

The Human Support Group Limited

Human Support Group Limited - Merseyside

Inspection report

Phoenix House
Spring Road
Widnes
WA8 0NL

Date of inspection visit:
24 May 2017
25 May 2017
26 May 2017

Date of publication:
11 July 2017

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

This inspection was announced and took place on 24, 25 and 26 May 2017. We gave notice of the inspection as we needed to ensure that the appropriate people would be available to speak with us.

The service was last inspected in October/November 2015 where we rated the service good. At this inspection we found the service remained good.

The Human Support Group Limited Merseyside branch office is located in Widnes and provides personal care and support to individuals who reside in Runcorn, Widnes and Liverpool. At the time of our inspection the service was providing personal care and support to 107 people in their homes.

A registered manager was in post at the time of the inspection. 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.

We saw that staff were recruited safely, appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care. Staffing levels were observed to be sufficient to meet the needs of the people receiving support from the company.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm.

People told us that staff were caring. During home visits we observed positive interactions between staff and people. People said they felt comfortable with staff supporting them. Staff treated people in a dignified manner.

Staff had a good understanding of people's likes, dislikes, interests and communication needs. This meant that people were supported by staff who knew them well.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005. This meant that the staff members were aware of people's rights to make their own decisions.

The care plans were person centred and reviewed when needed, so staff knew if any changes in care provision had been made. This helped to ensure that people's needs continued to be met.

Staff members we spoke with were positive about how the service was being managed. The staff members we spoke with were positive about the service and the quality of the support being provided.

Medication administration record sheets (MAR) were not always clear as to when medication had been administered, however daily diary records confirmed that medication had been administered as directed.

The service had a complaints procedure and whilst no-one had raised any complaints, people knew who they could complain to and were confident this would be dealt with effectively.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the services, staff meetings as well as spot checks on staff and to gain the views of the people receiving a service.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Human Support Group Limited - Merseyside

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 took place on 24,25,26 May 2017 and was announced. The provider was given notice of our visit because the location provides a domiciliary care service and we needed to be sure that someone would be available to speak with us.

The inspection was carried out by one adult social care inspector.

Before the inspection we checked the information that we held about the service. We looked at any notifications submitted and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law. We contacted the local authority contracts quality assurance team, safeguarding staff and health and social care workers to seek their views and we used this information to help us plan our inspection.

The registered manager had not received a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However we gathered this information during our inspection.

We used different methods to help us understand the experience of people who used the service. By invitation we visited four people who used the service in their own homes and spoke with twenty two people who used the service and two of their relatives on the telephone. During the inspection we spoke with a number of staff including the registered manager two care co-ordinators, a senior carer and fifteen care staff. We looked at a number of records during the inspection and reviewed six care records of people

supported by the service. Other records reviewed included records relating to the management of the service such as policies and procedures, work schedules, medication records, complaints information and training records. We also examined six staff files.

Is the service safe?

Our findings

People told us they felt safe with the staff and that staff ensured wherever possible that people were safe in their homes. Comments included "The girls are good and make sure I am safe. They lock up when they leave and make sure everything is switched off" and "They (staff) use my equipment as I cannot move by myself. They always make sure I am comfortable and safe before they move me and the check that my hoist is working properly". One relative told us, "I have full confidence in the staff, they treat her well and make sure she is safe".

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. These had been reviewed since the last inspection and training continued to be updated for staff. Staff were aware of procedures to follow and we noted that five incidents had been notified to the Care Quality Commission since our last inspection, we saw that the registered manager was notifying correctly of incidents within the branch..

We saw that staff had been recruited safely, appropriately trained and supported by the management team. We noted that the service had updated their recruitment process and we saw that gaps in employment were being explored. References were being obtained from the most recent employer and all references were being verified by follow up telephone calls. The organisation had a centralised recruitment team and employed dedicated recruitment officers who held responsible for identifying potential staff and followed on by facilitating the interview process. We saw that interview notes were comprehensive.

Care plans were in being updated and had risk assessments completed to identify the potential risk of accidents and of the environment as staff were providing care to people within their own homes. The risk assessments were clear and contained information for staff about potential risks and what steps to take to minimise these risks.

We looked at the staff rotas and spoke to staff and people who use the service. We found that people were provided with the level of support commissioned by the local authority to ensure people's needs were met. Some people needed additional one to one staff support either at home or to access the community. Where this was the case, people had been referred to the commissioners of the service to ensure that sufficient funding was in place to meet these needs. The registered manager told us that there was some flexibility within the service to increase staffing levels if required, in response to changes in people's needs. Longer term changes would be referred back to the commissioning teams for further assessment.

We saw that safeguarding concerns and procedures were discussed with staff as part of supervision meetings and staff meetings. The registered manager and staff understood their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Staff spoken with told us that they could raise any concerns and felt that they would be dealt with promptly. They told us "We have an advice line if we need any support." Another member of staff gave us an example when it had been necessary to raise a safeguarding issue and knew how to report any concerns. Safeguarding issues were also discussed with people using the service to help them to understand how to

keep safe. We saw an example where staff had discussed the security of the premises with a person in order to maximise their safety.

