

The Human Support Group Limited

Human Support Group Limited - Stoke on Trent

Inspection report

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Date of inspection visit:
06 May 2021

Date of publication:
24 May 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Human Support Group Limited – Stoke on Trent is a domiciliary care agency providing personal care to 73 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People felt safe using the service because they had a regular group of care staff who got to know them well. Staff knew people and how to manage their risks.

People were protected from abuse and avoidable harm because a suitable system was operated to keep people safe. Staff understood their responsibilities. People were protected from the spread of infection and the provider had ensured practice was updated during the COVID-19 pandemic.

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.

Staff were safely recruited and inducted. They had access to training and supervision to ensure they had the skills to support people effectively. People's needs and choices were assessed and planned for. Staff worked alongside health professionals and made referrals when required to ensure people had holistic care.

There was a registered manager who was approachable and supportive. They had made improvements since the last inspection and people told us they were happy with the care they received. Staff enjoyed working at the service and were listened to. There were systems in place that worked to ensure areas of improvements were identified and actions were taken to make changes when needed so that people had good quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 November 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service between 9-11 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. We also inspected the Key Question Effective, to look for improvements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Human Support Group Limited Stoke on Trent on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Human Support Group Limited - Stoke on Trent

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 team consisted of an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 48 hours' notice of the inspection. This was because we needed to gather information about the numbers of people being supported and seek their consent to contact them for their feedback.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and six representatives about their experience of the care provided. We spoke with seven members of care staff in addition to the registered manager, regional head of quality and the regional director.

We reviewed a range of records. This included six people's care and medicines records. We looked at three staff files in relation to recruitment and staff supervision. 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 quality monitoring and assurance records and improvement plans.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff knew and understood people's risks and were aware of control measures in place to reduce these risks. Staff described how they supported people to safely manage their risks.
- There was enough information in people's care plans to help staff manage risks.
- A relative said, "My [relative] had a risk assessment with the Occupational Therapist and the [service] were involved with that. Each time there is a change or [my relative] has new equipment, they come out and do a new risk assessment." This showed the service safely assessed and managed people's risks alongside appropriate professionals.

Using medicines safely

- People told us they received their medicines as prescribed. A relative said, "[Staff] do help with medication, [my relative] has had explanation as to what the medicines are for and the carers know what they are doing."
- Staff told us they had been suitably trained to administer medicines. They had regular competency checks and felt confident.
- Records showed people's medicines were administered as prescribed. However, we found some recording issues. For example, staff recorded they offered 'as required' medicines but they did not sign their initials to confirm this. When transdermal patches were administered, staff did not always record the location of the patch, to ensure the patch site was rotated in line with manufacturers guidance.
- The registered manager and senior managers were aware the current system allowed for these types of discrepancies, so a new electronic system had been commissioned and was shortly due for implementation. This new system would eliminate these issues as staff would have to record all necessary information before they could move on. We will check how this system is working at our next inspection.

We recommend the provider consider current best practice guidance about medicines administration for people who receive support in their own homes and ensure their new medicines system meets this guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm because effective systems were operated.
- Staff had been trained and understood the different types of abuse, how to recognise signs of abuse and how to record and report their concerns.
- We saw that appropriate referrals had been made to the safeguarding authority when required.

Staffing and recruitment

- People told us there was enough staff and they mostly had a group of regular care staff who got to know them well. This made people feel safe.
- People's comments included, "I feel safe as I tend to have the same carers and they understand my needs. When they put me to bed at night, they make sure everything is close at hand" and "They are rarely late and I have a group of carers that I have gotten to know."
- There was a regular programme of recruitment and we saw there were enough staff to provide safe support to people. There were no missed calls and close monitoring took place to ensure people got the support they needed.
- Staff were safely recruited. The provider had ensured Disclosure and Barring checks (DBS) had been made. DBS checks help employers make safer recruitment choices.

Preventing and controlling infection

- People told us staff followed appropriate procedures to prevent the spread of infection. People saw staff washing their hands regularly and wearing personal protective equipment (PPE) including face masks, gloves and aprons.
- Staff described how they followed safe procedures to keep people safe and how their training and practice had been updated during the COVID-19 pandemic.
- We saw the provider had implemented appropriate systems to support infection prevention and control.

Learning lessons when things go wrong

- There were suitable systems in place to learn when things had gone wrong. There was a monthly governance meeting where senior leaders reviewed any incidents across the whole organisation and ensured learning was shared across all branches. For example, when a needle stick injury occurred, updated guidance and support for staff was shared with all staff in the form of a reference card to carry with them.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 make 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.

