

The Human Support Group Limited







Human Support Group Limited - Doncaster

Inspection report

Human Support Group Limited - Doncaster
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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?		Requires improvement	

Overall summary

The inspection took place on 5 and 20 October and was unannounced on the first day. The service was taken over by a new provider in December 2014 and this was the first inspection since they registered as the new provider.

Home Care Support is a care agency. The service is registered to provide personal care to people in their own

homes. At the time of our inspection the service was predominantly supporting older people and people living with dementia. Care and support was co-ordinated from the office, which was based in central Doncaster.

There was not a registered manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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. The registered manager had left on 23 September 2015 and a new manager had been appointed to commence on 26 October 2015. The area manager was overseeing the day to day management of the service in the interim.

We found that people's needs had been assessed before their care package commenced. Most people who used the service and their relatives that we spoke with told us they had been involved in creating and updating their care plans. The information included in the care records we saw identified people's individual needs and preferences, as well as any risks associated with their care and the environment they lived in.

We saw evidence that staff had been trained to administer medication and robust policies and procedures were in place. People who required assistance with taking their medication told us staff supported them to do this. However, we found medication administration records had not always been completed. The provider had identified this in July 2015 but, had again identified that no action had been taken to address this in checks carried out in October 2015. The area manager was making improvements at the time of our visit.

People who used the service who we spoke with told us the care staff were very good, staff were kind caring and always stayed the required time ensuring care needs were met.

We found that staff we spoke with had an understanding of the legal requirements as required under the Mental

Capacity Act (2005) Code of Practice. The Mental Capacity Act 2005 sets out how to act to support people who do not have the capacity to make some or all decisions about their care.

There were robust recruitment procedures in place. The provider was recruiting staff at the time of our inspection. However, they said staff were covering to ensure people's needs were met.

Staff had received formal supervision and annual appraisals were due at the time of our inspection. These ensured development and training to support staff to fulfil their roles and responsibilities was identified.

Staff we spoke with told us they felt supported by the care coordinators and felt that they were listened to. Staff also told us communication had improved since the new provider took over. However, staff told us they did not know the new management arrangements.

People who used the service told us they were aware of the complaints procedure and said they would contact the office if they had any problems. People said, the office staff are always available and deal with any issues immediately.

People who used the service had opportunity to give feedback by completing questionnaires which were sent twice yearly. The provider also asked people's relatives and other professionals what they thought of the service and used people's feedback to improve the service.

The provider had a system to monitor the quality of the service provided. However, the audits that were undertaken were not always effective. Issues had been identified but no action was evidenced to show it had been addressed. There was no formal action plan to show what had been identified, what required attention and who was responsible for ensuring any improvements were implemented.

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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the agency's procedures in place to safeguard adults from abuse.

Systems were in place to make sure people received their medication safely. However, these were not always followed. Improvements were being implemented at the time of our visit.

Individual risks had been assessed and identified as part of the support and care planning process.

There was skilled and experienced staff deployed to meet people's needs.

Good



Is the service effective?

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard. Staff told us training had improved since the new provider had taken over.

We found that staff we spoke with had an understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice.

Where people required assistance preparing food staff had received basic food hygiene training to help make sure food was prepared safely.

Good



Is the service caring?

The service was caring.

We spoke with people who used the service and staff and it was evident that all staff had a good understanding of people's care and support needs and knew people well. Staff took into account people's privacy and dignity.

People told us they were involved in discussions about their care and we saw evidence of this in care files. People confirmed that staff were caring and kind and respected their choices and decisions.

Good



Is the service responsive?

The service was responsive.

We found staff we spoke with were knowledgeable on people's needs. Care records reflected each person's needs and preferences, choices and decisions.

Good



Summary of findings

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated by the provider. The complaints procedure was given to people who used the service.

Is the service well-led?

The service was not always well led

The provider had systems for monitoring the quality of the service provided. However, these were not effective. Issues had been identified but action was not always evidenced to show it had been addressed. There was no formal action plan to show what had been identified, what required attention and who was responsible for ensuring any improvements were implemented.

Staff meetings were held regularly and, staff told us communication and sharing of information had improved.

Requires improvement



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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 checked 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 5 and 20 October 2015. The inspection was unannounced on the first day. The inspection team consisted of one adult social care 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 service.

Before our inspection we found no evidence the provider had completed a provider information return (PIR). The area manager showed us the completed PIR and

confirmation email that it had been received by CQC. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection there were 71 people who received a service from the agency. We visited three people to discuss the care provided and looked at their care records. We spoke with 10 people who used the service on the telephone, 5 relatives and the local authority commissioners.

