The Human Support Group Limited

# Human Support Group Limited - Merseyside

**Inspection report**

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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 |

## Overall summary

We carried out an announced inspection of The Human Support Group Limited Merseyside on 29 and 30 October and 3 November 2015. The provider was given 48 hours' notice of our intention to carry out an inspection because the location provides a domiciliary care service and we needed to be sure that someone was available in the office as well as giving notice to people who used the service that we would like to visit them at home. We visited people who used the service in their own homes on the second and third day of the inspection.

At our last inspection in July 2014 we found the provider was meeting all the regulations we looked at.

The provider registered this service with us to provide personal care and support for people with a range of

# Summary of findings

needs; including people with physical disabilities or who were living with dementia. At the time of our inspection they provided 101 people with care and support services. The service is managed from an office located in Widnes, close to the town centre.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage 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.

Throughout the inspection we consulted people who used the service and where appropriate, their representatives. We also spoke with staff from the service and obtained the views of a number of health and social care professionals who had contact with the service. Feedback was positive and people said they had no concerns about the care they received or the staff who provided it. People told us that staff were caring and treated people with dignity and respect.

The safety of people who used the service was taken seriously and staff were well aware of their responsibility to protect people's health and wellbeing. There were systems in place that ensured wherever possible issues affecting people's safety and wellbeing were identified and addressed.

The registered manager ensured that staff were provided with full details of the needs, wishes and choices of the people they provided support to. She also ensured that staff had the skills and knowledge to meet their needs.

People generally received consistent support from care staff who knew them well.

People had positive relationships with their care staff and were confident about their abilities to provide good quality care and support. There was a strong emphasis on key principles of care such as compassion, respect and dignity. People who used the service felt respected and at ease with care staff.

The service was flexible and responded positively to changing needs. People were treated as individuals and any changes in their needs were quickly identified and responded to.

The management team demonstrated a clear understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. Where areas for development were identified managers responded positively by developing action plans to address them.

Staff in general were highly motivated and told us they were valued and supported by an excellent registered manager. They said that the service had greatly improved since the current registered manager was appointed.

# 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.

Risks to the health, safety or wellbeing of people who used the service were fully assessed and addressed in their care plans and staff rotas showed that staff had sufficient time to care for people in a safe manner.

People said they felt safe with staff who supported them.

People benefited from support received from regular staff who knew people's needs and managed their risks.

Good

**Is the service effective?**
The service was effective.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

Staff understood their responsibilities when people did not have capacity to make decisions.

Good

**Is the service caring?**
The service was caring.

Staff understood the importance of promoting people's privacy and dignity.

The registered manager had ensured that staff were committed to a strong person centred culture. Kindness, respect, compassion and dignity were key principles on which the service was built and these values were reflected in the day to day services provided.

Good

**Is the service responsive?**
The service was responsive.

People were involved in how their care was provided on a daily basis.

Care and support plans were regularly reviewed and changes in people's needs were quickly recognised and prompt actions taken to meet changing needs.

People felt the service was flexible and based on their personal wishes and preferences.

Good

**Is the service well-led?**
The service was well led.

The registered manager promoted strong values and staff felt supported and motivated by the management team.

The leadership of the service created a culture of openness and sought feedback from people to improve their experience of the staff and services provided.

Good

# Human Support Group Limited - Merseyside

**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 was planned to check whether the provider was 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 29 and 30 October and 3 November 2015. We visited people who used the service in their own homes on the second and third day of the inspection.

The provider was given 48 hours' notice prior to the inspection because the location provides a domiciliary care service and we needed to be sure that someone was available in the office as well as giving notice to people who used the service that we would like to visit them at home.

The inspection team was made up of one adult social care inspector.

The registered provider had sent us a Provider Information Return (PIR) before the inspection which we reviewed together with reports from the local authority which commissioned services from the registered provider. The PIR 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.

