

The Human Support Group Limited

Human Support Group - Smithy Croft

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 ●

Summary of findings

Overall summary

About the service

Human Support Group – Smithy Croft is an extra care service which provides care and support to people who live in their own flats. The building is owned and maintained by a housing association. At the time of our inspection the service was providing personal care for 17 people.

People's experience of using this service

People told us they were treated with respect. People were involved in planning their care and had the opportunity to speak up. People received their medicines safely and there were regular checks carried out to ensure medicines were managed appropriately.

People's care needs were assessed and care plans developed to meet their needs. People received the right care in line with these plans. Risks to people's safety were assessed and plans were in place to manage these. There were systems in place to make sure the environment was safe, and that people's welfare was checked.

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. People had consented to their care. When people did not have the capacity to make bigger decisions for themselves the provider worked with the local authority to make plans in their best interests.

There were enough staff available and staffing was planned to meet people's day to day needs. Managers had a good understanding of people's needs. There were systems in place to maintain good communication and ensure everyone understood their duties. The provider carried out regular audits to make sure the quality of people's care remained good.

Rating at last inspection

This was our first inspection since the service was registered on 06 December 2019.

Why we inspected

This was a planned inspection.

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.

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

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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Human Support Group - Smithy Croft

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service 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

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority 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 they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We also requested feedback from Healthwatch Stockport. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people about their experience of the care provided. We spoke with six members of staff including the registered manager, the regional manager, the team leader and care staff. We reviewed a range of records. This included four people's care records and associated risk assessments. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We spoke with a healthcare professional who provided feedback about the service.

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

- People told us they felt the service was safe. One person said, "The staff are always conscientious about making my home secure when they leave. It gives me comfort knowing that staff are coming at a certain time each day."
- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place.
- Staff demonstrated a good understanding of what to do to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- The provider managed risk through effective procedures. Care records confirmed a person-centred risk-taking culture was in place to ensure people were supported to take risks and promote their own self development.
- The registered manager developed individual risk assessments. Risk was managed and addressed to ensure people were safe. The registered manager kept these under review and updated them where required to ensure staff had access to information to support people safely.

Staffing and recruitment

- The provider ensured suitable staffing arrangements were in place to meet the assessed needs of people in a person-centred and timely way.
- The management team provided appropriate out of hours support for staff.
- Staff had been subject to appropriate checks when they were recruited.

Using medicines safely

- Care workers knew how to give medicines safely. Staff received regular training in administering medicines and their knowledge and skills were assessed by managers. Medicines records were also audited regularly.
- People received the right support with their medicines. People told us they received their medicines safely.
- People's medicines needs were assessed and this formed part of their care plans. Care workers accurately recorded the support they had given on medicines administration recording (MAR) charts.

Learning lessons when things go wrong

- The provider had systems in place to record and review accidents and incidents.
- The registered manager ensured accidents and incidents were investigated and actions put in place to minimise future occurrences. The registered manager told us lessons learned would be shared with staff to

improve the service and reduce the risk of similar incidents.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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

- The management team completed comprehensive assessments to ensure people's needs could be met. Records were consistent. Staff provided support that had been agreed during the assessment process. Relatives confirmed this when we spoke with them.
- The management team regularly reviewed care and support and updated care plans where people's needs had changed. This ensured people received the level of care and support they required.
- People's nutritional needs were included in their care plan where staff support was required. Staff had completed training in hydration and nutrition.

Staff support: induction, training, skills and experience

- Staff had completed various training courses specific to the people they supported. Staff had access to supervision and their performance was evaluated periodically.
- Staff were competent, knowledgeable and carried out their roles effectively. One staff member told us, "I had a thorough induction when I started to work with the company. I had the opportunity to shadow more experienced staff until I felt confident."

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

- The management team obtained the necessary detail about people's healthcare needs and had provided guidance to staff regarding what action to take if people became unwell.
- Staff had a good understanding about the current medical and health conditions of people they supported.
- Staff liaised with the local district nursing team and made referrals to other healthcare professionals when required. A healthcare professional told us, "I have no concerns about the support that [Human Support Group – Smithy Croft] provide. People appear well cared for and care seems well organised."

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

- The provider ensured that care plans were discussed and agreed with people. Consent documentation was in place and signed by the person receiving care or their relatives where this was necessary.
- People were not subject to restrictions. The registered manager understood when and how to apply if this was needed.

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

- People were supported by caring staff. One person said, "Having the support of the staff has been literally life changing. We have developed a good relationship with them."
- People told us they had a consistent staff team who knew their needs.
- Staff had a compassionate approach and talked to us about people in a respectful and kind way. They knew people's communication needs well and were able to communicate effectively with them. A staff member said, "I wouldn't want to work anywhere else. We are like an extended family."
- Staff had a good understanding of protecting and respecting people's human rights. They told us about the importance of supporting people's different and diverse needs. Care records documented people's preferences and information about their backgrounds.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. People told us they were always treated with respect and felt comfortable in the care of staff supporting them.
- Staff gave examples of how they respected people's privacy and would actively promote their independence. Practice to promote privacy was embedded within care records.
- Staff could provide local advocacy contacts on request. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

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; End of life care and support

- Care records were person-centred and individualised documents reflected each person's assessment of needs. Care plans included people's personal care needs including nutritional support, life story and communication needs. Staff were able to describe people's needs and how these were met.
- The registered manager and staff team ensured support was focused on individual needs, preferences and routines. Relatives told us how people were supported by staff to express their views and wishes. This enabled them to make informed choices and decisions about their care.
- People's end of life wishes could be recorded in care files if they chose to discuss this.

Meeting people's communication needs; Improving care quality in response to complaints or concerns
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.

- People's communication needs had been assessed and documented.
- The provider could produce information in different formats or languages if required. For example, the complaints procedure could be made available in an easy-read or large print.
- The complaints procedure was shared with people when they started using the service. People were confident any complaints would be listened to and acted upon in an open and transparent way. One person said, "If I had to speak to the management team about anything there is someone on site most days." A staff member told us, "The management team are always approachable and available, even 'out of hours'."

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager demonstrated appropriate knowledge of their regulatory obligations. Risks were clearly identified and escalated where necessary.
- People and staff spoke positively about how the service was managed. The management team was accessible and had a good understanding of people's needs and backgrounds.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.
- There were effective systems for communicating important information. Care workers were aware of the importance of checking the service diary and communication books. Handovers were used to check that people had received their visits and care tasks.

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

- The provider planned and delivered effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager promoted an open culture and encouraged people to provide their views about how the service was run. People views were gathered by survey and at regular care reviews. The management team were holding staff meetings regularly.
- People received safe and coordinated care. There was good partnership working with relevant healthcare and social care professionals. This ensured people consistently received the support they needed and expected.
- Staff were invited to contribute to the way the service was run through their supervisions. One staff member told us, "I do feel like the management team listen to and appreciate my feedback."