During our inspection we also spoke with nine members of staff, which included care workers, care coordinators, the area manager and the new manager who had not yet commenced in post. We looked at records relating to people who used the service and staff, as well as the management of the service. This included reviewing five people's care records, staff recruitment, training, support files, medication records, minutes of meetings, complaints records, policies and procedures and quality assurance records.

Is the service safe?

Our findings

All people we spoke with said that they felt safe and free from bullying with the staff that supported them in their home. All people confirmed that support workers listened to them and that they were involved in their care planning.

One person said, “The staff are very, very good, helpful and respectful.” Another person said, “I’m very happy with the staff, they’re all pretty good and I’ve got no worries.”

People who used the service and their relatives we spoke with told us they felt care and support was delivered in a safe way. One relative told us, “The staff always listen and take time; they know how to care for my relative.” Another relative told us, “Nothing is too much trouble. They are patient and respectful.”

We saw care and support was planned and delivered in a way that made sure that people’s safety and welfare was maintained. We looked at copies of people’s care plans and day to day care records at the agency’s office and the records kept in their homes. Records were in place to monitor any specific areas where people were more at risk, including how to move them safely. We saw these were being reviewed and improved by the new provider. People we spoke with and their relatives told us they had been involved in the development of the care and support plans, which ensured their needs, were met.

The staff we spoke with showed a good understanding of people’s needs and how to keep them safe. They described how they made sure that risk assessments were followed. People’s records included the arrangements in place for them to enter and leave people’s homes safely. In some cases this involved the use of a key safe and in others they gained access by the person letting them in. We asked people if staff wore a uniform and name badge. Everyone confirmed that staff wore uniforms and always carried photo identification with them so people could check they worked for the company. One person told us, “The staff when they visit wear uniforms and always have ID.”

People told us they were supported by a small group of staff and it was always one of these workers that provided the care. They said mostly staff turn up on time and if they were late it was usually no longer than 10 to 15 minutes. Staff told us there was enough staff to meet people’s needs. However some staff told us more thought could go into organising calls to ensure travel was minimised between

visits, which would help with times of calls. Staff were picking up extra calls at times due to staff shortages, but staff told us this was possible and they didn’t mind. The area manager told us they required another senior care worker to ensure appropriate checks and supervision was carried out and staff were adequately supported.

We spoke with staff about their understanding of protecting people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance. They told us they would report anything straight away to the care coordinator.

Staff had a good understanding about the whistleblowing procedures and we saw staff had received training in this subject.

We found people were protected against the risks associated with the unsafe use and management of medicines. There were good policies and procedures in place for staff to follow. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines. However, we found where staff were applying prescribed creams these were not always documented as given on the medication administration record or in the daily notes and procedures had not always been followed. It was therefore not always possible to determine if the creams had been administered as prescribed. We found that the area manager who was overseeing the service had identified that improvements were required in documentation for medication administration. They told us they had arranged a staff meeting to address this with staff.

The area manager told us once all staff had attended the team meeting they would determine through supervision if any staff required further training. They also told us they would organise for staff to receive a competency assessment in medication administration to ensure they followed procedures and administered creams safely. People we spoke with regarding medication said staff supported them to take their medicines and people who had prescribed creams told us they staff always administered them as required. People also told us that

Is the service safe?

staff would observe them when taking their medication. One person said, “She (support worker) brings me my tablets and water and sits and chats with me whilst I take them”.

We looked at six staff recruitment files. The files contained all the required information to ensure staff were only employed if they were suitable to work with vulnerable people. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full

induction programme that ensured they were competent to carry out their role. Staff we spoke with confirmed the procedure they went through before they commenced employment.

The area manager told us that staff at the service did not commence employment until a Disclosure and Barring Service (DBS) check had been received. The records we saw confirmed this. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service.

Is the service effective?

Our findings

People who used the service that we spoke with told us they thought the staff were competent in their job roles. They also told us, staff understood their needs and met them. One person told us, “The staff arrive mostly on time, but sometimes they’re a bit late because they’ve had a problem with the previous person. I don’t mind, as long as they come.” Another person told us, “The staff help me how I want to be supported, they are sometimes later than arranged but they always apologise and explain why. They are only usually about 10 to 15 minutes late.”

Another person told us, “They’re (the staff) all very good. If I didn’t have the help from them I couldn’t manage and I would have to move into a home. They help me get up, get washed, get dressed, make me a sandwich and other things.”

Another person we spoke with said, “They’re all very friendly; I know a lot of them. I get depressed because my husband’s not here and they help lift my spirits as well as helping me with personal stuff every day.”