Prior to this inspection we sent 50 questionnaires to people who used the service or their relatives, 28 to staff, and one health and social care professional to gain their perceptions of the services provided. Eighteen completed questionnaires were returned by people who used the service, two from staff, none from relatives and one from the health and social care professional.

We reviewed this together with information already held by the Care Quality Commission (CQC).

During the inspection we visited six people who used the service. When we spoke with them we also asked for permission to look at the care records kept in their homes. We telephoned 42 people who used the service and were able to speak with 32 of them as well as three of their relatives. We also, after gaining permission from two people who used the service, spoke with two staff and observed them undertaking their duties within the people's homes. We spoke with nine staff on the telephone. We also carried out three spot checks of the timing of staff visits to people who used the service.

During our visits to the office we spoke with the registered manager, area manager, performance director, care coordinator and office administrator. We spoke with two members of care staff who were visiting the office. We looked at six care plans as well as six staff files and reviewed a number of documents including policies and procedures.

Good

# Is the service safe?

## Our findings

Prior to our inspection we sent people who used the service a questionnaire which asked them about their experience of The Human Support Group Merseyside. We received 18 responses and people said they felt safe from abuse or harm from the staff of the service.

We also spoke with 41 people who used the service or their relatives and asked them if they found the service provided by Home Care Support to be safe. Everyone we spoke with told us they felt safe using the service. Comments included "I am fine with all the staff, they treat me well and keep me safe" and "They (staff) are great. They treat me with kid gloves and make sure everything is right for me to keep me safe and well".

We talked with staff and asked them if they knew about the importance of safeguarding people who used the service from abuse. They were able to identify the sorts of abuse which might affect people and identified the correct course of action they would take in informing their manager of any suspicions they might have. One told us "If there is something that is not right I would report it". Staff also correctly identified the circumstances in which they might whistle blow, for example if they thought there was something wrong at work and did not feel it was being resolved properly. The provider had a safeguarding and whistleblowing policy, copies were shown to us during the inspection.

We checked that the provider took appropriate precautions as outlined in the relevant regulations when recruiting staff. We found the six personnel records we looked at to be complete, including an application form and interview questions which were based around the sorts of scenarios which a member of staff might encounter if they were employed by the provider. We found that references had been taken up so that the provider could verify the work history given by the applicant. We saw that the provider checked the references by making contact with the referees who provided them. Applicants were also asked to undertake a written test so that the provider could assess their ability to keep records. The provider checked each employee with the Disclosure and Barring Service so that they would know if an applicant had a criminal record and could take action accordingly when reaching a decision to employ or not. We saw detailed audit forms which allowed the registered manager to see at a glance if all the relevant checks were in place as well as if subsequent induction training had been completed.

Staff spoken with demonstrated a good understanding of people's needs and the support required to promote their safety and wellbeing. Care staff were able to discuss risks individual people faced and spoke confidently about how they maintained their safety. One staff member said "Because we generally keep the same staff on each patch we get to know each person well and just know if something isn't right, you can spot it right away even if people cannot tell you".

Through the assessment and care planning process, any risks to a person's safety or wellbeing, for example in areas such as falling, nutrition or pressure sores were carefully assessed. Risk management plans were implemented which were followed by staff to help ensure people received safe care. We saw records of successful outcomes for people as a result of staff following the care plans such as changes to the skin of one person who was at risk of developing pressure sores which had been noted and addressed via health care professionals.

Risk assessment processes were robust. Whist they were in place to protect people's safety and wellbeing staff were aware of the importance of recognising people's rights and promoting their autonomy. One person told us that staff had dealt with a risk associated with their medication and had addressed it in a positive, effective and non-restrictive way.

We saw that part of the risk assessment process included completion of a home safety checklist. Staff told us that this helped identify any potential risks in a person's home. We saw that the registered manager took action where any concerns were identified such as moving and handling, use of equipment and heating and lighting.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. The registered manager showed us a spread sheet which detailed information including what had been learned from such incidents. She told us this assisted staff to make continual improvements in safety.

