

The Human Support Group Limited

# Human Support Group - Blackpool

## Inspection report

The Care Office, Crichton Place  
Blackpool  
FY4 1NS

Tel: 01253599693

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22 October 2021

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Human Support Group - Blackpool is registered to provide personal care to people living in specialist 'extra care' housing. The service operates on a shared site with eight separate bungalows. There is a communal garden. At the time of this inspection, there were 8 people using the service.

### People's experience of using this service and what we found

People felt safe and were protected against the risk of abuse. Staffing the service had been a challenge during the COVID-19 pandemic and the provider was working to recruit more staff. Staff were recruited safely. Where people were supported to take their medicines, staff did so safely. The provider had robust infection prevention and control procedures to protect people from cross infection. Accidents and incidents were used as a learning opportunity to improve the safety of the service.

People's needs were assessed before they received support to ensure they received the support they required. People received care from staff who were trained and competent to carry out their role. Staff provided the support people needed with meals and drinks. The service worked with healthcare services to ensure people received the support they needed to maintain and improve their health. People made decisions about their care and their rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who were friendly and caring. People spoke highly of the staff who supported them. Staff respected and promoted people's privacy, dignity and independence. Staff asked people for their views about their care and respected the decisions they made.

The service was responsive to people's needs and took account of their preferences. People received person-centred care. The provider had an effective procedure for receiving and responding to complaints about the service. The service could support people to remain at home as they reached the end of life.

The culture of the service was person-centred. The registered manager and staff team were committed to providing people with care that met their needs, however staffing issues had impacted social hours and staff morale. The provider was working to improve this. The registered manager understood their responsibilities under the duty of candour. The provider used feedback and the results of audits to continually improve the service.

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 for the service.

### Why we inspected

This service was registered with us on 11 October 2019 and this is the first inspection.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Human Support Group - Blackpool

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service 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 rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 22 October 2021 and ended on 9 December 2021. We visited the office location on 22 October 2021.

### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, regional manager and care workers. We spoke with one person's relative, personal assistants of two people and four staff members over the telephone.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visited the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe with staff who provided care and support to them. A relative told us, "Yes, I do think [family member] is safe."
- Staff were trained to identify and report abuse. They told us they would report any concerns to a member of the management team and were confident action would be taken to protect people. Staff knew how to report concerns to external agencies if necessary.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and safety were assessed and managed. Staff carried out a thorough initial assessment with people, to ensure their needs and preferences could be met safely. Staff knew people well and how to deliver care safely. Staff followed risk assessments and received training that was individualised to people, for example, moving and handling, which helped to manage risks and keep people safe.
- The provider had systems to identify and learn from any incidents. Staff recorded accidents, incidents and near misses, which the registered manager analysed for learning. Incidents were also analysed by the provider's regional and central management teams. Any learning from untoward incidents was shared with the staff team at all the provider's locations, to help improve the safety of the service.

Staffing and recruitment

- Staffing the service had been difficult due to the COVID-19 pandemic. People we spoke with, managers and staff all told us there had been challenges with staffing. The service had ensured people's care needs were met. However, non-essential social visits, such as to support people to go shopping or into the wider community had sometimes been cancelled due to staffing issues.
- The registered manager was recruiting to fill vacant posts. Feedback we received showed staffing levels were improving. One person's personal assistant told us, "The staff are trying their best. They are short staffed. The issues are understandable with the pandemic."
- Staff were recruited safely. The provider carried out checks to ensure staff were of good character before they were employed. This included checks on criminal records and references from previous employers. Staff had to complete a probationary period at the start of their employment to show they were able to carry out their role satisfactorily.

Using medicines safely

- People received the support they needed to take their medicines as prescribed. Staff were trained in how to support people with their medicines and had their competence assessed by management. This included training specific to people's needs. The management team audited medicines administration regularly.

## Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in preventing infection and using Personal Protective Equipment (PPE) effectively to reduce the risk of infection. They had completed training in how to put on, take off and dispose of PPE safely. Staff told us the provider had ensured they had appropriate protective equipment, such as face masks, disposable gloves and aprons throughout the COVID-19 pandemic. People told us staff used PPE when delivering care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and preferences were assessed before the service agreed to provide care. People, or those acting on their behalf, were involved in the assessment process so that their preferences and wishes were taken into account in care planning. Care plans were easy to follow and gave staff information about people's preferred routines as well as their care needs.

Staff support: induction, training, skills and experience

- Staff had skills and knowledge to carry out their roles effectively. Staff told us they completed a range of training to give them the skills and knowledge to provide people's care. One person told us, "The staff are good." A relative commented, "Some of the staff are fabulous."
- Staff told us they thought support provided by the registered manager could be improved. Feedback from staff was that the registered manager could be difficult to contact. The registered manager and regional manager were receptive to our feedback and agreed to look into how staff support could be improved.

