

## The Human Support Group Limited

# Human Support Group Ltd – Sale

### 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

This inspection took place on 11 May 2015. We gave the provider 48 hours' notice of the inspection visit to make sure that the staff we needed to speak with were available.

Human Support Group Ltd – Sale is a domiciliary care agency which provides personal care services to people living in their own homes. Human Support Group Ltd – Sale also provide a reablement service with the aim of

supporting people to prevent a hospital admission or to enable an early discharge from hospital. The service is arranged via the local authority and is usually provided for up to six weeks. The reablement team consists of a manager, a qualified occupational therapist, a senior carer and a team of care staff.

# Summary of findings

On the day of the inspection, the agency was supporting 165 people on a long term basis. In addition 20 people were being supported by the reablement team.

This service moved into this office on 18 October 2013 and this was the first inspection of the service at this location. The service provides personal care to people living in their own homes in the Sale, Partington, Altrincham, Stretford, Timperley and Urmston areas of Trafford.

There was a manager in post who had submitted an application to register with the Care Quality Commission. The previous registered manager was promoted to area manager and was still based at the Sale office. 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.

The service had a robust recruitment process in place. Staff were not employed before appropriate safety checks such as a check with the Disclosure and Barring Service had been carried out. This made sure that staff were safe to work with people who could be at risk.

All new staff had an induction before they started working with people who used the service. The staff we spoke with told us this had provided them with the knowledge and skills to carry out their role.

There was a training programme in place and staff told us they received support and guidance from the manager, the area manager and the director of the company. Staff were supported in their roles through regular supervision and annual appraisals.

The Mental Capacity Act 2005 (MCA) is legislation to protect people who are not able to make decisions for themselves, particularly personal welfare, healthcare and financial matters. The manager understood their role and responsibilities in relation to the MCA and DoLS and the importance of maintaining people's rights. Staff understood their roles and responsibilities to seek people's consent to care in line with the requirements of the MCA.

People's needs had been assessed, and any risks to their health and safety had been identified. Care plans took account of people's abilities, preferences, and choices.

There was a complaints policy and procedure and people knew how to make a complaint or raise concerns.

# 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.

There was a safeguarding policy and procedure in place. Staff were able to describe the various types of abuse and their responsibilities in regard to protecting people from abuse.

There were systems in place to make sure people's medicines were managed safely.

Robust recruitment processes made sure only suitable staff were employed. There were enough staff to meet the needs of the people who used the service.

Good



### Is the service effective?

The service was effective.

Staff received training and had the skills, knowledge and competency to meet the needs of the people who used the service.

People who used the service told us that they were satisfied with the care and support that they received.

We found the management and staff were aware of the requirements of the Mental Capacity Act 2005.

Good



### Is the service caring?

The service was caring.

The staff understood people's individual needs and they respected their choices. People's privacy and dignity were respected and they were encouraged to maintain their independence.

The staff we spoke with were knowledgeable about the care and support people needed and how they wanted their care to be provided.

Good



### Is the service responsive?

The service was responsive.

There was a policy and procedure in place to respond to concerns and complaints. We found effective processes were in place for listening and learning from people's experiences.

People told us they were able to speak with the care coordinators or the manager regarding the care provided by the service.

Good



### Is the service well-led?

The service was well led.

There were effective quality assurance procedures in place which were used to monitor and improve the quality of the service.

People who used the service and their relatives were enabled to routinely share their experiences of the service

Good



# Summary of findings

Staff told us they were able to approach the manager, area manager and the company director for advice with any concerns or issues relating to their work.

# Human Support Group Ltd – Sale

## 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 is 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 was announced and was carried out on 11 May 2015. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was caring for older people.

Before the inspection we asked the provider to complete and return a Provider Information Return (PIR). This is a form that asks the provider to give some key information

about the service, what the service does well and any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning.

We also looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us legally. We also received information from the local authority who commissioned services from the agency.

