

The Human Support Group Limited

Human Support Group Limited - Connaught House

Inspection report

Connaught House
Victoria Place
Loughborough
LE11 2EY

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18 December 2019

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27 February 2020

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 ●

Summary of findings

Overall summary

About the service

The service is a domiciliary care agency providing care and support to people living in an extra care housing complex. This consisted of separate flats within the housing complex. 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. At the time of our inspection, 30 people were receiving personal care and support.

People's experience of using this service and what we found

Systems to engage and involve people using the service, the public and staff had not been fully implemented but the provider was in the process of introducing new systems such as three monthly calls to check on people's wellbeing and care plans reviews.

There were systems in place to monitor the quality of the service. People and staff felt supported by the care team leaders and the new acting manager.

People told us they felt safe. Staff understood their responsibilities to protect people from abuse and to report any concerns if they had any. Risk was assessed and managed. Staff had enough time to spend with people and could meet their needs. People's medicines were managed in a safe way.

Staff knew how to meet people's needs and had the training and support they required. People were supported to eat and drink and have a balanced diet. People had access to the healthcare services they required.

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.

Staff were caring and kind. People and staff had developed positive relationships and staff knew people well. People were able to make choices and decisions about their care and support. Staff maintained people's privacy, dignity and independence.

All care plans were being reviewed to make sure they met people's needs and preferences. People received person centred care. Opportunities were provided for people to socialise and to follow their interests and hobbies. People knew how to make a complaint and would feel confident doing so. Staff had received training about end of life care and advanced care plans were being introduced.

Rating at last inspection

This service was registered with us on 29 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvements. Please see the well-led sections of this full report.

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 effective 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 findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well-led findings below.

Human Support Group Limited - Connaught House

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

The 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 did not have a manager registered with the Care Quality Commission but there was an acting manager who had submitted an application to become registered as the manager with the CQC.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it was a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the

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

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with seven members of staff including senior managers, senior care workers and care workers.

Is the service safe?

Our findings

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

This was the first inspection for this newly registered service. This key question has been rated as 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 and felt comfortable speaking with staff about any concerns they may have.
- The provider had recently made changes to their staff rota to make sure there were 'care team leaders' on duty every weekend. This meant there was always a senior member of staff for people, relatives or staff to speak with if they had any concerns.
- Staff were able to describe the correct procedures to follow in the event of suspected abuse. They knew how to report and who to report to, including outside of the organisation to the local authority safeguarding team.
- We were given examples of when the provider had taken action to protect people from abuse and this had been effective.

Assessing risk, safety monitoring and management

- Risk was assessed and management plans were in place so that staff knew what to do to keep risk to a minimum. For example, risk of falling and using mobility equipment was assessed.
- While the provider was not responsible for the building and did not have landlord responsibilities, they had identified fire risk and were working with the housing provider to ensure that additional fire safety equipment was installed where required.
- Accidents and incidents were recorded and action was taken where required. For example, additional support was provided following an incident where a person had left their flat and was at risk unsupervised in the community.
- Staff knew what action to take in the event of an incident or accident and knew how to respond to a fire alarm and the location of firefighting equipment.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person told us, "The staff come at the right time and stay for the right amount of time."
- Another person said, "The staff always arrive on time and they ask me what I want."
- Staff told us they had the time and support they required to meet people's needs. A member of the care staff said, "The staff here are really good and work well as a team. Everyone helps each other."
- Another member of the care team told us that staffing numbers had recently improved.
- Staff were recruited in a safe way. Checks were carried out to make sure, as far as possible, that only staff with the right characteristics and skills were employed.
- We were told that more than half of the staff employed had been working at the service for more than three years. This meant people experienced a consistent staff group who knew and understood their needs.

Using medicines safely

- People told us staff assisted them to manage their medicines in a safe way (where this was required). One person said, "They are on the ball with my medicine."
- Staff had received training about managing people's medicines and had their competency assessed.
- Care plans provided clear instructions to staff about the level of support people required and the medicines they required.
- Medicine administration records had recently been improved to make them clearer and easier to follow.
- Staff knew what to do in the event of a medicine error. They told us they would always seek medical advice.

Preventing and controlling infection

- Staff had received infection control training. They were aware of infection control policies and procedures and they knew how to minimise risk.
- Staff had access to protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- The provider was working with the local authority to address shortfalls they identified during their last contract monitoring visit and were taking action to improve.
- Action was taken in response to an incident which put a person at risk. This included consulting with care commissioners to increase the level of care and support provided.

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 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

- People had their needs assessed before they began using the service. Assessments looked at people's health and social care needs. One person said, "The staff helped me to settle in."
- Staff and managers kept up to date with best practice standards, guidance and the law through ongoing training and updates from professionals within the company and externally. The local authority improvement team were working with the provider to ensure best practice standards were being followed.