The registered manager kept a safeguarding file which held details about any safeguarding referrals that had been made to the local authority and demonstrated that these had been dealt with appropriately.

We looked at fourteen medication administration record (MAR) sheets and saw that the recording format was inconsistent. Four of the MAR sheets had not been signed for various dates, however we are able to check daily records to confirm that the prescribed medication had been administered. People who used the service and their relatives told us they had no concerns about their medication management. We spoke with the registered manager about this issue. She told us and records showed that medication audits were carried out monthly. We saw that any missing signatures on the sheets were identified and checked, however this meant there was a long delay in identifying any problems with regard to missed medication. She told us that a new MAR sheet had been introduced to make it easier for staff to complete. She also advised that she had instructed staff to alert the office on a daily basis if they noticed any blank spaces in the recording. She said this would enable senior care staff to immediately check to ensure that medication had been managed effectively. We saw that all staff had received training in medication management and the registered manager told us that this was updated and reviewed as an on-going process.

Is the service effective?

Our findings

People told us that they were well cared for by people who had the skills and knowledge to look after them. Comments included, "We are very happy with the services provided and with the staff who provide them. They know what they are doing and do it well" and "They ask me what I want every time they call although they know it really as it is written in my file. This makes me feel good as I think they respect my wishes. Good people who look after me well".

One relative told us, "She has the same carers five days a week and they know her very well. Others come when the carer is off but they are all good and know her needs. This helps me as I am the main carer and sometimes get a bit stressed so I have a lot to thank them for".

People received effective care as they were supported by an established staff team that were trained and supported and had a good understanding of people's needs and wishes. Staff we spoke to told us that they knew people well as they had time to read the care plan of any new person receiving a service and had time to sit and get to know the person.

Staff files were very comprehensive and included detailed induction, training and supervision.

Staff received an induction when starting with the service which was based around the Care Certificate, a nationally recognised and accredited system for inducting new care staff. They undertook a number of classroom days followed by a flexible period shadowing, dependent upon their previous experience. Staff then receiving on-going training, supervision and appraisals to support them in their roles. Staff told us, they found these helpful and the records we viewed confirmed that training and supervision was an on-going occurrence.

The training matrix evidenced that all staff had completed mandatory training as part of their initial induction process. We saw records to show that competence was assessed during the induction period and signed off by a qualified trainer

Discussions with staff showed that they understood their role in identifying and referring people who had experienced a change in their mental capacity. 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. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff working in this service made sure that people were offered choice and control of their lives and received support in the least restrictive way. A relative of a person receiving a service told us, "They have promoted her independence as they realise she wants to make her own choices as much as she can".

We viewed a mental capacity awareness workbook which held detailed information on all aspects of mental capacity. Staff told us this awareness workbook had been very useful in understanding MCA. Information included a presumption of capacity, individuals being supported to make their own decisions, unwise decisions, best interests and less restrictive options.

All staff were issued with a staff handbook. We reviewed this and could see that it contained useful information for staff members such as the providers values of 'putting residents first', information about the Care Quality Commission including regulations and standards, policies and procedures, information about safeguarding and guidance on working in the community.

People were supported to have sufficient to eat and drink if this was written on their care plan. People we spoke with had different levels of need for support with meal preparation and cooking and people were supported according to their individual needs. One person said "They know what I want and how I want it cooked". Staff knew the level of support each person needed and were able to tell us the needs, preferences and wishes of each individual who used the service.

Staff demonstrated their knowledge and understanding of food hygiene and we saw records to show that they had all completed a food hygiene quiz to ensure they were trained and knowledgeable in this area.

People we spoke with told us they arranged their own visits from health care professionals as and when required. However they said that staff of Human Support had on occasions either rang a relative to advise that a person was unwell or contacted an ambulance or GP if this was urgent.

We saw from records that staff one to one supervisions took place on a regular basis. Staff told us that they felt supported by these meeting in which they could discuss their progress and future development. Comments included "Rachel (registered manager) is very approachable and when we have our meetings we can talk to her about anything. We catch up with training plans and discuss any areas of concern with the people we visit. I feel very comfortable and can say anything I like without fear of being told off".

Discussions with staff and people who used the service identified that staff gained consent from people before carrying out any care tasks. People spoken with told us that staff always asked them if it was alright to carry out their tasks and if they did not want them to do anything staff respected their wishes. We saw that care files held signed consent to show that people had given permission for staff to carry out their care and support. The registered manager and staff understood the need to seek consent to care and followed this in practice.

Is the service caring?

Our findings

People told us that they were able to develop good relationships with their carer's. One person said, "[Carer] knows me well enough by now, yes they know my likes by now." Another person said that when she feels, "A little down," carers sit and talk and say, "Come on you've come this far." Other comments included "They are fabulous carers, they treat me like a queen", "They really do care about me, they are special" and "They are a fine bunch of people who provide great care and support. We see them as friends".