During the office visit, we spoke with the manager, the area manager, one care coordinator, the occupational therapist and six members of care staff. We spoke on the telephone with 14 people who used the service and seven relatives of people who used the service. We visited and spoke with four people in their own homes. We looked at the care plans of seven people who used the service, staff recruitment files, and training and supervision records of five members of staff. We also looked at minutes of staff meetings and the quality monitoring systems records.

# Is the service safe?

## Our findings

We asked people who used the service and their relatives if they felt safe. Comments included: “Yes, never felt unsafe.” “Yes, I do.” “I feel very safe even when it’s a man coming.” “Yes, they are great.” “No problem there.” “Yes [my relative] does, absolutely excellent.” “Yes, I think they have been very good.” “Yes they are very respectful, smashing people.” “No problem with them at all.” “Yes, very good, excellent.” “Very, everything done as it should be.”

New staff did not start work until satisfactory safety checks were completed. We looked at a sample of staff recruitment records and saw application forms had been completed detailing previous employment and education. Two written references from previous employers had been taken. Disclosure and Barring Service (DBS) checks had been carried out before new staff started working to ensure new staff were not barred from working in the care sector.

We spoke with six members of staff who were aware of their responsibilities to report concerns about poor practice and understood the whistleblowing policy and procedure.

Safeguarding policies and procedures were in place. The provider responded appropriately to any allegation of abuse. We checked our records and saw that the provider had appropriately notified us of any safeguarding incidents.

The staff we spoke with were able to tell us where they would find the safeguarding and whistleblowing procedures. They were aware of the provider’s procedures for reporting abuse and what action they would take if their concerns were not taken seriously. Staff said they would report any concerns they had to the manager, care coordinators or other senior staff within the organisation.

Staff had a good understanding of and were able to describe different types and signs of abuse. They were confident that any concerns would be dealt with immediately and that the manager would support them. Comments included: “[The manager] would be supportive.” “I would inform the manager if I saw something I was not happy with. We are here to care for people and would not hesitate.”

We asked what they would do if they felt unsafe. People’s responses were varied the majority of people told us they would speak with a relative or contact the office.

Comments included: “Probably phone my son.” “My daughter would deal with it.” “I would ring the office the number is in the book.” “I would ring the supervisor, I have the number somewhere.” “I would say something to the carers.”

As part of the inspection process we looked at how the service managed risk. People’s needs were assessed and risks identified before they began to use the service. The numbers and experience of staff required to support people safely was also assessed. The staff we spoke with told us that before they carried out a visit they were given information about people’s needs and how to support them.

Staff received training in safe moving and handling techniques and the use of equipment. The people we spoke with told us: “They seem to know what they are doing, very happy with them.” “Most of them are [good] I don’t think I’ve had any problems really.” “I think so, extremely nice girls.” “As far as I can see yes, very competent.” “They seem to be, they seem to know what they are doing.”

Where people were referred for reablement the occupational therapist (OT) would carry out an assessment and complete an initial risk assessment. The care plan and risk assessment were reviewed and updated throughout the six-week period to record changes in the persons’ care needs.

We asked people about the support they received in relation to their medicines. People told us: “Not to me. I do my own medication” “It’s what I’ve always had, they don’t tell me about it. I know about my medication, they don’t need to explain it, they know what to do, never make a mistake.”

There were systems in place to ensure people’s medicines were managed safely. Staff were able to explain the procedure for reporting medication errors and training records showed that staff had received training in how to manage medicines safely. People’s care records contained information about the medicines they were prescribed. Medicine administration records (MAR) confirmed each

medicine had been administered and signed for at the time of the visit.

## Is the service safe?

There were suitable recording procedures in place for handling peoples money. Where staff undertook shopping or bill paying receipts were kept and all transactions recorded. These records were audited on a regular basis.

Staff were aware of the procedures to follow if there was an accident or if people became unwell in their home. The staff we spoke with told us: “We would ring for an ambulance or doctor and inform the family and the office. We would never leave the person until help arrived.” “The office staff would let people know we were running late and would arrange cover so people were not waiting too long.”

There were policies and procedures in place for the prevention and control of infection. All of the staff we spoke with told us they had access to personal protective equipment such as; disposable gloves and aprons. One member of staff told us: “I have a stock of gloves and aprons in my car and when I need more I just call into the office or a senior brings them.”

