improve the handling of medicines within the service. One relative we spoke with told us "There have been a few occasions when I have found tablets on the floor under the chair – staff have got to watch [Person] taking them – hasn't happened for a couple of weeks now."

We spoke to the manager regarding the issue above and they confirmed to us this person's care plan had been updated to include staff would now watch whilst this person took their tablets.

- There were shortfalls and omissions with the management of risk. For example, risk assessments for people living with diabetes were not sufficiently detailed to guide staff in the actions they should take in the event of certain symptoms.
- Risk assessments had not been updated for people when a change of need was identified. An assessment

had been completed by the speech and language therapist for one person at risk of choking. However, the required risk assessment to protect the person from harm had not been implemented.

This is this as a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe Care and Treatment

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Safeguarding incidents were logged and reviewed by the manager. We identified one safeguarding issue had not been notified to the Commission in a timely manner.
- Safeguarding investigations were completed. However, the provider failed to act swiftly to prevent a reoccurrence of an ongoing issue identified during the inspection. For example, an investigation into a medicine safeguarding issue had been completed, but medicine issues continued to be identified during our inspection.
- People told us they felt safe. Staff understood their role in how to protect people and were able to describe actions they would take to escalate any concerns.

Staffing and recruitment.

- Safe recruitment procedures were followed.
- There were enough staff deployed to meet people's needs. People and relatives we spoke with told us there were enough staff to support their needs. One person we spoke with told us, "Yes, there is enough staff. They come on time to see me."

Preventing and controlling infection.

- Infection control procedures were in place which minimised risks to people. Staff confirmed they had access to personal protective equipment (PPE).



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience.

- There were considerable gaps in mandatory training which the provider had deemed necessary. A review of the training matrix highlighted some staff, (that is 19% of overall staff), had not received their refresher training in mental health awareness. For two members of staff their mental health awareness training was dated 2013 and 2014 respectively. Training had also lapsed for three members of staff with regards to fire safety training. This meant the provider could not be assured all staff had the necessary up-to-date skills and competence to undertake their job role and care for people safely.
- Training for specific conditions such as dysphagia had not been provided for staff. One person receiving care had been assessed by healthcare professionals as having dysphagia and was at risk of choking. This person had, had an episode of choking.

This is a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing.

- Staff received supervision in line with the providers policy. Staff told us they felt supported. Comments included, "Yes I have had supervision and I found it useful – it was brilliant!"
- An induction programme was in place for newly recruited employees. Staff completed the induction programme prior to working with people.
- New staff were subject to probationary reviews for their first six months of employment and completed a period of shadowing existing staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- The provider had failed to carry out their own assessment of the care needs and preferences of six people using the service. Because of this lack of action, the provider found themselves being reliant upon the previous provider's care plans for people living at the service. This meant the provider could not assure themselves they could fully meet the needs of the people and to ensure people received safe and effective care.

This is a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person Centred Care.

- The manager advised they had a plan in place to address this shortfall.
- Other records viewed contained person-centred information about people's care. For example, how people

wished to be addressed, which food they liked to eat and how staff should support them to feel safe.

- People had access to technology which they could use to alert staff if they required assistance. People we spoke with told us staff answered their calls in a timely manner.

Supporting people to eat and drink enough to maintain a balanced diet.

- One person's specialist dietary need had not been updated into their individual care plan following an assessment carried out by the Speech and Language Therapist team (SALT). This meant staff were unaware of the change in this person's needs.
- People we spoke with told us staff supported and encouraged them to eat well.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Care records showed the involvement of other healthcare professionals such as district nurses, GPs and local authority services.
- People were supported to attend hospital appointments or doctor's appointments when required.

Adapting service, design, decoration to meet people's needs.

- Each person living at the service had their own self-contained flat. The main building itself had recently undergone considerable refurbishment.

Ensuring consent to care and treatment in line with law and guidance.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

- We checked whether the service was working within the principles of the MCA. At the time of this inspection the service was not supporting anyone who lacked capacity.
- Staff we spoke with had a good understanding of the MCA and their responsibilities. Staff understood the importance of gaining a person's consent before providing any care and support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; equality and diversity.

- The provider had failed to take timely action to ensure six people received care and support from staff which reflected their current needs.
- The provider had failed to recognise the importance of ensuring all staff were provided with training and support to allow them to provide care and support to people in a personal way.
- People told us staff were kind and caring and treated them with respect Comments included, "Staff are respectful yes. They chat on to me when they are busy and ask if there is anything they can do – it's lovely when they ask you!" and "Carers are lovely, and people seem a lot happier." We received mixed comments from relatives which included "Staff seem to be kind and caring. There were issues at the beginning but I had a meeting with the manager and it was sorted."
- Staff understood people's needs well and knew their likes, dislikes and preferences comments included "Some people can't get out and about, so it is important that we take time to chat with people to get to know them," and "I love working here and caring for people. There are some days I come in a few hours earlier to chat with people!"
- We observed staff treated people with dignity and respect. Staff chatted with people and there was lots of laughter heard during the inspection.