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

- The service supported people to ensure their nutritional and hydration needs were met. Details of the support people required were included in their care plans. Information included people's likes and dislikes.

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

- Staff worked with other agencies, such as district nurses and social workers to ensure people's needs were met. Staff followed guidance from community-based health professionals to support people with ongoing health conditions.
- The service helped people to access healthcare services when they needed them. Staff explained they could call district nurses at any time. Staff told us they knew people well enough to recognise any signs if people were developing an illness and would contact the management team to raise the alarm.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People maintained control of their lives and their rights were protected. People we spoke with told us they chose what support staff provided to them and we could see from records we reviewed that people's preferences and wishes were taken into account.
- The registered manager and staff understood their responsibilities under the MCA. Staff were trained to ask people what support they wanted and to respect the decisions they made. Staff told us they would respect a person's right to refuse care. They said they would inform management if someone refused an important aspect of their care. This meant the provider could take action if refusing care placed a person at risk.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff who were kind and caring. People told us they liked the staff who visited them and found them to be caring and respectful. Staff told us they enjoyed supporting people and making a difference for them. A relative told us, "The staff are friendly. The new staff are very chatty with [family member] which is good. They are getting to know him."
- Staff understood the importance of supporting people to maintain their independence. Staff supported people to do what they could themselves, without taking over.

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

- People were fully involved in shaping their package of care. Staff completed thorough assessments with people, or those acting on their behalf, before support was provided. People told us they chose what support they received from staff and when. This was kept under regular review by the management team, to ensure people's wishes continued to be respected.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned around their needs, choices and wishes. The management team worked with people, and those acting on their behalf, to ensure planned care continued to meet their requirements. The registered manager and senior staff reviewed people's planned care regularly and immediately if there was a change in someone's needs. People were able to choose what staff supported them with and could change the times of their visits.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider assessed people's communication needs to identify how they needed information to be provided. This was recorded in people's care records to guide staff on how to share information with them.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for receiving and responding to complaints about the service. Guidance about how people could raise concerns was included in the information given to people. Staff told us they would support people to raise concerns or make a complaint. People and relatives we spoke with told us they could speak with the registered manager or regional manager if they needed to make a complaint. One person's personal assistant told us, "If we have any issues, we can speak with staff and it's sorted."

- Complaints were used as an opportunity to learn and improve the service. The registered manager logged and investigated all complaints. The registered manager told us any learning or actions taken from complaints were shared with staff to help improve the service.

End of life care and support

- The service worked with other agencies to ensure people were supported, where possible, to remain in their homes as they reached the end of their lives. The provider had a policy and procedure to guide staff on caring for someone at the end of their life and training was available for staff. No one was receiving end of life care at the time of our inspection.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture at the service was person-centred and the provider had a clear vision for the service. Staff we spoke with told us they were committed to making a difference for people, but that it was hard under the circumstances.
- We received feedback about staffing issues, including staff not turning in for shifts at short or no notice. This had impacted the time available to deliver care and support to people, meaning some social visits had to be cancelled and some visit times altered because staffing levels were already low. This had also had a negative impact on staff morale. The registered manager was aware and was working to make improvements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team understood their responsibilities under the duty of candour. The provider had notified us of significant events, as required. The notifications showed the provider had been open and honest and shared information about incidents with relevant people.

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

- The registered manager and staff were clear about their roles and responsibilities. We received mixed feedback about the registered manager. Some staff told us the registered manager could be hard to make contact with, but we were also told by people and their relatives that the manager dealt appropriately with issues that were raised to them. One person's personal assistant told us, "The manager is operating in very difficult circumstances, particularly with staffing. She is approachable and sorts out what she can."
- The provider was committed to the continuous improvement of the service. They assessed the quality of the service to identify how it could be further improved. Methods they used included regular reviews of people's care, satisfaction surveys, regular observations of staff and audits.

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

- The provider used systems to gather people's views about the service. People were asked for feedback during review meetings.
- Staff felt able to share their views of the service. Staff told us they could approach the registered manager

or regional manager with any views or suggestions to improve the service. However, they also commented that they are not routinely asked for their views and opinions. The COVID-19 pandemic had caused difficulties in arranging staff meetings, but the registered manager was looking into how to arrange them safely in the future.

#### Working in partnership with others

- The service worked with other agencies to ensure people received the care they needed. Staff liaised effectively with other services, such as community professionals and social workers, to ensure people received the support they needed.