We had received a number of statutory notifications informing us of missed visits. This was discussed with the

manager and area manager during the inspection and we were told that this was due to administrative errors which meant staff rotas were incomplete. The manager told us that following a reorganisation of office staff this was no longer an issue. We saw documentary evidence to show the number of missed visits had been significantly reduced. The missed visits we did see were where the agency had not been informed the person had been discharged from hospital. The manager referred any missed calls to the safeguarding team for investigation.

We asked people who used the service if their carers ever missed visits. People told us: “Sometimes they [staff] may be late if delayed in previous calls; they [staff] have never not come.” “No, they [staff] have never missed. The staff change quite a lot, it’s not a problem.” “Not missed a visit yet, the same carers come, never change.” “Someone always comes.”

There was a business continuity plan in place for use in the event of a major failure in the water, gas or electricity supplies which may affect the running of the service.

# Is the service effective?

## Our findings

There were policies and procedures in place in relation to the Mental Capacity Act 2005, and consent. The Mental Capacity Act 2005 provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff had a good understanding of the requirements of the Mental Capacity Act 2005 (MCA). Staff were able to explain how they gained people's consent to the care they received.

We looked at the way the service managed consent to any care and support provided. The staff we spoke with told us they understood the importance of seeking consent from people. Staff comments included: "I always ask is it okay to do [task]." "I explain what I am going to do and ask if that is alright." We saw that people or their relatives had signed their care plans consenting to agency staff providing care and medication.

We looked at the training plan and saw staff received appropriate training to ensure they had the skills and knowledge to carry out their roles. New staff undertook an induction based on the Skills for Care common induction standards. The induction included shadowing experienced members of staff and receiving a range of training relating to safe working practices.

Training was regularly updated and included topics such as; health and safety, moving and handling, first aid, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), safeguarding adults and safe medicines administration. The staff we spoke with told us about their induction and training opportunities. They told us the training provided gave them the skills and knowledge they needed to carry out their role. The area manager told us they intended to include refresher sessions in relation to the MCA into team meetings to ensure staff remained up to

date with requirements. We spoke with people who used the service who told us: "They are very well trained indeed." "Yes very well trained and pleasant." "As far as I can see yes."

We looked at a sample of people's care plans and saw they contained an assessment of needs. Care plans had been reviewed on a regular basis and amended when people's needs changed. Where people needed support to eat or drink care plans were very clear about how the person should be supported. One of the people we visited told us staff made sure they left beakers of water/juice close by so they had enough to drink through the day.

Staff told us they were well supported and could speak to the manager or a senior member of staff at any time. We saw documentary evidence to show staff received regular face to face supervision sessions and an annual appraisal. These sessions were used to discuss performance and any training and development needs. Team meetings were held on a regular basis. In addition spot checks were carried out by senior staff to observe how staff supported people in their own homes. These checks looked at whether the staff arrived on time were wearing their uniform and identity badges.

We spoke with people who used the service and or their relatives. Comments included: "They do whatever I ask they are all very good." "I have a regular team of carers who look after me very well." "I have used the agency for [years] and have been satisfied with the support I have." "They always ask me before they do anything and check that it is alright."

Care plans contained information about the level of support the person required with eating and drinking. For example; one person's care plan gave instructions to leave two beakers of water so the person could have a drink in between visits. Where staff have concerns about a person's nutrition these were reported to the care coordinators. Fluid and food charts were put in place and a referral made to the GP and dieticians.



# Is the service caring?

## Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. The service had a stable staff team, the majority of whom had worked at the service for a long time.

There were policies and procedures in place relating to promoting people's human rights, privacy and dignity. These policies provided guidance for staff and supported the aims and objectives of the service.

Office based staff were familiar with the needs of each person the agency supported and demonstrated concern for people's health and wellbeing. Staff we spoke with said they had received training in how to respect people's privacy. They were able to tell us how they worked in a way that maintained dignity for example; "I make sure the curtains are closed if I am helping someone to wash and dress." Staff told us they knew the people they supported well and were aware of their preferences.

