

The Human Support Group Limited







Human Support Group Limited - Durham

Inspection report

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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	

Overall summary

This inspection took place on 1 and 4 December 2015 and was announced. The provider was given 24 hours' notice because the location is a re-ablement service providing short term support to adults in their own homes. Therefore, we needed to be sure that someone would be in the office.

This is the location's first inspection since it was registered with CQC in December 2014.

At the time of our inspection there were 14 people receiving a service across various areas of County Durham.

The agency is a small re-ablement service that provided short intervention care for up to six weeks. The service

Summary of findings

has a contract with Durham County Council to provide 200 enabling hours per week. The majority of people using the service had been discharged from hospital and the re-ablement team helped them to regain and maximise their previous level of independence.

In addition, the branch provided a Crisis Night Sitting Service and a Care Assistants Emergency Support Service (CESS), both of which operated in the Durham and Darlington areas. The service operated on a temporary basis until formal support is arranged through Social Care Direct.

The Durham branch also provided a domiciliary care service in the North Tyneside area which provided personal care and domestic tasks to people in their own homes.

The service had a registered manager in post. A registered manager is a person who is 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. On the days of our inspection visit the registered manager was not on duty.

We found every person had a personalised care plan and risk assessment in place. Staff were aware of these risks and worked on a multi-agency basis to minimise those risks. When we visited people in their own homes, we saw an up to date carbon copy of their care records were kept in a file. People confirmed that they had been involved in developing their care records. People also confirmed that they had been involved in setting goals so that they could regain as much independence as possible. People were very complimentary about the care, treatment and support they received.

We saw the provider submitted progress reports every week to people's care managers.

We found regular quality monitoring of the service had been undertaken. We also saw that senior support workers and an occupational therapist employed by the company completed spot checks in people's homes. This was to observe staff practice and to ensure people were treated with dignity and respect and that their re-ablement plans were on course for completion.

We saw staff had received Mental Capacity Act and DoLS training as part of the induction training that was provided by the organisation's accredited internal training department.

We found people's medicines were well managed. People told us they were encouraged to manage their own medicines independently.

On the second day of our inspection, we visited four people in their own homes. All told us they were receiving very good support from very kind and well trained staff.

People told us they felt their dignity and privacy were respected by staff. One person said, "The staff are just wonderful, and they have time to explain things and to sit down and have a chat." Another said, "Nothing is too much for them, I am now almost back to my normal self, I am so grateful for all the support that I have received."

A relative told us, "I am always here when the support workers are arriving; they are always professional, kind and considerate." Another said, "They are providing excellent support to our son."

In addition, we looked at ten service users' satisfaction surveys. All were consistently satisfied with the care and support they received. All said that staff usually arrived on time and stayed for the allotted time agreed. Comments included; "Very courteous and pleasant staff," and "I could not have had better care for my wife. Staff are all friendly and helpful."

Summary of findings

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.

There were systems in place to manage risks, safeguarding matters, staff recruitment and medicines and this ensured people's safety.

People were safe because the service had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

Good



Is the service effective?

The service was effective.

People were involved in the assessment of their needs and goal settings. Care plans reflected people's current individual needs, choices and preferences.

Staff had the right skills and knowledge to meet people's assessed needs.

Staff received regular supervision and an annual appraisal.

Good



Is the service caring?

The service was caring.

There were safeguards in place to ensure staff understood how to respect people's privacy, dignity and human rights.

Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and dislikes.

People told us they were treated with kindness and their privacy and dignity was always respected.

Good



Is the service responsive?

The service was responsive.

People, and their representative's, were encouraged to make their views known about their care, treatment and support needs.

People were involved in decisions and had their individual needs assessed each week and met.

People told us they felt confident to express any concerns or complaints about the service they received.

Good



Is the service well-led?

The service was well-led

There was a registered manager in post and all conditions of registration were met.

A quality assurance system operated a help to develop and drive improvement.

