

The Human Support Group Limited

Human Support Group Limited - South Tyneside

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Human Support Group South Tyneside is a service that provides personal care to people living in their own homes. At the time of inspection approximately 297 people were supported by the service and 192 people were receiving personal care support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Staff knew about safeguarding procedures. They said they felt supported by the organisation and were aware of their responsibility to share any concerns about the care provided. There were opportunities for staff to receive training. Staff worked well with other agencies to ensure people received care and support.

People felt safe with the service provided. Risks were assessed and mitigated to keep people safe. Staff recruitment was carried out safely and effectively. People were correctly supported with their medicines.

People's needs were fully assessed. They received person-centred care from their regular care staff. However, records did not always provide guidance to ensure people received consistent, person-centred care and support from all staff members.

We have made a recommendation about improvements to systems, including rota management and care records to ensure people receive person-centred care.

All people and relatives were complimentary about the direct care provided by support staff. They trusted the workers who supported them. They said staff were kind, caring and supportive of people and their families. Several people and staff said communication could be improved.

There was consultation with staff and people. People and relatives were encouraged to express their views about the care and were involved in decisions making, as far as they were able. People said they knew how to complain.

Information was accessible to involve people in decision making about their lives. There were effective arrangements to ensure people were supported, if needed, with their nutrition and hydration.

We were assured that the provider was monitoring the use of PPE for effectiveness and people's safety. A quality assurance system was in place to assess the standards of care in the service.

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.

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

Rating at last inspection

This service was registered with us on 17/07/2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about medicines management. A decision was made for us to inspect and examine those risks as well as formally rate the service.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective, caring, responsive and well-led sections of this 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 - South Tyneside

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 and three Experts-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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

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

Inspection activity started on 9 November 2021 by reviewing documentary evidence, speaking with people, relatives and staff. We visited the office location on the 20 January 2022.

What we did before the inspection

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

local authorities and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements

During the inspection

We communicated with 32 people who used the service and 38 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak on the telephone, therefore they gave us permission to speak with their relative. We spoke with 16 members of staff including the registered manager, the regional manager, two field supervisors and 12 care workers. We reviewed a range of records. This included six people's care records and multiple medicine records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from the risk of abuse. People and relatives said people were kept safe. One person told us, "I trust my carer with my life. I have had them for a long time."
- Staff had received safeguarding training. Where any safeguarding concerns were raised these were dealt with appropriately.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were identified and managed. Measures were put in place to remove or reduce the risks.
- Risk assessments included environmental risks and any risks due to the health and support needs of the person.
- Systems were in place to help ensure people and staff received support in the event of an emergency. An on-call service was available when the office was closed.

Using medicines safely

- Staff managed people's medicines safely.
- Medicines records were complete, and staff had received training with regard to the safe handling of medicines. One person commented, "The carers put them [medicines] out for me and watch me take them. They document it on their works phone."
- The management team carried out regular audits on medicines.

Learning lessons when things go wrong

- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

Staffing and recruitment

- There were sufficient staff to support people. Some people commented they would like the same carer. One person said, "I used to have a regular carer but they left, now I have at least four different carers every week. I find it very unsettling having so many people coming in."
- Staff did not always attend calls on time and people were not routinely informed when calls would be late. One relative told us, "The call times vary. If I knew what time they [staff] would come that would be good. No one phoned us yesterday when they were late. They can be late 3 times a week." People's feedback was

discussed with the registered manager who told us it was due to workforce pressures during the pandemic. It was being addressed and was being monitored weekly for improvements.

We recommend the provider continues to monitor improvements to rota management and communication with people and staff.

- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed.

Preventing and controlling infection

- Systems were in place to reduce the spread of infection.
- Staff were trained and regularly updated with best practice infection control and prevention procedures.
- Staff were equipped with Personal Protective Equipment (PPE) which included masks and gloves and spot checks were completed to ensure it was being used correctly. One relative told us, "Staff wear PPE, masks, aprons and gloves and wash their hands before providing personal care to [Name]."

Is the service effective?

Our findings

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

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

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

- A system was in place for people's needs to be assessed before they received care. This was to ensure staff would be able to meet people's care needs. A person told us, "Two staff came out to assess me in the house about my care needs."
- Assessments included information about people's medical conditions and other aspects of their daily lives.
- Care plans were developed for each identified care need and staff had guidance on how to meet those needs. A relative told us, "There is a moving and handling care plan for staff to follow."

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

- Staff supported people with eating and drinking where needed.
- Care plans described people's eating and drinking needs and food likes and dislikes. One person told us, "Staff always ask me what I would like to eat and pop it in the microwave and make me a cup of tea."
- Staff followed guidance provided by healthcare professionals for any specialist nutritional needs.

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

- People were supported to maintain their health and well-being.
- Care plans were in place to promote and support people's health. Staff supported people with accessing other health services when needed.
- Where people needed assistance, staff alerted a health care professional or family member if they had concerns. A relative told us, "[Name] can't tell carers that they are feeling unwell, but carers are good at spotting if [Name] is not well. They have contacted me if things are not right and they have called the GP or an ambulance a couple of times."
- Staff made sure people were supported if needed, by arranging assessments for specialist equipment that might enhance their lives.

