The Human Support Group Limited

Human Support Group Limited - Plymouth

Inspection report

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02 May 2019

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: Domiciliary care agency
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults of all ages, who may have needs including physical disability, dementia and mental health needs. At the time of the inspection the agency was providing personal care to 140 people.

People's experience of using this service:
People told us their calls were not always at the time they had agreed with the agency, and they often did not know which staff were coming or at what time. For some people this meant they felt unsafe as they needed to have medicines or food at a certain time to remain healthy. People told us they did not always get informed when staff were going to be late. People told us they did not always know which staff members to expect.

People's records did not always detail risks relating to their needs. When risks were detailed, guidance for staff to reduce the risk was not always included. Medicines management processes did not always reflect best practice.

Checks and audits had been completed to help ensure improvements were made. However, no checks were completed of how punctual people's calls were, or to ensure improvements requested by people had been implemented. Not all the gaps we identified had been highlighted through the checks completed. Complaints were responded to, but evidence was not available to show whether the actions required as a result had been taken. We have made a recommendation about this.

People told us the staff were kind and responsive to their needs. Staff described how they offered choice and control throughout their visits to people. People's care plans described how to help people maintain their independence.

People told us they felt safe when staff were supporting them, and that staff were skilled to meet their needs. Staff ensured any information required by other health or social care professionals was recorded clearly and as requested.

The provider was in the process of updating records and processes to better reflect best practice.

Rating at last inspection: Good. 18 October 2016

Why we inspected: We inspected this service as part of the scheduled programme.

We issued breaches of the regulations. Please see the end of the report for details of the action we have told the provider to take.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below	**Requires Improvement**

Human Support Group Limited - Plymouth

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team was made up of an 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 care service. The area of expertise for this expert by experience was in caring for older people and dementia care.

Service and service type: Human Support Group – Plymouth, is a domiciliary care service that provides personal care to people living in their own homes in the community.

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. They had recently been registered and were supported by the area manager during the inspection.

Notice of inspection:
We gave the service 2 days' notice of the inspection site visit because we wanted to ensure there would be staff available in the office.

Inspection site visit activity started on 29 April 2019 and ended on 2 May 2019. We visited the office location on 29 and 30 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:
Before the inspection: we reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection,
We spoke with:
four staff members
the registered manager
the area manager
we looked at:
six staff recruitment files
nine people's care records
Audits and quality assurance reports
Records of accidents, incidents and complaints
We contacted:
eleven people and four relatives by phone and visited three of these people
three staff by phone
the local authority commissioning officers.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Staffing and recruitment

•People told us call times were varied. People raised concerns that they did not know which staff were coming or what time they would arrive. Comments included, "I always have to ask who's coming next. We never know who's coming", "They never phone to say they're going to be late", "They are late nearly every day" and "They are regularly late with irregular carers. I can't make plans to go out."

•People gave examples of how, if they did not receive their medicines or meals on time, this could be unsafe for them; however they told us sometimes staff were late and they were not always alerted.

•One staff member confirmed, "We have attended calls at the time planned on our rota but been told by the family we're late." During the inspection we were told by a senior manager that call times and the reasons for late calls had not been monitored.

•Thorough recruitment checks were completed before staff were able to provide care or support to people.

Assessing risk, safety monitoring and management

•People had some risk assessments in place. Some people's risks had not been assessed and risks identified were not always supported by guidance for staff on how to reduce the risk. This meant people might have been exposed unnecessarily to risks relating to their health or social needs.

•. Following the inspection, the area manager told us they had updated the risk assessments where we had found gaps.

•Some people were described as experiencing low moods or depression at times. Information to support people at these times, or to help reduce the risk of them feeling low, was not recorded.

•People told us they felt safe when supported by the staff.

Using medicines safely

•People told us they were happy with the support they received with their medicines.

•Records were kept in the person's home of any medicines administered. When people did not receive a medicines administration record (MAR) from the pharmacist which listed their medicines, staff listed the medicines on a MAR, by hand. However, they used the new medicines supplied to complete the list, rather than checking them against the previous MARs or a list of currently prescribed medicines. This meant that if the medicines had changed or were incorrect, it may not have been identified by the staff member.

•Information was not always available to describe when staff would need to administer medicines prescribed to be taken, 'as required'. This meant staff may not have recognised when people needed the medicine.

•Staff competence to administer medicines had not always been assessed. A new procedure was currently being implemented to complete these assessments.

Due to the gaps in records of people's risks, and a lack of robust process for medicines management and people's call times, we found a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
•People were provided with information about safeguarding and how to stay safe.
•Staff had received safeguarding training and confirmed they would recognise and were confident reporting possible abuse. One staff member gave an example of how they had recently raised a safeguarding alert.

Preventing and controlling infection
•People told us staff always protective equipment, such as gloves and aprons
•Staff had completed infection control training and told us plenty of protective equipment, was available.

Learning lessons when things go wrong
•Accidents and incidents were recorded by staff and added to the organisations electronic system. These were monitored by the provider to ensure all appropriate actions were taken.

Good

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

Good: 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
•People's needs were assessed before they received support from staff.
•The provider regularly shared best practice information with staff, for example about skin integrity or mental capacity.