Supporting people to express their views and be involved in making decisions about their care.

- People had been involved in making decisions about their care. Their preference to be supported by male or female staff were respected. Relatives confirmed they had been involved in decisions.
- Information about advocacy services was available. An advocate helps people to access information and to be involved in decisions about their lives. Staff knew how to refer to advocacy services if this was required.

Respecting and promoting people's privacy, dignity and independence.

- People we spoke with told us staff were respectful in the way they provided care and also when they spoke to people. One person we spoke with told us their carer prompted them to take their shower along with prompting to prepare their own meals but added "The staff will always ask if I want help with my meals – that is nice."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's needs were not always met. One person's care plan included detail of how staff should carry out two 'comfort checks' through the night. A review of this person's daily notes showed these checks were not being carried out. We spoke to the manager regarding this omission. They told us this person's care plan was not correct and these checks would be removed from their care plan.
- Technology was used to allow the provider to monitor if staff were either late or failed to attend scheduled calls. The system alerted the manager if staff had failed to log into individual people's system within 30 minutes of their scheduled timeslot.
- Information was available in a variety of formats to meet people's individual needs. The service was complying with the requirements identified in the Accessible Information Standard.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place. The manager told us an informal concern had been received. This had been investigated and an outcome provided and in line with the provider's own policy.
- People told us they would be confident to raise complaints if they needed to.
- We received mixed responses from relatives. One relative told us they had raised concerns at the time when the provider first took over the service, but things had settled down now and they were happy with the care their loved one received. Another relative told us they hadn't raised a complaint and they were unsure who they would raise a complaint with if needed.
- No compliments had been recorded as received.

End of life care and support.

- At the time of inspection nobody was receiving end of life care. Staff had not received training in end of life care. However, the provider assured the inspector should the need ever arise, staff would receive end of life training and end of life planning would be put in place.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The manager of the service was not always visible to people or their relatives. Some relatives told us they did not know who the service manager was.
- The systems in place to monitor the quality of the service were ineffective, this placed people at risk of harm. A review of records showed the only quality monitoring to have been completed since the provider took over the service in November 2018, was 11 medicine audits completed on 12 February 2019. As a result, issues and areas of concern we identified during our inspection had not been proactively identified by the leaders within the organisation.
- Staff did not reflect on their practice to consider different ways of working to drive improvements. Issues identified in January via a statutory notification submitted to CQC regarding medication, continued to be a safety issue up to the point of inspection. We identified a lack of reflective practice and awareness in relation to the manager investigating issues of care provided for people living at Callendar Court.
- Records relating to the management and monitoring of the regulated activity were not accurate nor were they adequately maintained.
- The leadership of the service was ineffective and there were gaps in the knowledge of the manager. These concerns included the lack of completed care plans, lack of overall governance of the service along with medicine issues identified. The provider had failed to ensure appropriate and timely support was given to the manager. The manager was also managing an additional location alongside Callendar Court.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good Governance

- The provider employed a Regional Director. Their role included providing support and mentoring to the manager of the service. The Regional Director had arranged for the manager to buddy up with an existing experienced registered manager by way of further support to them in their role.
- The manager shared with us their 'goals' for the service. These included a wider range of activities and pen-pal service involving local schools for people to engage with. In addition, plans were in place for all staff to become dementia friends and for staff to become more empowered in their role via continuous learning and development.
- Staff we spoke with told us they felt supported by their manager.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Staff told us how important they felt it was that people received good care.
- Apologies were provided when things went wrong and when people came to harm. We confirmed the requirements of the Duty of Candour regulation had been met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The provider had not sought the views of people or their relatives. The service manager told us of their plan to engage with people to gain their feedback.
- Staff meetings were held where staff had the opportunity to share ideas for improvements. One member of staff told us they had suggested an idea for staff to support people to engage in external activities. They were hopeful to gain approval for this to happen in the future.

Working in partnership with others.

- The provider had established links to work in partnership with other organisations. During inspection, an issue was identified regarding an element of one person's care package. The manager took immediate action and contacted the local authority commissioning team to rectify this situation.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had failed to carry out their own assessment of people's needs in a timely manner. This is a breach of Regulation 9(1)(2)(a)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure that staff followed policies and procedures in relation to the recording of people's medicines. Regulation 12(2)(b)(g) The provider had also failed to identify risks in relation to people's care plans Regulation 12(2)(b)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to have in place systems to carry out effective audits regarding the quality of service provided. Regulation 17(1)(2)(b)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure that all staff had received appropriate training to support them in their role Regulation 18(1)(2)(a)