We spoke on the telephone with 14 people who used the service and seven relatives and were invited to visit four people in their homes. People and their relatives told us the staff were kind and considerate and knowledgeable about how to meet their needs. People confirmed care workers cared for them in a way that respected their privacy. Comments included: "They [staff] are marvellous I could not do without them." "I have no problems at all they [staff] are all brilliant." "We are here three times a day and see them [staff] with [my relative] and they are really caring." "They [staff] have a chat when they are here; they [staff] are all lovely."

We saw care plans were kept in the persons home and a copy held at the office. One person we visited invited us to look at their care plan and we saw staff recorded what care

and support had been provided after each visit. We found care plans contained information about the person's life history and their preferences for how care and support should be delivered.

The care plans provided detailed guidance for staff on how to meet the person's needs. People told us they had been consulted about the care that they needed and how they wanted things to be done. Comments included; "They asked me what I wanted when they first started." The relatives we spoke with told us: "I'm very pleased with [my relatives] care, they asked us about what we wanted." The staff we spoke with told us they had known some people who used the service for many years and understood their care needs.

All of the people we spoke with told us staff were caring, considerate and treated them with respect. People told us: "Very good care indeed. They do excellent work. They [staff] meet my needs in every way." Relatives told us: "The care is very good, we are very satisfied with the carers and have no concerns at all." "They keep us informed and we know [our relative] is safe and well cared for."

The people we spoke with told us that staff explained what they were going to do and were sensitive to their needs. "The care is very good. I depend on them, they [staff] are very good, they are very good at listening, and they will sit down and chat. Just like a friend dropping in." "They do listen, if I want to change something, they do it."

People told us they usually had the same team of carers and were told if any new staff would be visiting. One person told us: "If there are new carers they always come with someone I know." "They are kind and caring and I don't want to lose them." "I couldn't cope without them."

People receiving support from the reablement team told us they had regular staff during the time they received support from the service. This ensured that continuity of care was provided.

# Is the service responsive?

## Our findings

Assessments were undertaken to identify people's support needs and person-centred care plans were developed outlining how these needs were to be met. We looked at a sample of six care plans and saw they were person-centred and focused on the individual needs of the person. We saw annual reviews were carried out and where a person's needs had changed the care plan had been amended to take account of this.

People and or their relatives were involved in the assessment and care planning process and were able to say how they/their relative wanted to be looked after. The manager told us they would complete an assessment and carry out an environmental risk assessment to ensure the property was safe for the person and any staff. One person told us: "It's only been six-weeks, I agreed the plan and signed it, and I have a copy." Other comments were: "We see the manager quite a lot. We reviewed it with her." "They do the review on the phone; they don't come to see us." A relative told us: "I think [my relative] has had reviews. I've never been there for a review. She could always do them herself."

People using the reablement service usually received support for up to six-weeks. An occupational therapist visited the person at home to carry out an assessment during which they agreed the person's goals and carried out risk assessments. Progress towards the goals were assessed throughout the six-week reablement period. The area manager told us where people needed more time to reach their full potential, and then this could be negotiated with the local authority.

Care plans were held in the person's home and a daily record of care was kept. One person whose home we visited invited us to look at their care/support plan. We saw the plan was detailed and all entries were up to date and signed. Reviews of care were carried out on a regular basis to make sure care plans reflected people's changing needs.

There was a complaint policy and procedure that was provided to each person who used the service. There were no on-going complaints at the time of our inspection. The majority of the people we spoke with knew how to make a complaint if they were unhappy with any aspect of their care.

We looked at a complaint received by the organisation in 2014 and saw the issues raised had been investigated and a detailed response sent to the complainant. There was evidence to show the provider had acted upon the issues raised to ensure there were no further incidents.

We asked people who used the service if they knew how to make a complaint. There were mixed responses including: "Yes they did say, [we have had] no complaints in two years." "I think they [agency] did [explain]. I know how to do it anyway. Not needed to complain." "No, not been told. Nothing to complain about." "Yes, they did tell me. Never complained."