Good

# Is the service safe?

Policies and procedures were in place for the management of medicines. These provided members of staff with information about their role and responsibilities when assisting people who used the service with their medicines. People were assisted with their medicines only if this was part of their care package agreement. Members of staff who had responsibility for administering or prompting people to take their medicines had received appropriate training in order to ensure this was carried out safely. We saw that the medication administration sheets returned to the office after use included relevant details about the medicines and the times they were to be taken. One person who used the service told us that they needed to take a certain medication an hour before breakfast. They said that staff called to assist with medication and called back an hour later to provide them with breakfast and personal care.

There were policies and procedures in place for the prevention and control of infection. Staff told us and records showed, that they had received training in infection control. We saw they were supplied with protective equipment such as gloves and aprons. One person said "She [staff] always wears her pinny [apron] and gloves when she is here".

Good

# Is the service effective?

## Our findings

We received positive comments from the people we spoke with and from feedback from the people who completed the questionnaire. Comments included "They know what I need and make sure I get it", "They have provided me with care and support that has helped me get back on my feet. I could not have done it without them", "Staff have assisted me to get better and do more things for myself", "I could not do without them, bless them they have made my life better" and "The office staff are generally easy to talk with and the manager is great. However on one or two occasions I have spoken with a person in the office who has been abrupt and unhelpful". We brought this to the attention of the registered manager who told us she will address this with relevant staff.

We saw that either the registered manager or care co-ordinator carried out an assessment of the person who had requested the service before a service was offered. All care plans viewed included this pre assessment document which enabled them to decide if they had sufficient staff with the skills needed to provide a service which would be effective in meeting the person's assessed needs.

We found the care plans to be comprehensive documents which provided a good level of information about people's health and social care needs. The plans were detailed and included clear protocols in providing specific areas of care.

We saw that the service had a training and development policy. We saw induction certificates that showed that this included the topics which are considered to be the common induction standards recommended by the appropriate sector skills training body for the care sector. We checked to confirm that this induction included training in safeguarding and whistleblowing as well as other key areas such as moving and handling and infection control. We were provided with a copy of the registered provider's induction policy. We saw that staff were provided with an employee portfolio with included key information about the job, policies and expectations of them. Staff told us that they were encouraged to build this as a portfolio to include training certificates and records of their personal development.

The standard training programme included annual training in moving and handling, health and safety, fire safety, safeguarding, medicines administration, and the principles and values of care. Staff were also provided with training in food hygiene, first aid, infection control, incontinence and stoma care as well as dementia and end of life care. We checked the training records for staff and saw that all induction had been completed and all training was up to date. We saw records of shadowing visits in order to check staff competency. These were checks conducted periodically where a member of staff would be observed. According to the records we saw the observations included person centred care, nutrition, infection control, safeguarding, health and safety and security as well as a check on whether the care worker was appropriately dressed and behaved professionally.

Staff told us that they had received induction before working independently with people. This included specific training around meeting people's needs as well as accompanying experienced staff on the home visits. They told us that a knowledge check and observation of their practice was undertaken by a senior staff member before they were assigned to work alone.

Staff told us that they had been offered extra training from Stephenson College which they could access for up to five courses per year. Records showed that over half the staff had accessed courses to include diabetes, end of life and understanding dementia. We saw that staff had also received training from district nurses when needed in areas such as stoma care, catheter care and intravenous peg feeding. The training records confirmed that they were adapted to meet the needs of the people who used the service. For example one person had developed some additional health needs during a stay in hospital and required some complex health care support on their return home. We saw that the registered manager had discussed this with health and social care professionals to have the team trained prior to the persons discharge. This meant that staff had the skills and knowledge to provide the person with safe effective care.