Training records, and staff comments, demonstrated staff had the right skills, knowledge and experience to meet people’s needs. Staff we spoke with confirmed they had undertaken an induction that had included completing the company’s mandatory training at the time they commenced employment. Staff told us that since the new provider had taken over in December 2014, the training had improved considerably. One staff member told us, “We actually get training now and it is good.” The records we saw showed that staff had completed mandatory training with the new provider and had access to periodic training updates. This included moving and handling, infection control and safeguarding of adults. We saw some staff had received training in dementia awareness to ensure staff were supported to understand the needs of people living with dementia.

We found staff had received Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who

may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff we spoke with were aware of the legal requirements and how this applied in practice.

We checked whether people had given consent to their care. People we spoke with told us staff always asked their choices and preferences before they delivered care. Where people did not have the capacity to consent, we found the requirements of the Act had been followed. We saw that relevant policies and procedures were in place. People’s care records showed people’s capacity to make decisions was clearly recorded. If someone was unable to make decisions on their own other people had been involved in making decisions in the person’s best interest.

Staff told us they were involved with food preparation for some people they visited while other people did not require any assistance. Staff described how they encouraged people to choose their meal and help prepare if they were able. People we spoke with told us staff always washed their hands before preparing food and wore aprons. Staff had completed food and hygiene training as part of their induction. Some relatives told us that staff didn’t always give variety and offered sandwiches for ease rather than heat a meal. Another relative told us that when staff had prepared a meal the kitchen was left in a mess, cooker dirty and crockery not washed. Although they didn’t want to raise a concern with the office. We discussed this with the area manager who agreed to raise this with staff.

Records, and staff comments, showed staff received supervision. Staff had not received an appraisal since the new provider had taken over, although the area manager told us when the new manager commenced these would be arranged.

Staff we spoke with commented positively about the support they had received. One care worker told us, “The support is much better since the new provider has taken over.” Another staff member said, “We work well as a team, we support each other.” Staff also said communication was better with the new provider.

Is the service caring?

Our findings

People we spoke with told us that care staff were caring and that they listened to them and showed both respect and dignity. No-one we spoke with expressed any concern about the care provided.

One person said, “The girls are very friendly and helpful, they’re very, very good.” Another person told us, “The staff are kind and caring, I’ve got no concerns or worries on that score.” Another person commented, “I can’t walk much and I spend most of the day on the commode, I’d be lost without them, they’re always here if I need them and they’re reliable. They give me my tablets; sort out appointments, cream my legs and I’m very happy.”

People we spoke with told us that they had positive relationships with the care workers that supported them. One person said, “I look forward to them (staff) coming, we get on very well and I miss them when they are on holiday.”

Relatives we spoke with confirmed that staff were caring and kind and listened to their relative. One relative said, “The girls are nice.” Another relative told us, “The staff are kind and considerate, I have no complaints.”

Everyone we spoke with, people who used the service and relatives confirmed that permission was sought before assistance or care was provided. People told us that they were able to build up a rapport with care staff and that staff mostly acted on their needs and wishes.

People told us they were supported by a small team of care staff who knew them well. A relative told us, “It is good we get the same staff as (my relative) doesn’t always remember names, but with the same staff turning up they remember faces, which helps put them at ease.” The staff we spoke with demonstrated a very good knowledge of the people they supported, their needs and their wishes.

People said they could express their views and were involved in making decisions about their care and treatment. People and their relatives told us they had been involved in developing their care plans and said staff respected their decisions.

We asked people and their relatives if staff respected people’s privacy and dignity and help people to be independent. Everyone said they did. One person said, “Yes. The staff are very respectful.” Staff we spoke with were able to explain how they made sure people’s privacy and dignity was upheld. They told us curtains would be closed, bedroom and bathroom doors closed while personal care was being delivered.

The area manager told us they were looking at how they could meet the needs of people they supported who were at end of life. They were in the process of appointing an end of life palliative care champion. The provider was also looking at suitable training for staff to ensure they could meet the needs of people at end of life.

Is the service responsive?

Our findings

People we spoke with praised the staff and spoke highly of the care and support they received. People told us that they had been involved in their care plan but could not remember if it had been formally reviewed. The care plans had all been reviewed and rewritten when the new provider took over, the area manager told us these had all been completed in April 2015. The reviews were due at the time of our visit, The area manager explained to us that these would be slightly delayed as the manager had left. They said they would be reviewed when the new manager commenced employment, their start date was 26 October 2015.

