

# The Human Support Group Limited

## Human Support Group Limited – Parr Mount

### Inspection report

Parr Mount Court  
Parr Mount Street Fingerpost  
St. Helens  
WA9 1AU

Tel: 01744747598

Date of inspection visit:  
22 January 2020  
31 January 2020

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Parr Mount Court is based within the community of Parr, St Helens. People using the service live in their own apartments within this extra care setting. The service supported 11 people at the time of our 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 when receiving the service and procedures were in place to protect them from abuse. Systems were in place for people to receive their medicines safely. Safe recruitment practices were in place. Infection control procedures were in place to minimise the risk of the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us that staff were caring and respected their privacy and dignity. Their comments included "Perfect with what they do", "Love all the carers to bits" and, "Fabulous."

People's needs and choices were assessed prior to receiving support from the service. People received care and support from experienced staff. People were supported with their dietary needs when required as part of their care plan.

People were supported by staff who knew them well and were aware of who to speak to if they were not happy about the service they had received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

This service was registered with us on 25/01/2019 and this is the first inspection.

### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive section below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our findings below.

# Human Support Group Limited – Parr Mount

## **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

This inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection started on the 21 January 2020 and finished on the 31 January 2020.

#### What we did before the inspection

We reviewed all of the information we had received about the service prior to this inspection. We sought

feedback from the local authority who work with and commissioned the service. We used all of this information to plan our inspection.

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.

During the inspection

We visited four people in their homes. We spoke to two family members, three staff, the registered manager and the area manager for the service.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data records and information relating to the overall management of the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Safeguarding procedures were in place and available to all staff.
- Staff knew how to refer any concerns they had about people's safety.
- People told us they felt safe when being supported by staff. Comments included "I've got that much trust in them" and, "Trust these girls with anything, I couldn't cope without them."

Assessing risk, safety monitoring and management

- Staff had access to policies and procedures in relation to health and safety and had received training in this area.
- Identified risks to people were considered in the planning of their care and where possible reduced.
- Risks to people were reviewed as part of the care plan reviewing process.

Staffing and recruitment

- People received their care and support as planned. People's comments included "On time with visits" and, "Staff come at scheduled time."
- People's visits were scheduled electronically in line with their care plan and staff accessed these schedules via a mobile phone.
- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.

Using medicines safely

- Procedures were in place and available to staff for the safe management of medicines.
- Staff responsible for managing people's medicines had completed training in this area and followed safe procedures.
- People received support with their medicines when needed.

Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Staff had access to procedures personal and protective equipment that promoted the prevention and spread of infection.

Learning lessons when things go wrong

- A system was in place to record and monitor accidents and incidents that occurred. Any incidents were reviewed to minimise further occurrences.
- Family members were kept informed of any incidents. Their comments included "It gives me peace of

mind."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- People's individual needs were assessed to ensure they could be met by the service.
- Where required, housing services, social workers and health care professionals were involved in the assessment process.
- Regular reviews of people's care and support were planned to ensure that the service was aware of any changes to their needs. People told us they and their family members took part in these reviews.

Staff support: induction, training, skills and experience

- Staff completed an induction into their role when they commenced employment.
- The registered manager was in the process of evaluating all of the training that staff had completed and plan for future training.
- People felt that staff had the skills to look after them well.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff with food and drink preparation when required as part of their planned care. One person told us, staff "Ask what I want to eat" and another person told us staff knew their preferred choice of foods and often discussed recipes with them.
- Advice from healthcare professionals in relation to specific health conditions were obtained when required and recorded in people's care plans.
- People received support from staff to plan and access healthcare services. For example, staff liaised with local GP practices and pharmacists and supported people to health appointment if needed. One person told us "Staff support me to go to hospital for appointments." Other people told us that staff will always advise and contact their GP if they feel unwell.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked effectively with health and social care professionals to ensure people's needs were met.
- People using the service were planning to move out of their current homes. The service was actively involved in planning people's moves to new accommodation. People told us that staff were supportive when discussing the up and coming changes.