People who used the service said that staff were well trained and they felt confident in the way staff provided them with care. One person said "Staff know what they are doing. I feel so confident with them; they use their skills in a way that suits me. I have been on the receiving end of bad care in the past so I know what it's like. I complained to The Care Quality Commission and they sorted it all out for me. I stopped the service and changed to this one. I have never looked back".

Good

# Is the service effective?

The Mental Capacity Act 2005 is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions made on their behalf are made in people's best interests. Certain applications to restrict people's liberty must be made to the Court of Protection but no one who used the service at the time of our inspection, was subject to these arrangements. When we spoke with staff about this subject they told us that they had been provided with training on the Mental Capacity Act and they referred us to the policy documents they had been given. Staff told us they ensured that people consented to their care by asking them in whatever way they understood such as verbal and none verbal language. We saw there was a policy relating to mental capacity and that a section of the care planning document included a checklist for staff to consult.

Staff told us that they received supervision and we checked supervision records to confirm that this was the case. We saw that these covered reflection on current care practice as well as providing the opportunity for staff to identify training needs. Formal supervision is a meeting that takes place in private with the person's immediate manager to discuss their training needs and any issues of concern. We were told that this took place at a minimum frequency of one meeting per year and we saw that records of supervision meetings were held in staff files. The registered manager told us that two annual spot check meetings were also arranged for staff. She told us that this formed part of the annual supervision and assessed competencies and any training which needed to be updated. An electronic system was used to monitor progress on this and to make sure that supervision was taking place as expected. We checked this system and saw that supervision was up to date and that most staff had also had an annual appraisal.

We observed staff preparing a meal for a person who used the service. The person told us that the food was always according to their choice. Menus were discussed each morning and "I get wonderful meals each day and it is always the food of my choice". We looked at the care records for this person and noted that their likes and dislikes of food and drink were clearly recorded.

The staff member told us that she always encouraged people to eat and drink well and was aware of their likes and dislikes. Discussions with the staff member identified that they had full knowledge and understand in areas such as nutrition and infection control.

We noted during a home visit that the person's home had been adapted to suit their needs. This included furnishings and equipment being organised around the person's needs, ability and choice. They told us that staff from the service had worked with other professionals input into the adaptations to enable the person to maintain some independence.

Good

# Is the service caring?

## Our findings

Comments from people who used the service and their relatives were most positive about the caring nature of the staff. Comments included “My relative has an outstanding regular carer who keeps the family well informed. I cannot speak highly enough about the caring nature of the service”, “The staff are lovely, I am very happy with the way they treat me and the times of my calls. I have no issues or problems whatsoever” and “The care staff are very friendly, treat me well and I am very happy with the services provided”.

Staff we spoke with told us how much they liked their jobs and said they were supported to provide a good caring service. They understood the importance of building positive relationships with the people who used the service and spoke of how they appreciated having time to get to know them and understand the things that were important to them. One staff member said “I love it when I get time to spend with people and give them companionship and build meaningful relationships”. Another staff member told us “I am so happy doing this job. I am able to provide care and support to these wonderful people who I am very fond of. I try to establish good relationships with them and make them feel comfortable with me being in their homes. I try to remember the little things that matter to them and what is important to their lives”.

The registered manager demonstrated a clear commitment to promoting a strong person centred, caring culture throughout the service. Staff told us that she instilled in them the need to be kind, respectful and compassionate and not just to rush in and out of their home visits. Staff said that their rota provided them with travelling times between calls so they were generally able to have the time for a little chat with people as well as provide them with care and support.

We saw that the registered manager and care coordinators monitored each care package and checked on areas of development. This included agreeing and setting outcomes for each person who used the service which were discussed with the person every three months or sooner if required. This information was shared and reflected on during team meetings and one to one supervisions.

People who used the service were provided with a copy of the service user guide which held detailed information about the care and services offered. Care plans also held clear details of the services which had been requested and agreed. This meant that people who used the service and their relatives knew what to expect from the service and who to contact for further information.