People we spoke with told us that if their care needs changed they would just tell one of the carers or phone the office and the care would be adjusted accordingly. All people we spoke with and their relatives felt the service was very responsive to any changing needs. One person who used the service told us, “We work together, not against each other.”

Another person told us, “I’ve got worse recently so I have carers coming in more often. I just told them what extra help I needed and they sorted it all out for me.”

People we spoke with told us that carers always turned up within 15-20 minutes of the scheduled time. People told us that they mostly had regular carers or a regular group of carers. One relative told us that carers had changed quite a lot since January.

We looked at five care and support plans in detail and found the care files did reflect people’s needs and

preferences. The files included detailed information about the areas the person needed support with and how they wanted their care delivering. These plans were easy to understand and provided good detail about the person’s needs, likes, dislikes and interests. We also found copies of the plans in the people’s homes that we visited.

The company had a complaints procedure, which was included in the service user guide given to people at the start of their care package. We saw these were in the people’s care files who we visited. We checked the complaints file. There was a system in place to document concerns raised, what action was taken and the outcome. The area manager told us they had received some complaints since the new provider had taken over. We saw these had been investigated fully and responded to appropriately. The staff we spoke with said they would report any concerns to the office straight away. They told us how they would raise concerns on behalf of people who felt unable to do so themselves.

People we spoke with had not made a complaint about the service. Relatives we also spoke with had not had to raise any concerns. Although one relative had raised the issue of the need to have carers at 8.30am rather than 10am. She told me that the office acknowledged her request but did not have the staff to be able to provide carers at the time she wanted.

The people we spoke with told us they would feel comfortable raising a concern if they needed to, either with the care coordinators or they would call the office. One person told us, “I can call the office whenever, staff are available to listen and resolve any issues.”

Is the service well-led?

Our findings

At the time of our inspection the service did not have a manager in post that was registered with the Care Quality Commission. They had left the previous month. The area manager was overseeing the service until the new manager commenced on 26 October 2015.

People who used the service who we spoke with were not aware the registered manager had left. However they said if they wanted to contact anyone they would phone the office and speak with a care co-ordinator. Staff we spoke with had not been formally informed the registered manager had left, or what the management arrangements were in the interim.

We discussed this with the area manager who told us they had arranged a staff meeting for the week the new manager started, which, was week commencing 26 October 2015. They said this would give opportunity for the new manager to be introduced and explain any changes to staff formally.

We found people who used the service, relatives, and health care professionals were actively encouraged to give feedback about the quality of the service. People indicated they were mostly happy with the care and support provided and this was confirmed by the completed questionnaires we saw. There were some negatives on the returned questionnaires, but they had been completed when the new provider had first taken over. The provider planned to send out further questionnaire in November 2015 to determine if people's satisfaction had improved as the provider had been able to implement some changes since they took over.

Staff told us regular meetings had taken place and communication had improved with the new provider. Staff told us the meetings gave opportunity to be able to raise concerns or discuss issues to ensure all changes and any updates were effectively communicated to staff. Staff said they were also able to have informal chats with the care co-ordinators when they needed to talk something through or required additional support.

The provider had a system to quality monitor the service provided. However, we found this was not always effective. The area manager explained to us that the quality

monitoring had lapsed as they were short staffed and also explained that the previous registered manager had been struggling since July 2015 up until they left in September 2015. We found the quality monitoring had not been completed as frequently as required since about this time. For example we found concerns had been raised following a medication audit in July 2015. A memo had been sent to staff detailing areas of concern and what was required. However, we found similar issues of concern regarding medication during our inspection. Therefore in three months the standards had not improved to ensure procedures were followed so people received medication as prescribed and safely.

We saw records of staff supervision and staff told us they felt adequately supported by the care co-ordinators. Staff were also meant to receive assessments and spot checks while delivering care. However, we found these had also not been carried out as frequently as the provider policy recommended. We saw some that had been carried out which had identified issues and shortfalls, yet these had not been addressed with the individual staff member. When we discussed this with the area manager they told us they had been followed up, however, there was no formal documentation to evidence what action had been taken and if any further check had been carried out to determine the staff member had sustained the improvements.

We discussed this with the area manager, who was open and honest with us and told us they were aware of the shortfalls and since they had been overseeing they had recommenced the quality monitoring. They had identified some of the issues we had and acknowledged this needed to improve. The appointment of the new registered manager would assist the improvements. The area manager also told us that a senior care worker had recently left and they needed to appoint another. Which had not helped the service maintain quality.

Accidents and incidents were monitored by the service to ensure any incidents that could be prevented were identified. The area manager told us they had very few incidents, but would always look at every incident form completed by staff to evaluate and review. This ensured any actions required would be addressed.