The Human Support Group Limited

Human Support Group Limited - Didsbury

Inspection report

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Ratings

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

Overall summary

We carried out an inspection at The Human Support Group Didsbury on 12, 14 & 15 January. The first day of our inspection was unannounced which meant the provider did not know we were coming. The second and third day of the inspection we visited a number of people who used the service and carried out observations about the quality of care and support they received. We also spoke with people who used the service and with staff over the telephone to ascertain their feedback about the quality of care provided by The Human Support Group Didsbury.

The Human Support Group Didsbury, also known as Homecare Support, provide personal care services to 217 people in their own homes. Visits range from fifteen minutes up to an hour. The frequency of visits range from one visit per week to four visits per day depending on people's assessed need.

There was no registered manager at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service and

Summary of findings

has the legal responsibility for meeting the requirements of the law; as does the provider. However a manager had recently been appointed and had submitted their application to register with The Care Quality Commission.

We received feedback from 20 people who used the service about the care they received. Most people said they were fully satisfied with the service being provided by Homecare Support. People made very positive comments about the regular staff and the care they received if they had regular care workers providing all or some of their care. People told us they wanted regular call times and regular care workers who were properly trained and knew about what care they needed. We found the service had not always made sure the staff had the right knowledge and experience to support people to an appropriate standard at all times.

The service completed regular care plan reviews with people using the service. We found individual risk assessments were completed for people so that identifiable risks were managed.

Staff were able to describe how they respected people's privacy and treated people with dignity and respect. They told us however that they were concerned people could not always be supported in the correct way because they did not have the time. They said they sometimes felt rushed because they did not have sufficient travel time planned into their rotas. People who used the service confirmed this and we saw rotas did not allow sufficient time between visits or take into account anything which may cause delays such as road works taking place in the local area. **We have made a recommendation that appropriate travel time is given to staff which does not impact on the quality of care.**

Staff received induction training for their roles. However, people who used the service told us they were concerned that new staff had not been properly trained to enable them to deliver care to an appropriate standard. We found that staff were not given an opportunity to read through people's care plans before starting to work with them. This meant some staff we spoke with did not feel confident in supporting people with complex care needs. It also meant that people who used the service did not feel confident in the skills and abilities of the people supporting them. **We have made a recommendation that all staff have access to care files before visiting people in their own homes.**

Staff training records were out of date and during the previous twelve months arrangements had not been made to ensure all staff received regular supervisions which meant their performance was not formally monitored and areas for improvement may not have been identified. This meant the service had not ensured staff received appropriate training, professional development, supervision and appraisal. However we were shown records which had recently been introduced by the new manager which outlined when supervisions and appraisals would be taking place over the next year. This meant the provider had ensured improvements would be made in this area.

The provider had a complaint's process in place. This was robust and there was an effective system for identifying, receiving, handling and responding appropriately to complaints and comments made by people or persons acting on their behalf. People we spoke with who used the service told us they were satisfied their complaints were dealt with properly.

There were effective systems in place to monitor and improve the quality of the service provided and feedback from people who used the service was positively encouraged

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?

Requires improvement

The service was not safe in all areas.

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

Staff we spoke with knew how to respond if they suspected people they supported were being abused or were at risk. There were robust systems in place to assist staff to escalate their concerns to ensure people were protected when needed.

Sufficient time was not given to allow staff to travel safely between visits.

Is the service effective?

Requires improvement

The service was not effective in all areas.

Staff had a programme of training but the training was out of date.

Supervisions had not been completed regularly in the previous twelve months.

People we spoke with who used the service told us staff did not always know what their needs were so they had not felt confident that the staff had the appropriate level of knowledge to meet their needs.

Is the service caring?

Good

The service was caring.

The majority of feedback from people who used the service was positive about the staff supporting them.

When speaking with staff it was clear that they genuinely cared for the people they supported.

People using the service, their relatives, friends and other professionals involved with the service completed an annual satisfaction survey. Where shortfalls or concerns were raised these were taken on board and dealt with.

Is the service responsive?

Good

The service was responsive.

People knew how to make a complaint if they were unhappy. Four people said that they had made a complaint and were satisfied with the outcome.

We looked at how complaints were investigated and found the system to be effective. People could be assured that complaints would be investigated and action taken as necessary.

The service worked well with other agencies, services and families to make sure people received care in a coherent way.

Summary of findings

Is the service well-led?

Good

The service was well led.

We spoke with staff who gave positive comments about the manager and told us they had begun to see improvements in the service since they had been recruited.

People were protected from risk because systems for monitoring quality were effective. The manager and senior managers worked together to continually improve in areas where improvement was needed.