- We found improvements had been made since the last inspection. Staff understood their responsibilities under the MCA and what it meant for the people they supported.
- One staff member told us about a person they supported. They said, "I assume capacity unless it has already been stated and assessed. [People] can make decisions about what [they] want to wear and eat and I offer choices to allow those decisions. But for medications there is a best interest decision in place, which says [they] may not understand why [they take] them, but they are in [their] best interests. I always explain what medication is for before giving it." This showed how staff worked in line with the principles of the MCA.
- We saw good examples of MCA assessments that had been completed when required and were completed in line with the Act. Best interests' decisions were made and recorded appropriately when required.

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

- An assessment of people's needs was carried out in collaboration with the person and their relatives or friends when appropriate.
- At the last inspection we found that not all areas of needs were adequately covered in people's care plans, for example when people needed catheter care. At this inspection, we found the assessment captured all of people's need and choices including their preferences and relevant life history. Plans were implemented which met people's needs and choices.
- When people needed catheter care, there was enough information for staff to understand their role in

caring for the person's catheter and staff confirmed what the care plan told us.

Staff support: induction, training, skills and experience

- There was a thorough induction in place for new staff. Even when staff had previously worked in similar roles, they were required to complete all training, shadow experienced staff and complete competency checks before they provided care to people.
- Staff felt well supported in their role. One staff member said, "I get regular supervision and can contact the office anytime, they are responsive."

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

- When people had support to eat and drink, they told us staff provided support in line with their choices and preferences.
- When people had specialist diets, there was a copy of their Speech and Language Therapy (SALT) assessment in their care folders. Staff told us they referred to these to ensure they met people's individual needs.

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

- People and relatives told us how staff worked alongside professionals to provide effective care.
- One relative said, "My [relative] had lost a lot of weight and nearly slipped a bit when being moved in the hoist as it had gotten too big for [my relative]. I think it's the Occupational Therapist (O.T.) who is carrying out risk assessments." Records showed how staff had referred to the OT when the issue first became apparent and worked alongside them to come up with solutions to moving and handling issues.
- Staff contacted healthcare professionals when required. A relative told us, "One of the carers phoned the paramedics as they noticed when they came [my relative] was in so much pain. They raised concerns and they have also spotted and reported bed sores."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection, the providers systems and processes were not established or operated effectively to ensure people received a good quality safe service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection, a new management structure and governance system had been introduced. The registered manager had oversight of the needs and risks of people using the service and was supported by policies and procedures implemented by the provider.
- Branch audits were regularly carried out by the provider and an improvement plan was in place to ensure continuous learning and improving care. The most recent audit had identified improvements were required to medicines recording and there were plans in place to address this. We will check the planned improvements have been effective at our next inspection.
- There was a registered manager, who understood their responsibilities of registration with us. We had received notifications of specific events and the rating was on display at the service and on their website, as required by law.
- All the staff we spoke with said the registered manager and office staff were supportive and approachable. Staff described how the registered manager had made positive changes and this had improved the consistency and quality of service that people received. For example, no calls overlapping, regular care staff and less late calls.

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

- People were happy with the care they received and felt they were given the opportunity to raise any concerns or worries they may have. People knew the registered manager and we saw they were open and approachable.
- One person said, "I know the manager. She has been to see me, she phones me to check everything is okay." Another person said, "I know the [office] staff, someone came out a few months ago to see what needs doing."

- The majority of people told us they would recommend the service and that there was an open and positive culture. A relative said, "I would recommend the local branch. The care [my relative] gets is great and the carers are fantastic. I was reluctant to have carers before but am happy with the continuity of care [my relative] gets."
- Other comments included, "They are nice people I would recommend, I look forward to them coming and they do all they should do", "I'm happy with the service, they care" and "They cover my every need."

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 was able to explain their duty of candour responsibilities and talked about the importance of being open and transparent with people who used the service. This was supported by an appropriate policy and procedure.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they were asked for their feedback and action was taken in response to any concerns raised. One person said, "Sometimes the office phone to ask me for feedback." Another person said, "I'm happy with communication from the office, I have had my care plan reviewed and feedback on the carers is occasionally asked for."
- We saw that routine telephone reviews and quality assurance telephone checks were carried out and recorded.
- Staff felt engaged and involved with the service. During the pandemic, meetings had mostly been online or on the telephone, but staff did not feel isolated and there was a regular staff newsletter. A staff member said, "I am never shy of calling the office with suggestions, they do listen." Another staff member said, "The manager is approachable and responsive, if you need to speak to her she is available and will do her very best to make any changes you request."