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

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- No one was subject to any restrictions under the MCA.
- Staff received training about the MCA as part of their induction.
- Information was available about people's capacity to consent. Where people no longer had capacity to consent most records showed who was responsible for decision making with regard to care, welfare and finances, when formal arrangements had been made with the Court of Protection.

Staff support: induction, training, skills and experience

- Systems to manage staff training and support were in place. There was a range of training including safe working practices to develop staff knowledge and skills.
- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received ongoing support through regular supervision sessions and an annual appraisal. One staff member said, "I enjoy working for the organisation, I'm well supported, there are opportunities for personal development, I've just been promoted."

Is the service caring?

Our findings

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

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

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

- Staff supported people in a kind, caring and patient way. People and their relatives were all very positive about the caring nature of staff. They were described as "brilliant" and "fantastic." One relative said, "The girls are great, [Name] has a good rapport with them, has a laugh with them, I can't fault them" and "To tell you the truth I treat them as a friend now."
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.
- Records provided information that detailed what was important to each person.

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

- People were supported to express their views. Staff understood people's wishes, preferences and choices, including where people may not communicate verbally. One person commented, "Staff listen to me, they know it's not what they want, it's what I want."
- Care plans documented how people communicated.
- Regular meetings took place with people and their representative to discuss their care and support needs. One relative commented, "They telephone every six months to check {Name}'s care."

Respecting and promoting people's privacy, dignity and independence

- People were well-supported and treated with dignity and respect. We discussed with the registered manager where people may not always be matched with the gender of carer of their choice. A relative told us, "[Name] would prefer female carers. However, during the night the male carer will step out of the room when personal care is being carried out."
- Staff understood the importance of people maintaining their independence and the benefits it had for their well-being.

Is the service responsive?

Our findings

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

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

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

- Care was planned and responsive to people's individual needs.
- People's care plans detailed their care requirements. However, they did not always include guidance for staff in how people wished to be cared for. This would enable staff to provide more person-centred care if people could no longer tell staff how they wished their care to be provided. A person told us, "Each time I have a new person [staff member] I have to explain where everything is and what to do." The registered manager told us this would be addressed.
- Staff completed a daily record at each visit, for each person in order to monitor their health and well-being.

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'.

- Information was accessible and made available in a way to promote the involvement of the person. The registered manager was aware of the accessible communication standards and gave examples for its use.
- People's care records gave guidance about how they communicated.

End of life care and support

- No person was receiving end-of-life care at the time of inspection.
- Information was available about people's religion and cultural preferences if this support was required.

Improving care quality in response to complaints or concerns

- A complaints procedure was available.
- A system was in place to acknowledge, investigate and respond to complaints. A relative commented, "If I have a complaint, I will call the office or speak to the carer concerned. Equally, if it's excellent I will phone and say as well."

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated, 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.

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

- Most systems were in place to ensure people received person-centred care.
- The registered manager was addressing some of the deficits in systems which had occurred during the pandemic such as the continuity of care to people and the timings of their calls. One relative said, "[Name] seems to have more regular carers now and they recognise them." Several other people said they would, "like to see time keeping improved and to have familiar faces for the carers."
- Records did not always provide guidance to staff of how people wished to be supported, explaining their routines and preferences.
- The registered manager communicated with people and staff. However, some people and staff told us communication was not always effective from the office. People were not always informed when their calls were going to be late, staff were not verbally informed when they received additional calls on their roster and some messages were not passed on. One person commented, "Communication is okay, it's just when you try to get them to ring you back. The office just don't have the decency to ring you back."

We have made a recommendation that changes being introduced to systems to ensure more person-centred care and to respond to people and staff feedback should be kept under review to ensure they are sustained and communication is effective.

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

- The provider was committed to protecting people's rights with regard to equality and diversity.
- Staff said they were well-supported. They were positive about the registered manager and said they were approachable.
- People and relatives also told us the registered manager was supportive. One person commented, "I can't complain about the manager she has been second to none."
- Relatives and people were involved in decisions about care and asked for feedback about their care.

Continuous learning and improving care; Working in partnership with others

- The management team and staff were committed to improving the service for the benefit of people using it.
- There was a programme of ongoing staff training to ensure staff were skilled and competent.
- Staff communicated with a range of professionals to ensure that people's needs were considered and

understood so that they could access the support they needed.

- The registered manager took on board people's opinions and views to make improvements. A relative told us, "I have been asked if everything was okay. I did a survey and was asked about the service. "

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

- A quality assurance system was in place and regular audits were completed to monitor service provision and to ensure the safety of people who used the service.
- Regular spot checks took place to gather people's views and to observe staff supporting people. One relative told us, "The office do phone me once a month just to check I am happy with [Name]'s care from them."
- The registered manager understood the duty of candour responsibility, which are a set of expectations about being open and transparent when things go wrong.
- The management team understood their role and responsibilities to ensure incidents which required notifying were reported to the appropriate authorities.