Accidents and incidents were monitored by the manager and the agency to ensure any trends were identified and acted upon.

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Detailed findings

Background to this inspection

The inspection was unannounced and was conducted over three days. The inspection team consisted of two adult care inspectors on the first day and one adult care inspector on days two and three. We looked at records kept in the office and spoke with fourteen members of staff including the manager, the response team, the training officer, senior managers, care co-ordinators and care staff.

We spent time speaking with fifteen people who used the service and visited five of them in their own homes. We were able to ascertain how staff interacted with people in their home and also check care and support plans and daily logs were kept to ensure people received the correct level of support in accordance with their wishes.

We looked at feedback from a further five people via satisfaction surveys and spoke to six family members to ascertain their views about the service.

The last inspection was carried out in June 2014 when the service was judged to be compliant with all of the outcomes inspected.

Before our inspection we reviewed information we held about the service. We examined notifications received by the Care Quality Commission and we contacted commissioners of the service to obtain their views about the service.

Requires improvement

Is the service safe?

Our findings

We spoke with fifteen people about the care they received from Human Support Group Didsbury. Every person we spoke with said they felt safe with care staff who were familiar to them and that mostly they were supported by staff who knew them. Comments included, "They are usually on time, but I feel they really need travel time. Their timings do not allow for the distance between calls." "If they are running late they do try to get a message to me but then the office don't always pass it on."

A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Care workers we spoke with were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One care worker told us, "I would not have any problem reporting things if I felt someone was at risk. There is always someone in the office or the on call to speak to if needed."

The manager informed us that any concerns regarding the safety of a person would be discussed with the local authority safeguarding of adults team and referrals made when necessary.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service and we saw that the number of care workers supporting a person was increased if required. In addition staff from other branches nearby could be called upon if needed. The care co-ordinators told us that even at short notice they would always manage to find cover with staff employed by the Human Support Group.

When co-ordinating care it is important staff are given time to deliver the correct level of care in the correct way at the correct time. Within a domiciliary care agency staff need to travel across large geographical areas to meet the needs of the people using the service which can be challenging because of time constrictions. It is therefore important agencies delivering care have a clear comprehensive policy, which is available for staff and people using the service, about travel time.

We spoke with the provider about the company policy in relation to travel time. They informed us it was dependant on the contract with each local authority as to the amount of time allocated to travel between each visit. We noted that care staff were on a zero hour contract and that travel time was not paid.

The care co-ordinators told us the agency planned five minutes travel time between each visit which care staff told us was not enough. At the time of our inspection there were a number of areas in which road maintenance and repairs were taking place. Care staff we spoke with said this was not taken into account within the rotas. We found on the second day of inspection, when visiting people in their own homes, a significant amount of time was spent sitting in traffic. People we spoke with who used the service told us staff would sometimes let them know if they were going to be late and they felt more time should be given to staff to allow them time to get from one place to the next safely. We looked at rotas and saw that for some people no travel time had been allocated. This was confirmed by staff we spoke with. This increased the risk of staff not being able to make the agreed visit times or having to work longer hours to make sure people received the care they needed. **We recommend the provider ensures enough time is given to staff to travel safely from one place to the next without impacting on quality of care and staff well being.**

Recruitment checks were completed to ensure care workers were safe to support people. Five staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID. We were able to confirm that staff were not allowed to provide any care or support to people who used the service until the appropriate checks had been completed. This helped to protect people's safety and wellbeing.

People we spoke with told us they were happy with the support they received with their medicines. People had assessments completed with regard to their levels of capacity and whether they were able to administer their medicines independently or needed support. We saw

Requires improvement

Is the service safe?

where more than one agency was involved in medicine management, for example district nurses, and this was clearly outlined in the care plan of the person being supported.

Requires improvement

Is the service effective?

Our findings

Comments from people who used the service included, " Quite often staff that come are new and don't know what I need. Sometimes I can see 15 different staff" and, "Changes in office staff have caused a problem as we have not received calls back when we have rung. I think things are better now though. "

We had received information of concern from Manchester City Council about the level of the training provided to care staff at Human Support Group Didsbury. We spoke with three staff about their training records. They all told us told us they had not received any training other than the induction. We looked at the training records for all care staff and found training was out of date and their competency had not been recently assessed. People who used the service told us they did not always feel confident staff knew how to support them properly. Some staff we spoke with confirmed they were asked to visit people who they did not know who had care needs they were unfamiliar with.