The six care plans we viewed held clear directions for staff to follow to ensure staff could provide care which was person centred and promoted people’s dignity and independence.

All the central documentation we saw was kept securely in a locked filing cabinet in the office. Care files were only removed when they were required. This meant that people could be reassured that information about them was kept confidential. We saw that the registered provider had a confidentiality policy which included how information was stored and in what circumstances it could be shared with other parties.

Records showed that end of life training was available to all staff through courses provided by Stephenson College.

Good

# Is the service responsive?

## Our findings

People told us that they received care that met their needs, choices and preferences. Comments included; "Staff are lovely and provide me with exactly what I need and want", "We get the care that is required at the time it is required. The package is reviewed as and when needed and if necessary changes are agreed and made" and "I love the staff and the care they provide, they come when they should and go when they should. However sometimes they change staff around. I would be happier if I had the same carers all the time".

We asked people if they usually received care from the same carers. All but one of the 41 people we spoke with told us that they usually received their care from a regular staff team. They said that this assisted staff to know people's individual needs and preferences. One relative of a person who used the service said they did not mind if staff were changed as they were all good and carried out the care and support to a good standard.

Staff told us that they worked on a patch based rota so they were generally able to provide consistent care and keep to the agreed times for visits.

The registered manager showed us an electronic call monitoring system which was used to ensure the visit durations and actual times of arrival and departure were as planned on the staff rota. We noted that there was a 'prompt service', which alerted staff if a call hadn't taken place within the time banding. The registered manager told us that an on call rota of managerial support was available 24 hours a day and this would identify any missed or late calls and address the problem. However we noted that the electronic monitoring system was not available in some of the areas covered by the service such as Liverpool. We asked staff and people who used the service in the Liverpool area how the home visits were monitored. They told us that staff signed the daily record with the time and date of the visit and this was regularly audited by the care coordinator. They told us that the same on call system was used to manage missed or late calls but this had to be activated by either the staff member or the person who used the service through a telephone call.

We carried out a spot check on the timing of three home visits in Liverpool. We observed that two of the three morning calls checked on were running at least 40 minutes late. Staff told us that there had been a problem with staff absence and as a consequence an extra call had been added to the staff rota which had affected the timing of the calls. We saw the service had an agreement with the local authority commissioners of care and the people who used the service that a 30 minute either way period had been agreed in respect of the timing of calls. We spoke with the registered manager about the late calls we had observed and she told us that the rota had been amended at short notice due to staff sickness and as a consequence the calls had not been properly time managed. We saw she had addressed this with immediate effect and had amended the rota to ensure the future visits were covered by other staff who had availability at the agreed times. We noted also that the service had not received any complaint or expression of concern regarding the two late calls.

Care plan documentation was kept in the person's home so that care staff could consult it and record significant events in it, with a copy retained in the office. We looked at six care plans in the office and saw that they were detailed and easy to understand. The care plans were person-centred which means that the provider had attempted to make sure that they were written primarily from the person's point of view rather than that of the service.

The care plans were divided into sections and included "About me" and "My preferences" with subsections addressing questions such as "Service tasks" (which included information about risk assessment, personal safety and security), "My outcome" and "Service agreement".

The care plans also included a one-page person profile which helped care staff to get to know the person, what people appreciated about them, what was important to them and how they would like to be supported. The simple way that the one-page profile presented this information meant that it could be understood and acted upon quickly.

Hobbies such as painting, gardening and reading were recorded and details of how staff had assisted people to pursue these hobbies were also on file.

Risk assessments included the risk of falls, standing and walking, pain and environment. Where a risk was present, details of control measures and any further action or advice were recorded.

We noted that the risk assessments we saw had all been reviewed within the last few months.