Staff support: induction, training, skills and experience
•Staff received an induction and completed training before they supported anyone. People confirmed they had also seen new staff shadowing experienced staff.
•A recent audit had identified a number of staff who needed to update certain aspects of their training. The registered manager and area manager told us these courses had now been booked. They said they also planned to provide staff with training related to people's specific needs.

Supporting people to eat and drink enough to maintain a balanced diet
•People told us they were happy with the support they received with their food and drink.
•Staff were able to describe people's mealtime preferences and routines.

Staff working with other agencies to provide consistent, effective, timely care
•When people needed support from other professionals such as a GP or district nurse, staff ensured any information these professionals would need, such as weight or blood sugar levels was recorded accurately.

Supporting people to live healthier lives, access healthcare services and support
•When people needed support to access healthcare services, staff provided this support.
•Information was recorded in people's care plans when they needed support to follow advice provided by healthcare professionals.

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.

We checked whether the service was working within the principles of the MCA.

•Most people supported by the agency had the capacity to make their own decisions. They confirmed staff

asked consent before providing care.
•Information was included in people's care plans about support staff could provide to help people make decisions.
•One person had fluctuating capacity, which meant staff sometimes had to make decisions in their best interests. No assessment of their capacity, or clear guidelines about when staff needed to make decisions in the person's best interest, had been completed. Following the inspection, the area manager confirmed they were seeking support from other professionals involved in the person's life to make sure these were recorded.

Good

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

Good: 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 staff treated them well. Comments included, "They're brilliant – they really boost my morale" and "I have some lovely carers – they all deserve a medal!" Staff told us they enjoyed spending time with the people they supported and spoke about them with compassion.
•People had not always been asked if they had any support needs related to the characteristics protected under the Equality Act. However, following the inspection, the area manager shared information about a new support plan being implemented by Human Support Group which had a 'comprehensive section on recognising differences.'

Supporting people to express their views and be involved in making decisions about their care
•Staff told us they always asked people what support they needed each call and how they would like that delivering. Staff were clear that they needed to take their time with people and ensure they had time to listen.
•People told us staff asked if there was anything else they could do before they left and ensured people had the things to hand that they needed.

Respecting and promoting people's privacy, dignity and independence
•People told us their privacy and dignity was respected by staff.
•Care plans included details of what people could do for themselves and what they needed support with. Some people had been able to reduce the level of support they needed as they had regained their independence.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•People told us staff respected their preferences and they felt in control of the care being provided. One person commented, "They get on extremely well with me." Staff gave examples of how they noted any further support people might need and shared this with the office so staff could meet all their needs.
•People's care plans gave staff information about what support they needed. They also included information about people's background and life history.
•The registered manager had identified that some people's care plans needed more information about their individual routines.
•Information about people's needs under the accessible information standard had not been routinely sought. However, the registered manager told us they only supported one person who needed information in a particular format and that this was provided. The accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns
•People's gave examples of where they had requested certain staff did not visit them and this had been respected. However there was not always recorded evidence that all actions identified following a complaint had been taken to improve the service.
•People had a copy of the complaints policy and staff knew how to support people to make a complaint.

We recommend the provider ensures all actions required as a result of a complaint are taken and recorded.

End of life care and support
•People we spoke with and whose records we reviewed were not receiving end of life care at the time of the inspection.

Requires Improvement

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

•Checks and audits had recently been completed of people's records and an action plan had been created to help ensure improvements were made. However, these had not identified all the concerns we found.

•The provider was in the process of updating their quality assurance processes. In the future branches would be audited by an internal auditor. These would be announced and unannounced and the frequency would depend on the outcome of previous audits.

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

•Most of the people we spoke with told us they did not know what time staff would be coming even though they would like to.

• Team meetings were an opportunity for staff to put forward suggestions on how the service could be improved.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

•The Human Support Group's mission was to 'provide the very best personalised care'. People told us care staff provided personalised care. However, people and staff raised concerns about the times calls were planned. They did not always suit their needs or reflect the times that had been agreed.

•The area manager and registered manager were open and honest about where improvements were required and where we identified further gaps, they acted to make improvements.

Continuous learning and improving care

•Where people had raised areas for improvement in reviews of their care, no-one had checked whether these had been implemented successfully.

•We requested evidence that checks had been completed about how many calls were early or late each week. None was provided, even though concerns had been raised in the past.

The provider's quality assurance systems had not effectively identified or improved inconsistent call times and gaps in people's records. Information available had not always been used to improve the service.
The service is in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others
•The registered manager attended local forums where best practice was shared and discussed.
•The provider had used information from an organisation that support care providers to update how they approached people's diverse needs. They told us, "We now have the organisational mantra of 'By treating everyone the same we do not recognise difference.'"
•The provider shared useful advice with people such as how to stay healthy in winter and what to do if they fell.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's risks were not always assessed or control measures described. Staff's competence to administer medicines had not been assessed and they did not always follow best practice when supporting people with their medicines.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems had not effectively identified or improved inconsistent call times and gaps in people's records. Information available had not always been used to improve the service.