There were systems in place to enable people and their relatives to give their views on the quality of care they received and we saw positive comments were made about the service. The people we spoke with and or their relatives confirmed they received questionnaires on a regular basis. In addition office staff carried out telephone surveys and spot checks to ensure people were happy with the service they received. Comments included: "I decide what [care] I'm having. A lady came six months ago." Senior people come once a year for my care review and the supervisors do come and ask me about my care." "A senior carer comes sometimes, one has just left."

People were given contact numbers so that they knew who to contact during the day, in the evening and out of hours. The area manager told us a senior member of staff was on-call every day.

Relatives told us that staff were accommodating and supportive and would do whatever they could to help.

# Is the service well-led?

## Our findings

The manager was new in post and had submitted an application to register with the Care Quality Commission which was being processed. The manager was being supported in their role by the area manager who was the registered manager of the Sale office until 13 April 2015.

There were clear lines of accountability and the staff we spoke with were aware of the management structure. Staff were very positive about the leadership of the service and the support they received from senior staff.

The area manager told us that the organisation had achieved ISO accreditation (International Standardisation Organisation) for the quality audit and management systems used throughout the company.

The area manager told us the provider had a set of core values that included: promoting people's rights and independence, equality and diversity and respect. There were a range of policies and procedures to guide staff in these areas. The staff we spoke with were able to describe how they put the organisations values into practice by encouraging choice, treating people with respect and encouraging independence.

The people we spoke with who used the service told us the office staff and manager of the were accessible and they could ring any time. Relatives told us they were happy with the way the service was organised. They told us they were able to speak to the manager or care coordinators and they took the time to listen to what they had to say.

There were appropriate systems in place to monitor the quality of the service and to drive continuous improvement. These included asking people who used the service, staff and other stakeholders for their views.

Audits were carried out in respect of, recruitment, medicines management, staff training, care plans health and safety and equality and diversity. The area manager kept clear records in the form of spreadsheets of all audits of the service. In addition the provider carried out a six-monthly audit of the management of the service and the systems.

Spot check visits were carried out to observe staff and speak to people who used the service.

These checks were used to ensure staff arrived on time and that uniforms and identity badges were worn. The visits were recorded and any issues identified were discussed in supervision.

There was a record of staff supervision where training and development needs were identified. Staff meetings were held and an agenda was circulated providing an opportunity for staff to add items. The meetings provided an opportunity for staff to discuss; staffing matters or any concerns. Comments from staff included "It's a good company to work for I love it." "The support we have is good, the seniors, manager and staff in the office." "I have no concerns about working here they have been really supportive with both work and personal things." "If needed the team of staff will cover for each other they are all supportive."

We saw the analysis of the most recently completed customer satisfaction survey for the reablement service. Of the 80 questionnaires sent out 12 had been completed and returned. The responses were positive. The home care service had recently distributed questionnaires and were awaiting responses. We looked at the results of the 2014 survey and found comments were positive about the care people received.

We contacted the local authority commissioning officers before the inspection. Information received stated that there were no concerns about how the service was being managed.

We saw in care plans that risk assessments were being reviewed on a regular basis and care plans amended where necessary. This demonstrated that risks to people who used the service and members of staff were identified and managed safely.

There was documentary evidence to show regular team meetings were held. All of the staff we spoke with told us they felt able to raise any concerns, ideas or issues and the manager would listen and respond appropriately.

There were a range of policies and procedures in place which covered all aspects of the service such as: whistle blowing, missed calls, dignity privacy and respect, food safety, safeguarding, medication, infection control and the Mental Capacity Act. The staff we spoke with were aware of

## Is the service well-led?

the policies and procedures and were able to tell us where the policies were stored and confirmed they had read them. We saw that on occasion policies were discussed at staff meetings.

There was a business continuity plan in place for use in the event of an emergency such as failure of the electrical

systems. Office staff had access to laptops and secure systems so they could work from home. In addition they check weather forecasts with the meteorological office (Met office) so they can plan services to take into account poor weather conditions and staff travel arrangements.

This section is primarily information for the provider

## Action we have told the provider to take

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

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.