Care staff told us that their rotas were planned and that they usually supported a regular group of people. This was confirmed by the manager who told us that calls were arranged to ensure people received support from a regular team of carers. People told us this enabled them to establish good relationships with their carers and feel very comfortable in their presence.

People told us how they were involved in decisions about their care. One person said, "Someone comes out and we write the care plan together." Another person said, "When changes are needed we talk about it. Someone comes out and just talks to you."

People's privacy and dignity was promoted and respected. One person said, "Yes they are aware of my dignity, I think so, for example I have to have a bed wash, they make sure the door is shut, they close the curtains so it's all private."

Care records made reference to the importance of ensuring people's care was individualised and their privacy maintained. Daily care plan summary sheets were included in care plans, and were written in a way that demonstrated that people had been involved. Statements were constructed by people, for example, "I would like you to assist me to undress" and, "Maintain my dignity at all times by placing towels across me".

The care plans documented the language care staff should use to ensure each person was made to feel comfortable when they were assisting them with personal care. This demonstrated that people's individual views were considered and incorporated into their care plan.

Where people were being transferred using a hoist, guidance showed that their dignity was considered, for example, one record said, "One carer to take the lead, and explain to me what is happening. Reassure me and communicate with me throughout the transfer".

People were supported to be as independent as possible. One person said, "I can potter around and do my own drinks, they always encourage that." Another person said, "I do as much as I can to retain my independence, they help me to keep doing that."

Is the service responsive?

Our findings

People told us they felt the service was responsive to their needs. Comments included "They look after me well and understand that some days I need more help than others", "The girls (staff) know what help I need and when I am not too well they provide me with more help" and "I plan my day with the help of the staff, they help me to wash and dress and they help me to get out and about in the community".

People's care records included care plans which guided care staff in the care that people required and preferred to meet their needs. These included people's diverse needs, such as how they communicated and mobilised. Care plans explained what people were able to do for themselves and provided instructions for staff on what support people required to meet their needs. We found that the service was in the process of updating care plans to include 'My support plan' which held a detailed personalised pen portrait of the individual and increased the amount of information relating to people's life history, hobbies and interests. Staff told us that having this information supported staff to have meaningful conversations with people about their lives and what was important to them.

Each care plan held a 'visit summary', which described clearly what the purpose of each care visit was, and gave clear guidance for staff to follow. The detail recorded within these reflected people's personal preferences, and important information such as leaving the remote control to hand, making sure they could reach the telephone, and leaving certain lights on.

A new mobile phone technology had been introduced and all staff had been provided with mobile phones which held vital information about each person who used the service to include any updates in advance of staff arriving at the property. Staff told us they found this most useful in identifying any changes prior to the visit.

The service had a fully documented and published complaints procedure a copy of which was available in the service user guide. We saw a complaints log was used to document any complaints which would be investigated and responded to within the guidelines set and in accordance with the duty of candour information about any incidents that may have caused harm were shared with individuals, relatives and carers. People told us that they had not had any reason to complain but if they did 'they knew what to do'.

Is the service well-led?

Our findings

People told us that they felt the service was well managed. Comments included "They lost their way a bit before the old manager came back to run the service but they are great now", "Overall it is the best service we have ever had" and "The staff arrive when they should, do what they are here to do and never let us down".

Staff said they were 'so pleased' that the registered manager had returned to the service. They said that she was an excellent manager and was most supportive and very easy to talk to. One person said "She gets things done, is always looking for ways to improve the service and is a great leader"

The service continued to be well-led. We found that the registered manager was well organised. All information requested during the inspection was readily available and she was able to discuss her plans for on-going improvements to the service. The registered manager was supported by a wider management team including a regional manager and quality assurance team.

The registered manager told us that the service carried out regular quality assurance surveys of people using the service the most recent being early 2017. We noted that the survey had been analysed and identified some issues. Actions had been put in place to address these, for example, where people had not known how to complain a meeting had been held with staff to remind them to discuss this with people when they carried out a review.

We looked at the most recent Quality Assurance Report dated May 2017 which had been undertaken by Human Support Groups quality assurance lead and a company auditor. The report covered the office structure, staffing ratio, people management, internal monitoring, complaints and compliments, safeguarding, service delivery and satisfaction surveys. The report was very comprehensive and detailed areas which could be improved upon.

The registered manager told us that care planning, assessments and reviews were audited using a service user quality matrix. The matrix held information such as medication levels and listings, power of attorney, equipment and service dates and care plan status.

The registered manager told us that she and the care coordinators carried out supervisions for the whole team and planned staff training to ensure they were competent in their roles.

We saw that staff supervisions were audited and monthly checks made on daily records and medication records sheets.

Staff we spoke with told us they were confident in the agency's reporting procedures when things went wrong and felt the registered manager was fully competent in dealing with notifications. They told us, "She is very quick to complete all documentation and we are all trained to understand when we need to feedback information to her. She is open and transparent in everything she does".