- Staff were working in partnership with the local authority and housing services to ensure that people had a positive transition to their new homes.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. At the time of this inspection none of the people receiving a service had any authorisations or judgements in place to deprive them of their liberty.

- Policies and procedures were in place to offer guidance and information to staff in relation to the MCA.
- People were supported by staff who had received training in the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; respecting equality and diversity

- People told us positive things about the service they received from staff. Their comments included, "Perfect with what they do", "Love all the carers to bits" and, "Fabulous."
- Family members described the staff as "Attentive" and "Very kind and willing."
- People told us that they felt well supported and that staff would always make changes if asked. For example, one person told us that when they first started to use the service they were nervous and staff took time to discuss and make changes so that the care they received was right for them.
- Staff knew people well and it was evident from discussions with people that positive relationships had been formed. Comments from people included, "We have a laugh" and, "They are very, very good."

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

- People told us they were able to share their views about the care provided.
- People told us that they were involved in making decisions about their care. Comments included "I suggested to staff that I would prefer a shower each morning. This was sorted out straightaway" and "Staff will always speak to you if you want to talk."

Respecting and promoting people's privacy, dignity and independence

- People told us that the majority of staff treated them with dignity and respect. Their comments included "They wash my back and treat me with respect" and "I'm treated with dignity. It's the little things like turning my bed back."
- People told us that staff always maintained their privacy during visits.
- People's personal records maintained at the office were stored in locked cabinets. Electronic records were password protected to ensure the security of the information.
- Policies, procedures and guidance were in place to ensure that people's individual rights were promoted and maintained.

# Is the service responsive?

## Our findings

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

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

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

- People received support from a regular team of staff who knew them well.
- People's identified needs had been planned for and were recorded in their care plans. People had access to their written care plan. One person told us "Staff write in the care plan and I sometimes read it." Staff recorded the care and support people had been offered and received electronically.
- People's care plans contained information and guidance for staff to be able to deliver the care and support people needed.

Meeting people's communication needs

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

- People's sensory needs were recorded in their care plans.
- People were supported by staff who understood their communication needs.
- The provider had access to facilities to provide written documentation in different formats to meet people's needs and wishes.

Improving care quality in response to complaints or concerns

- People had access to the provider's complaints procedures which were available in different formats if required.
- People knew who to speak to if they were unhappy about the service they received and felt confident that they would be listened to. Comments included "Any concerns have been rectified."
- A system was in place to record and monitor any complaints received about the service.

End of life care and support

- People had the opportunity to have any specific wishes in relation to end of life care recorded in their care plan.
- At the time of this inspection nobody using the service was in receipt of end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- Systems were in place for people to receive they required.
- Quality assurance and monitoring systems were in place. Audits were completed by the registered manager and the provider had oversight of this monitoring. Areas of improvement were identified and added to the continual development action plan for the service. For example, improvements had been identified in the timings of medicines audits, care plans and daily records.
- The registered managers were regularly available at the service to offer support to the staff team.

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

- Systems for the service to effectively manager their legal responsibilities.
- The registered manager had a clear understanding of their role and responsibilities and regulatory requirements. Necessary information was sent to CQC when this was required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their responsibilities in responding to people under the duty of candour following incidents and when things had gone wrong.
- Staff had access to some guidance developed by professional organisations. For example, the National Institute for Care and Health Excellence (NICE).

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

- Arrangements were in place to engage and involve people using the service. For example, people were asked to complete a survey about the care and support they received. In addition, staff were supporting people with their up and coming moves to new addresses.
- People were invited to attend regular joint meetings with representatives from the service and the housing services responsible for their accommodation.
- Staff followed advice and worked in partnership with others such as health care professionals to ensure the best possible outcomes for people.
- Policies and procedures that considered equality characteristics to promote safe, effective care for people were available.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider had developed an action plan to make continual improvements to the service.
- Staff worked alongside healthcare professionals; local authority commissioners and housing services to support people with their care and support and in supporting people's moves to their new accommodation.