

The Human Support Group Limited

Human Support Group Limited - York

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Human Support Group York is a domiciliary care agency providing personal care. At the time of our inspection there were 77 people were using a reablement service and 2 people received a domiciliary care service. Reablement is a short and intensive service, usually delivered in the home for up to six weeks. The purpose of reablement is to help people who have experienced deterioration in their health and/or have increased support needs to relearn the skills required to keep them safe and independent at home.

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 and their relatives spoke positively about the service they received. Safeguarding policies and procedures were in place and staff had a good understanding of them. Safe recruitment checks took place before staff started work. There were enough staff to meet people's needs appropriately. Risks to people were assessed and there were systems in place that ensured medicines were managed safely. Procedures were in place to reduce the risk of infections and staff had enough personal protective equipment.

Assessments of people's needs and wishes were completed and reviewed. People received support to maintain good health and to access services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People knew how to make a complaint if they were unhappy with the service.

There were systems in place that provided oversight and good management of the service to monitor the quality of care that people received. The service worked in partnership with health and social care professionals. People's views were taken into account and the provider used feedback to help drive service improvements.

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

Rating at last inspection

The last rating for this service was good (published 6 April 2018)

Why we inspected

We undertook this focused inspection as part of a random selection of services rated Good and Outstanding. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Human Support Group York on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the

provider or registered manager would be available to support the inspection. Inspection activity started on 3 November 2023 and ended on 8 November 2023.

What we did before the 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the regional manager, the registered manager and gathered feedback from 5 staff. We spoke to 9 people using the service over the telephone. We looked at the care records for 3 people, including risk assessments and medicines records. We looked governance systems, policies and procedures and training records.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.' The inspection started on 3 November 2023 and ended on 8 November 2023.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, One person said, "Yes defiantly safe. The staff members general behaviour and demeanours is good I don't feel I could doubt any of them."
- The provider had ensured staff were trained in safeguarding and up to date policies and procedures in place.
- Staff we spoke with understood their role in protecting people from abuse. One member of staff said, " I have had safeguarding training, this is to be completed annually via online training. I learnt when and how a safeguarding should be reported and for what reasons."

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

- People had received assessments of their needs at the start of the service.
- People had risk assessments as part of their care plan to give guidance to staff about how to manage the risks of harm the person may face.
- The service made referrals to healthcare professionals where required. For example, if staff were concerned about risks to people they contacted office staff who in turn made referrals to healthcare professionals. This meant people's changing needs were identified and supported.
- Audits of care records identified opportunities for improvement and learning.

Staffing and recruitment

- The provider had a safe recruitment process in place. They carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. This included proof of identification, references and the right to work in the UK.
- Disclosure and Barring Service (DBS) checks were carried out for new staff and regular updates obtained for all staff. DBS checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions.
- There were enough staff employed to meet people's needs. People and relatives told us staff never missed a visit but on occasions were late due to transport issue. A person told us, "Calls can vary a little bit, occasionally early or late, it's not a problem really."
- The provider used various electronic systems to monitor call times for each visit.

Using medicines safely

- People's medicines were managed safely. Medicine administration records where checked by office staff during regular audits.
- Care plans detailed if a person was able to self-medicate or needed support. This included details about

whether family or care staff supported with medicines and how the person preferred to take their medicines.

- Staff received training in the safe management of medicines.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- Infection prevention and control measures promoted people's safety. Staff had received training on how to prevent infections and how to use personal protective equipment (PPE).

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Working in partnership with others

- The service worked effectively with health and social care professionals to ensure people received good care. When required staff worked and communicated with professionals such as, GP's and community nurses to ensure people's needs were met appropriately.
- Professionals gave positive feedback about the service. One said, "Human Support Group are a responsive, flexible provider that take on board suggestions from the council. For example, we had a surge in assessments and discussed this with them. They listened and then came up with a solution and employed an additional assessor. The flow of care has improved with more people accessing the service, that is a better outcome for people."
- Staff told us how important it was to support people in their home to remain independent for as long as possible. One staff said, "I love my job. The people I work with is what makes it most enjoyable. Being able to support and care for people who have illness or mobility issues to stay at their own homes is a very rewarding feeling. I feel we have a very good team who provides a high standard of care and I feel passionate about being part of the team."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service was well led and people received care and support from staff who had the knowledge and skills to carry out their roles. Feedback from people and their relatives about the registered manager and the management of the service was positive. Comments included, "Yes it seems to be well managed, when I ring up they are flexible."
- The registered manager was actively involved in the day to day running and delivery of care. They were aware of their responsibilities under the Duty of Candour and were open and transparent throughout the inspection. The Duty of Candour is a regulation that all providers must adhere to.
- Staff were supported and received relevant training and regular supervision. Staff told us they were able to contact management for support and seek advice when needed. A member of staff commented, "I feel my manager is very approachable. I feel all of our team are treated fairly. My manager is always professional and very supportive."

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

- There were systems in place to monitor the quality and safety of the service. Checks and audits conducted

included, care records, medicine management, safeguarding, accidents and incidents, staff records and staff spot checks.

- The service had a registered manager in post. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating.
- The registered manager understood the importance of quality monitoring and continuous learning and improvement within the service.

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

- There were systems in place to seek the views of people, their relatives where appropriate and staff through accessible means. These included reviews of people's care, telephone monitoring, staff spot checks, and satisfaction surveys.