Good

# Is the service responsive?

Care plans listed any medical conditions each person had and any allergies. It was clear what their assessed care needs where, such as washing and dressing, meal preparation and administration of medicines. Each call time had details of the care and support to be provided at that time.

We looked at the care documentation kept in peoples' homes. We saw that that this was made up of key extracts from the main care plan including a log sheet, records of food and drink as well as of medicines, a service user guide and risk assessments. There was also a copy of the most recent care plan. Daily records were held in the care file and we saw that they reflected the care and support provided and any other need to know information of an event that may have occurred prior or during the visit.

The care plans provided evidence that the registered manager and care coordinators responded quickly to requests for new care packages and also to requests for changes of times of visits or changing needs.

People we spoke with told us that in the past they had frequently experienced missed or late calls and they felt communication systems with the main office were poor. However they told us that there had been a vast improvement since the current manager had been in post and things had got much better. We viewed information held by CQC and the local authority commissioning officers in respect of missed or late calls and noted that no missed or late calls had been identified since January 2015.

A copy of the complaints procedure was included in the service user guide. All the people we spoke with told us that they knew how to make a complaint and felt confident to do so if necessary. One person said they would call the office if they needed to complain and another person said they had made a complaint about a member of staff and the matter had been dealt with sensitively and effectively. Records showed that the service had received one formal complaint within the last 12 months and it had been dealt with in line with the provider's complaints policy.

Good

# Is the service well-led?

## Our findings

People we spoke with and staff of the service told us that they had seen vast improvements in the service since the current manager had been appointed. Comments from staff included “Rachel [the registered manager] fully understands what our work entails as she worked here before she became manager. She is strong and supportive and strives to constantly improve the service. We call her Mrs Spreadsheet as she audits and records everything. She is an excellent leader” and “Rachel has restructured the office and we now work in an organised way with very few problems”.

Comments from people who used the service included “The new manager has turned things around. She is approachable, listens to what we have to say and deals with it quickly” and “I have used care services before and have had a bad experience with one service so know what is good and what is bad. This service is exceptional and so is the manager. If I had to give you a score out of 100 it would be 100”.

The registered manager told us that she was responsible for the day to day running of the service. However, she said that the registered provider had centralised support teams in place to assist her such as human resources, performance management, recruitment, marketing and communications, finance and information technology.

We saw that the management chain was clear with clear direction regarding reporting lines.

We saw that the service produced weekly reports to ensure there was clear visibility about the overall management of the service.

We saw that the service had access to the provider’s intranet which housed all the policies, procedures and documentation that were necessary for the day to day running of the service.

Arrangements were in place for all aspects of the service to be regularly monitored. An audit team from within the Human Support Group visited the service every six months to check that appropriate management procedures, training, safeguarding, staffing, staff supervision and staff meetings were in place. We saw details of the last visit and the audit confirmed that management procedures were thorough.

Further documentation viewed identified that the registered manager, care coordinators and senior carers were responsible for monitoring the performance of care staff by carrying out spot checks. These checks involved visiting the people who used the service to check that they were happy with the staff and services provided. Checks included timing of visits, attitude of staff, if staff were wearing their uniforms and used disposable gloves and aprons as appropriate.

We saw that the registered manager held regular staff meetings where open discussions took place including the running of the service.

The registered manager told us that questionnaires were sent twice a year to people who used the service, their relatives and other people who may be involved with their care to gain their perception of the staff and services provided. We looked at nine of these that had been recently been completed and saw that people appeared content with the staff and services provided. We looked at a spreadsheet which had been completed by the registered manager in respect of recording comments received from questionnaires and actions required where necessary. She told us that she ensured all areas of concern were acted upon immediately and outcomes discussed with the person or people who had raised the concern. She told us that she contacted everybody who had completed a questionnaire and thanked them for their input. This was confirmed by three people we spoke with who had recently returned their competed questionnaire.

Comments received from commissioners of care confirmed that the service was well led and provided people who used the service with timely, needs led, care.