The service worked in partnership with key organisations, including commissioners, specialist health and social care professionals.

Good



Human Support Group Limited - Durham

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.

This inspection took place on 1 and 4 December 2015. The provider was given 24 hours' notice because the location provides an enabling service to people in their own homes and we needed to be sure that someone would be in the office.

The inspection was led by an adult social care inspector.

Before we visited, we checked the information we held about this service this included, inspection history, safeguarding notifications and complaints.

We also contacted professionals involved with people who used the service, including; Commissioners of services and Local Authority Safeguarding staff. No concerns were raised by any of these professionals. Prior to the inspection we

also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give people a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection, we spoke with four people who used the service and one relative. We reviewed four people's care records held in the office, and with people's permission, we looked at one record held in the person's own home.

We looked at five staff recruitment files and checked staff supervision records. We spoke with two office staff, the occupational therapist, a registered manager from another branch and four enabling staff.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service before an inspection. We saw that the registered manager worked in partnership with other professionals to make improvements to the service. During the inspection we asked one of the manager's on duty and staff about what was good about the service.

Is the service safe?

Our findings

Everyone we spoke with said they felt safe receiving care from Human Support Group. People told us that knowing who would be coming to see them was a significant factor in feeling safe. One person told us “I like the fact that I have the same girls (staff) each week so that I know who will be coming and when. This stops me from worrying about having strangers coming to support me.”

Another said “My carers are so friendly and really want to help me, this in turn helps make me feel safe when they are here and helping me to back to the way I used to be.”

A safeguarding policy was in place and staff we spoke with were knowledgeable about signs of potential abuse and their responsibility to report this. They had completed training in safeguarding of vulnerable adults and could tell us what they would do if they suspected that a person was being abused.

We looked at the care files of three people who used the service and saw a variety of risk assessments in place. These contained clear information about the type of risk and how

to minimise this. Staff told us they looked at these before providing care and received an alert of any changes by text message from the office. In each re-ablement support plan we saw risk assessments had been identified and reviewed each week and each person had signed their support plans. This meant that the service had up to date information about risk and how to minimise this.

We saw a carbon copy of people’s enablement support plans were kept in people’s own homes. People confirmed that (name) the occupational therapist who works with the community based teams initially sat down with them and discussed goals and timescales for their recovery and enablement. One person told us, “This really gave me an incentive to get better.”

There were sufficient staff available to provide care, currently 14 support staff were employed and they were in the process of recruiting a further four. The manager on duty said, “We log and track our calls using smart phones, and staff are very responsive to people’s changing needs, any problems they alert the office straight away. We have never missed a call in the year we have been operating.” People who currently used the service told us that this was

the case. When we spoke with staff, they said they could manage all their visits in a timely manner. Two staff told us they never felt rushed. This indicated that there were enough staff employed to meet people’s needs safely.

The service carried out appropriate background checks on staff. We looked at the recruitment records of five staff and found that references had been sought and identity checked using documents including passports, driving licenses and birth certificates. Checks had been made with the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records and persons who are barred from working with vulnerable people. This helps employers make safer recruitment decisions. Staff undertook a detailed induction programme during which they shadowed visits and received regular supervision from senior staff. In addition all staff received a copy of a comprehensive employee handbook which contained information about the organisation, policies and how to keep people safe.

Because of the huge geographical area that the service covered to support people in County Durham, all staff employed were drivers. On each staff file we saw a copy of their; car insurance, MOT certificate, registration documents and proof of road tax.

Appropriate policies and procedures were in place for the safe handling and administering of medicines. We saw arrangements were in place in relation to the recording of medicines. The manager on duty told us these were in line with the Royal Pharmaceutical Society Guidelines.