We talked with people who used the service and where appropriate, their main carers about their views on the skills and knowledge of their care workers. The general view from these conversations was that regular staff seemed well trained and competent to do their work, but people were often less confident in newer care staff. Their comments included, "They don't really know what to do. They do their best I suppose." Another person said, "They are very nice but there are a lot of new staff who do not know the job." In addition, people with more complex care needs were generally less satisfied with the competence of staff. One person said, "I don't think they know what to do, they don't really talk to me, I need two staff and it can be difficult for them if they don't know what to do." However one person told us, "One member of staff who comes is really great. He will always make sure my bed is made and that I have a drink before he goes. He talks to me whilst he is doing his tasks which really make a difference."

We spoke with the relative of one person who was living with dementia. They told us, "Some staff who call don't know what to do. They don't know about my [relatives] condition. This worries me because what would happen if I am not here?" We received similar comments from care workers we spoke with who told us that they are not given an opportunity to learn about the care needs of the people they were supporting before they visited. **We recommend that all staff have access to care files before visiting people in their own homes in order to know about individual care needs and to be able to deliver the appropriate level of care effectively.**

We looked at the training records and saw improvements were being made. The training manager and the manager had identified which training was out of date and had introduced a plan to ensure all staff received the training they needed over the next twelve months. We saw the agency had a detailed induction programme in place for all new staff, which they were required to complete prior to supporting anyone in the community. This programme covered important health and safety areas, such as moving and handling and also included courses, such as safeguarding. We spoke with the training officer at the service who was in the process of preparing the agency for the introduction of the new care certificate, which was due to be implemented. The training manager was clearly aware of national developments in training requirements and best practice and was keen to support the manager in ensuring all care staff access the appropriate level of training required to be confident and competent within their roles.

We found that during the previous twelve months arrangements had not been made to ensure all staff received regular supervisions which meant their performance was not formally monitored and areas for improvement may not have been identified. Staff were not given an opportunity to discuss training opportunities or any personal development they may need. However we were shown records which had recently been introduced by the new manager. This outlined when supervisions and appraisals would be taking place over the next year. This meant the provider had already ensured improvements would be made in this area and that staff would have an opportunity to access support and training through formal processes.

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

Requires improvement

Is the service effective?

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.

We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

The registered provider had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to.

Good

Is the service caring?

Our findings

We received consistently positive comments from people who used the service or their main carers about the attitude and approach of staff. People spoke highly of care workers and described some very positive experiences of support they had received. Their comments included,

“They have a good relationship with me, I look forward to their visits I am very happy”, and, “The staff are kind and caring, I am quite satisfied.”

People described care workers as polite and respectful and told us they were treated with kindness and compassion. People felt their privacy and dignity was consistently promoted through the care and support they received. One person said, “Yes I feel they respect my dignity, it is sometimes hard for new staff who do not know me, some personalities are not quite right for me but on the whole it is fine”.

People’s care plans were personalised and showed evidence that an effort had been made to understand the individual, and their personality. Information was included on their life history, to help staff understand the person. The care plans were written in an individualised way and put the person at the centre of their care and support. They included family information, how people liked to communicate, likes, dislikes, what activities they liked to do and what was important to them. The information covered all aspects of people’s needs, including a profile of the person and clear guidance for staff on how to meet people’s needs.

People we spoke with who used the service understood the care and treatment choices available to them and they were involved in making decisions about their care and treatment. People told us that staff always asked how they would like to be addressed. This meant staff respected people’s individual choices.

People who used the service were given appropriate information and support regarding their care or treatment. Everyone we visited told us about the information folder that had been put in their homes. They were able to tell us what was contained in the files and confirmed the information was correct.

Policies and procedures were in place to ensure a consistent approach to dignity and respect, such as the equality and diversity policy and staff code of conduct. Staff had received training in equality and diversity and signed to demonstrate they had read policies and procedures. Staff we spoke with had a good understanding of how to ensure people were treated well and how to talk to them in a respectful and compassionate manner. People and their relatives reported their privacy and dignity was respected and they didn’t have any concerns about the staff who supported them.

The provider ensured that confidentiality was maintained. Care documents and other information about people were stored in secure cabinets within the service’s office. Copies of assessments, care plans and risk assessments were also maintained within the person’s home.

We viewed information that was provided to people who used the service and saw that this provided clear explanations of the service that was being provided. This included information about the standards of care and conduct that they should expect from staff.

Good

Is the service responsive?

Our findings

The manager told us a member of the team visited people prior to them using the service to ensure an initial assessment of their needs was undertaken. This was used to determine whether the service could meet their needs.

Every person we spoke with, apart from one, could recall some form of care needs assessment taking place before they started to use the service. In addition, people we spoke with confirmed that reviews of their or their loved ones', care plans took place periodically and resulted in any requested changes being made. Some people could not recall the detail of their care plan, but most confirmed they had been involved in discussing and reviewing their care with someone from Homecare Support. One person said, "I have a care plan, it's updated if my needs change or every year I think."