Staff support: induction, training, skills and experience

- People said staff were well trained and knew how to meet their needs. One person said, "Staff know what they are doing."
- There was a learning and development manager employed. Staff received induction and ongoing training. We were told key staff had recently been trained to provide additional training to staff about moving and handling and medicine management.
- Staff received supervision and appraisal to discuss their training and development needs. We were told this was not fully up to date and additional supervisions and competency checks were taking place to address this.
- A member of the care staff who had recently been employed told us about the training they had received. They told us the training had been useful and they felt supported. They gave us examples of how they used the knowledge and skills acquired from training to support people.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. People said they liked the meals provided. One person told us, "Staff promote healthy meals".
- There was a communal dining room. We saw people enjoying a pre-Christmas lunch. The atmosphere was relaxed and social and people were enjoying the meal.
- Staff supported people appropriately. They knew about people's dietary and hydration needs and preferences. They monitored food and fluid intake where risk was identified.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services when they needed them. One person told us how they had become unwell suddenly. They told us staff responded quickly and arranged for an ambulance to attend.
- Staff knew how to recognise when people's health was deteriorating. They told us they would report any changes and the care team leader would arrange for appropriate medical or nursing support.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- We checked whether the service was working within the principles of the MCA and found that they were. Staff had received training and understood their responsibility to obtain consent before delivering care and support.
- People told us staff always asked first before providing care and support.
- Care team leaders had recently attended further training about decision specific mental capacity assessments and were in the process of implementing this in people's care and support plans.

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 was the first inspection for this newly registered service. This key question has been rated as 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 staff were kind, caring and respectful. One person said about the service. "I love it, the staff are all very nice, they ask me what I want." Another person said, "The staff are great, they are all so friendly."
- Staff knew people well and knew about the things that were important to them and knew how to offer reassurance when this was required.
- One person told us how staff supported them when they had pain. They also said, "The staff have been very good, I have a kind carer."
- A member of the care staff told us how they had built up relationships with people. They told us how important it was to be cheerful. They said they would recommend the service to people they cared about without hesitation.
- Interactions between people and staff were positive, friendly and respectful.

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

- People told us they were involved in making decisions about their care and support.
- People said they felt cared about by staff. One person said staff provided care and support at the time they requested and in the way they preferred.
- Staff told us they had time to spend with people so they could listen to and involve them in decisions about their care and support.
- We were told a new system was being introduced to check on people's wellbeing and ask if there was anything else people required. The aim was to carry out these checks every three months but this system had not yet been fully implemented at the time of our inspection.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity.
- People were able to be as independent as they could be. Care and support plans described the things people could do for themselves as well as the assistance they required.
- Staff had received training about privacy and dignity and gave us examples of how they made sure people had their privacy and dignity respected.
- Staff protected people's equality and diversity needs and knew about the Equality Act and applicable protected characteristics.

Is the service responsive?

Our findings

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

This was the first inspection for this newly registered service. This key question has been rated as 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 had care plans in place which instructed staff how to meet people's needs and preferences. Care plans reflected people's physical, mental, emotional and social needs.
- We were told that all care plans were being reviewed and improvements were being made to make sure care plans were person centred and based on people's needs and preferences.
- One person told us how staff supported them at different times of the day. They said, "I am very comfortable."
- Staff knew people well and understood their support needs. Staff gave us examples of how they met people's needs in a person centred way.

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.

- Managers were aware of the Accessible Information Standard.
- Staff knew how to communicate with people effectively.
- We were told written information could be provided in a variety of formats to meet people's needs. For example, large print, braille and different languages, in order to meet people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were able to follow their interests and hobbies.
- People lived in their own homes and there were no restrictions on when they could receive visitors.
- There were communal areas where people could spend time with their friends and family including other people who used the service.
- We saw people spending time in the communal lounges, there was a relaxed and social atmosphere and people socialised with each other and with staff.
- People's social, cultural and religious needs were considered and met. People were supported to follow their chosen religions.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and would feel confident doing so. One person said, "I

would speak to the care team leader in the office." Another person said, "If I wasn't happy I would speak with staff." Both felt sure staff would listen and take action.

- Recent changes had been made to the staff rota to ensure care team leaders were available at weekends so that any concerns could be addressed quickly.
- Complaints were recorded, investigated and used as an opportunity to learn and improve.

End of life care and support

- Staff had received training about end of life care.
- At the time of our inspection people's preferences and choices for their end of life had not been explored or recorded.
- We were told many people did not want to discuss their end of life choices. There was nobody using the service in receipt of end of life care at the time of our inspection.

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 was the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People and staff had not been routinely engaged or involved in developing the service. We were told that this was being addressed through additional staff meetings and carrying out care plan reviews. The provider's head of compliance had begun visiting people to ask for their views and feedback.
- A document known as 'How are you' was being introduced to gather feedback and comments from people.
- Annual satisfaction surveys were sent out. There had been a low return rate with only nine surveys returned but these were positive about the service provided.

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 provider understood their responsibilities to be open and honest when things went wrong. They sent us notifications about events that happened at the service as they were required to.

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

- There was not a registered manager in post and there had not been a consistent permanent manager for some time. At the time of our inspection the acting manager was on leave. They had applied to become registered as the manager with CQC.
- People and staff felt supported. They told us there was always someone in the office they could talk to (care team leader).
- A staff member told us they had been supported with a personal issue. They said about the service, "It's like a family."
- Staff spot checks were carried so that managers could assess and review staff performance.

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

- There was a management structure at provider level. Senior managers held key roles such as head of compliance and head of practice. Senior management presence at the service had been increased since the last local authority contract monitoring visit had identified shortfalls in the service.
- Audits were being carried out to address risk and required improvements. These were being implemented and monitored by the provider's head of compliance at the time of our inspection.

- Previous audits had not effectively identified shortfalls such as staffing, risk management and care planning.

Continuous learning and improving care

- There was an improvement and action plan to address the shortfalls identified by the local authority at their last contract monitoring visit. This meant key staff including the chief operating officer were meeting regularly and carrying out audits to identify where improvements and further resources were required.

Working in partnership with others

- The local authority quality improvement team were working with staff to make improvements at the service.