We looked at people’s plans of care to see how staff were helping people take their medicines. We saw medication risk assessments had been used for some people to find out what support each person needed. The staff we spoke with described the two different types of support they provided. These were “supporting” (checking to see if a person had taken their medicines on their own) and “administering” (actually giving the person their medicines). We were told that most people were able to manage their medicines independently and by the end of their six week enablement period, the majority did, or had a family member who could assist them. Staff also confirmed they had all been provided with training in the safe handling of medicines. We saw training records to support this. We saw from the medication administration records (MAR) people received their medicines in accordance with their support plan. This showed people

Is the service safe?

were given their medicines when they needed them and as prescribed by their doctor. When we spoke with one person who required assistance with their medication, they told us they always received their medicines at the right times.

We saw staff were provided with lone working procedures to guide them on how to keep safe. In addition, all staff had been issued with a portable panic alarm. This showed us that the provider ensured so far as reasonably practicable the health, safety and welfare of employees.

Is the service effective?

Our findings

People using the service told us they were happy with the re-ablement they received from their support workers. Their comments included, “They provide me with a very good service that works really well for me, I will soon be back to my normal self, they have been such a good help over the last few weeks.” and, “They’re all very helpful and they respect my wishes.” A relative told us, “My relative receives consistent support from the same regular staff. They’re all very good, always polite, friendly and helpful; my relative has made a lot of progress and is becoming more independent each day.” People and their relatives told us sometimes the staff might be a few minutes late but there was always a good reason for this and they always stayed for the agreed time. One person said, “Overall I’ve no complaints because they doing a really worthwhile job.”

The people we spoke with told us their support workers sought their permission before providing any care and support. Support records confirmed people had been asked to give consent to the type of care and support they required and in the way that they preferred.

The management team told us senior members of staff and a qualified occupational therapist always carried out the initial assessment of people’s needs that had been referred to the service. The senior coordinator told us they always gathered information from health care professionals involved in people’s care and recorded their contact details. They said support workers checked on people’s welfare and would contact health care professionals directly if needed. Advice from professionals was also incorporated into the support plans to help people maintain or improve their health and well-being.

We saw that people’s care managers were up-dated each week about people’s progress. If people’s health and wellbeing had improved the package of care would gradually be reduced so by the end of the six week period, people would be fully independent and no longer require any support. For a few people this did not happen, when it did, their care manager referred them to a domiciliary care agency who would then continue to support them. All of these measures meant that the people using the service were assured that Human Support Group could meet their enabling needs appropriately.

We looked at five employee’s training records. We saw new employees received a comprehensive induction training programme to prepare them for their roles. This was organised through the provider’s training academy. The induction was completed over two weeks and was then followed by a period of shadowing experienced staff. The manager on duty told us a staff handbook and key policies and procedures were also provided to inform staff about the conduct and standards of care expected of them. This was confirmed when we spoke with staff. They also confirmed they had completed a full induction training programme which had included all areas relevant to their role.

When we looked at the staff training files, we saw a range of mandatory training was undertaken in safe working practices such as moving and handling, food hygiene, nutrition, safeguarding, health and safety, and infection control. This training was refreshed on a rolling programme to keep staff updated with current legislation and practice.

Training specific to the needs of people using the service was also provided. This included courses on; living with dementia, deprivation of liberty, mental capacity, promoting independence and re-ablement, tissue viability and catheter and colostomy care.

The service had procedures in place which detailed the aims and objectives of supervision and the process of delivering supervision to staff. The manager on duty told us there was a schedule and matrix in place to deliver supervision to all staff four times a year followed up with an annual appraisal. We found records of supervision and appraisal helped to ensure that staff were consistently supported.

The person in charge was able to give us an accurate understanding of the Mental Capacity Act 2005 (MCA) and DoLS. 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. The manager confirmed that no

Is the service effective?

people receiving support from the service was being deprived of their liberty. We saw evidence that all 14 people currently using the service had consented to their care, treatment and enabling support plans.

We saw staff had also received Mental Capacity Act and DoLS training as part of their induction training.

The service is commissioned with Durham County Council to provide 200 hrs of enabling support per week.