We looked at people's care records which showed people's needs had been assessed in such a way which outlined how the wanted their care done. The assessment covered all areas such as personal hygiene, oral care, hair care, skin care and foot care along with meal preparation and usual routines. It also identified any additional health care needs such as percuneous endospic gastronomy (PEG) and continence aids needed and outlined the level of support required in each area.

People's care plans reflected their needs and ensured that care staff had appropriate information and guidance to meet these. Care documentation included assessments of people's care needs that were linked the local authority care plan. Assessments and care plans contained information about people's living arrangements, family and other relationships, personal history, interests, preferences, cultural and communication needs. The assessments also included information about other key professionals providing services or support to the person.

The care plans also focussed on promoting positive outcomes for people with the aim of improving health and well-being, improving quality of life and making a positive contribution. For example we spoke to one person who wanted to administer their own medicine for as long as possible as this was important to them. This was clearly recorded in their care plan along with the risks associated with this person's health condition. This meant the provider recognised the importance of people retaining and developing their independence and encouraging positive risk taking.

A number of people commented that their care workers always asked if there was anything else they needed before they left. People told us they found staff to be flexible and responsive to their needs. We were told that office staff were also accommodating and attempted to meet their requests for changes to visits. "I have asked for different staff and they have accommodated this, I have no complaints."

In general people expressed satisfaction with the reliability of the service, although lateness of care workers was an issue touched upon by a number of people we spoke with. Comments included, "They might be a bit late sometimes but they call me. Most of the time they are on time. It's not really a problem for me and they are there for me when I need them."

There was a complaints procedure in place which gave people advice on how to raise concerns and informed them of what they could expect if they did so.

People we spoke with told us they knew how to raise concerns and said they felt able to do so.

There was a robust process in place for recording and responding to complaints. We viewed the records which showed eight complaints had been received in the last year. The records showed this had been dealt with appropriately and within satisfactory timescales.

Good

Is the service well-led?

Our findings

The service demonstrated some good management and leadership. The current manager had been recruited from another branch within the company. They had taken over management of the service in September 2015 and had applied with the CQC to become the registered manager of this service. Records we looked at within CQC confirmed their application was in progress.

We had received some positive feedback about improvements which had been made within the service from Manchester City Council. They said, "The actual delivery to customers has improved, the manager has started to get a much better grip of the operation and creation and management of the rotas for carers. Response times are better in terms of dealing with any concerns or complaints." We found a quality assurance system in place, and records showed that identified problems and opportunities to change things for the better were being addressed promptly by the manager. As a result the quality of the service was continuously improving.

People who used the service told us, "Yes it is better now. I usually always manage to speak to someone in the office if I need to. It was bad last year but I think the management have sorted it out".

We saw that there were a number of ways in which the provider encouraged people who used the service and their families to express their views and opinions about the service. These included the use of customer satisfaction surveys. We were shown examples of changes made as a result of feedback from people who used the service, such as those measures taken to improve consistency and punctuality. One person had written, "I like the way they will now ring when my carer is going to be late." Another had said, "the turnover of rota co-ordinators has put pressure on excellent carers coping with their obligations." When asked how things could be improved they had said, "A better computer (IT) program so that carers do not have many calls booked at the same time." This showed that the service was open to suggestions and ways to improve from people using the service and their families.

Within the office there were a number of different departments to support the registered manager to deliver the service. This included a performance team who ensured quality assurance processes were in place such as questionnaires and feedback forms, a response team to deal with queries at evenings and on weekends as well as being a point of contact for service user's emergencies and a complaints department to ensure complaints were dealt with promptly and to the satisfaction of the complainant. This helped to ensure that people received a good quality service at all times and enabled the registered manager to maintain constant oversight of issues occurring and an opportunity for them to identify any themes, trends and potential improvements. People who used the service told us that they experienced better support after recent staff changes in the office. Staff we spoke with said they felt supported by their co-coordinators but one said they were unsure who the manager was or what the role of other staff in the office was.

On the whole communication between staff and management was described as good. Two staff said they were confident they could always speak to management if something was wrong and they would know who to speak to. One newer member of staff was unsure who the manager was but confirmed they would speak to someone if they had concerns.

A wide range of policies and procedures relating to practice and management of the service were in place. We saw that these were all up to date and were consistent with regulatory requirements.

The records maintained at the service showed evidence of partnership working with other key professionals involved with people's care, for example social workers, general practitioners and community and specialist nursing services.

The provider was aware of their responsibilities for reporting notifications to CQC. We noted identified incidents discussed at inspection had previously been brought to the CQC's attention through formal reporting procedures in line with the provider's statutory duty.