As part of people's six week short intervention care, they were supported to regain as much independence as possible such as mobility and preparing and cooking meals. This showed us that people were given appropriate enabling support, where necessary, in meeting their individual needs.

Is the service caring?

Our findings

On the second day of our inspection, we visited four people in their own homes. We observed the staff member who escorted us speaking with people in very kind, caring, respectful and reassuring ways.

People told us they felt their dignity and privacy were respected by staff. One person said, “The staff are just wonderful, and they have time to sit and have a chat and I am getting stronger every day.” Another said, “All the staff are so caring and kind.” Other comments included, “Lovely staff.” “They are always on time,” and, “They help me with my meals and have time for a chat.” Another said, “Nothing is too much for them, I am now almost back to my normal self, I am so grateful for all the support that I have received.”

All of this contributed to a service that had a strong person centred culture that inspired people to regain their independence and to provide kind, compassionate and flexible care and support to people who used the service. One person said, The support workers have made my life so much easier and they are so caring,” and “They are very kind indeed.” A relative told us, “We appreciate all the help and support provided for our son, the staff have been really good. “They are providing excellent support to our son.

In addition we saw lots of thank you cards from people and their relative who had previously received support from the service comments included; “To all the carers thank you for helping me to get back on my feet, I miss you all.” To all the lovely staff who have tended me over past weeks, you have all been amazing.” Thank you to all the girls who have

looked after me for the last six weeks. You have all been so kind and caring,” and “Thank you for your care and friendship, I wouldn’t hesitate in recommending you. God bless you.”

We looked at people’s satisfaction surveys that were completed every three months.

We looked at 11 that had recently been completed. Without exception everyone was extremely complimentary about the care and support people had received. Comments included; “Outstanding service, very satisfied as I could not have had better care for my wife.” The care and professionalism of the young lady was outstanding,” and “It was very comforting to know someone was there, a big thank you to you and your staff for their patience and understanding and helping us through this transitional time.”

We were told by the person in charge that the service completed reviews of care and support needs, including decisions made by the people who used the service every week. This meant the service could monitor people’s progress closely during their re-ablement period.

People we spoke with gave us positive feedback about the frequency of the reviews of their needs. One person told us, “These helped to spur me on to make a swift recovery.”

People we spoke with told us that they felt that their privacy, dignity and respect were promoted by staff. One person said, “They are always very respectful and don’t compromise my dignity for which I am grateful.”

Is the service responsive?

Our findings

When we visited the Human Support Group office and people in their homes we looked at individual's records to see how their care was planned, monitored and co-ordinated. We visited four people in their homes to find out what they thought about their care. People using the service and their family members felt that the service was responsive if they had any queries or concerns. One person told us, "If I need anything I just speak with the office staff as they are good at sorting things out." Another person said, "I was involved with the records they really went into a lot of detail, it took about two hours to complete all the forms, I found it reassuring and I was happy with the targets that we agreed with, because I have had some major problems in my life through self-neglect. But they have got me back on my feet and I feel emotionally and physically stronger now and able to cope."

People received consistent, personalised care and support that was tailored to them getting back to independence. During the initial assessment, people expressed their individual needs, wishes and choices and how these should be met. If necessary, family members were also involved in regular reviews of their relatives support plans to make sure they were still relevant to them.

People's support plans were reviewed every week or sooner if their needs changed. Feedback about people's progress was sent to their care managers every week.

The service was focussed on re-ablement that provided short intervention support often for people discharged from hospital. Each person's individual care and activity plans were based on a profile of the person and assessment of their holistic needs. People's support needs and how to meet them were set out in the support plan that described what staff needed to do to make sure personalised care was provided. This included detailed guidance about how to communicate with the person. Guidance about the person's choices and preferences in relation to how people wanted their care and support

delivered with agreed goals and target settings. There were clear instructions for support staff about how to protect each person's dignity and how to support them to move around in their home safely and if necessary, outside in the community. There was also a life story booklet, which was optional for people to complete that provided information about the person's background and social history.

We looked at care plans to see what steps were taken to reduce risks whilst supporting people to be as independent as possible. We found risk assessments were linked to people's care plans describing the action they themselves and staff were to take to reduce the likelihood of harm. For example, the support some people needed to mobilise and transfer safely. This meant staff had up-to-date information to guide their practice and meet people's needs safely.

With one person's permission, we looked at the daily notes kept in their home. These provided evidence of what support the person had been given each day. People confirmed that the records about their care, treatment and support were up to date and correct.

The manager on duty told us of how they had worked alongside other health and social care professionals in a flexible way to promote people's re-ablement. For example, with the hospital discharge teams, people's GP, district nurse, pharmacist and more importantly with each person's care manager. They said good partnership working contributed to successful outcomes for people who used the service.

The provider had made information available about how to make a complaint. This was in the providers Statement of Purpose that was given to people during their initial assessment. During the last 12 months, there had been one very minor complaint about the service and we saw this had quickly been resolved. Records showed that all complaints were taken seriously, investigated comprehensively and responded to quickly and professionally. When we spoke with people who used the service they were confident they would be listened to if they made a complaint.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. On the days of the inspection visit the registered manager was not on duty.

The person in charge told us the registered manager had an open door policy, meaning people who used the service, their relatives and care managers could call and chat and discuss concerns at any time. Staff we spoke with were clear about their roles and responsibilities. They told us they were supported in their role and felt able to approach the registered manager or to report concerns. A member of staff told us “I love working here; we get lots of support from the management team. It’s so satisfying seeing people regaining their independence.”

The service had an effective quality assurance and quality monitoring systems in place. These were based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved with the service. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the agency.

We also saw the system for self-monitoring included regular internal audits such as care plans, medication records, and risk factors in people’s homes, fire safety, and control of substances hazardous to health (COSHH).

We saw satisfaction questionnaires were sent to people who used the service and their relatives every three months to find out their views and to enable them to reflect on their road to recovery. The manager on duty told us, this enabled the service to manage and identify any issues people may have had and to learn from these. We looked at 10 results of the most recent survey completed. We found people were very satisfied with the support provided. Comments included “I felt safe and secure and appreciated all the help I received,” and “I always had the same reliable staff who come in to support me.” This meant people’s views were valued and any concerns responded.

Staff we spoke with told us they had regular staff meetings. Staff told us they were able to discuss any areas of concern they had about the service or the people who used it. They told us that communication was very good. One staff told

us, “Good communication is essential because we only provide support to people for a short period of time. We need to know exactly what support to give and when and always in the way that people want. This is why our plans are so detailed they inform us of what we need to do to help people to regain their independence. We always make sure even the slightest change to people support needs are recorded.” Other staff told us they had regular daily contact with the agency where they were able to provide feedback about the service and if necessary, people’s changing needs. They also said their views were sought through staff meetings and supervision. Staff clearly understood their role and knew what was expected of them. They told us they were very happy in their work, motivated and had a great deal of confidence in the way the service was managed.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. We looked at the provider’s Data Protection Policy which provided guidance to staff on data protection and confidentiality. We saw all records were kept secure and maintained and used in accordance with the Data Protection Act.

We saw risk assessments were carried out before care was delivered to a person. There was evidence these had been reviewed and changes made to the care plans when needed. Senior staff described to us how, in response to people’s changing care needs, they could if necessary and very quickly arrange additional care hours so they could continue to safely meet people’s needs in their own homes. They also described how people’s support was gradually reduced during the six week period as they became more independent.

We saw the provider worked in partnership with a range of multi-disciplinary teams including the community nursing service, GP’s, community psychiatric services, social workers and speech therapists in order to ensure people’s received a good service as part of their recovery.

The service had generic risk assessments in place, which contained detailed information on particular hazards and how to manage risks. Examples of these risk assessments included lone working, health and safety at work and in people’s home environment, people’s medicines and how to manage behaviours that might challenge.