

The Human Support Group Limited

Human Support Group Limited - Nottingham

Inspection report

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12 May 2016
16 May 2016
23 May 2016

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Ratings

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

Summary of findings

Overall summary

This inspection took place over 11, 12, 16 and 23 May 2016. The Human Support Group Limited is a domiciliary care service which provides personal care and support to people in their own home.

At the time of our inspection a service was being provided to 87 people living in the Nottinghamshire area. Their main client group was people aged over 65.

There was a registered manager in place who was available during 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.

People were very satisfied with all aspects of the service provided and spoke highly of both staff and managers. People who used the service told us they were treated with compassion and kindness and that their privacy and dignity were respected.

People who used the service and relatives we spoke with told us they felt staff provided safe and effective care. Staff we spoke with had a good understanding of the various types of harm and their roles and responsibilities in reporting any safeguarding concerns. Staff had also received safeguarding adults training.

People's care plans reflected their individual needs and personal wishes. People told us they were involved in the development of their care plans and were enabled to express their views on an ongoing basis.

Staff were carefully recruited and were required to undergo a number of background checks prior to starting their employment. This helped to ensure that only people with the required skills and of suitable character were employed.

People told us they received their medication as prescribed. Medicines administration records (MAR) checked confirmed this.

Staff received regular supervisions and annual appraisals and were able to reflect on the care and support they delivered and identified further training requirements. The management team encouraged feedback from all people involved with the 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 was safe.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of harm. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely.

People received their medication as prescribed.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely.

Is the service effective?

Requires Improvement 

The service was not always effective.

The provider was not acting in accordance with the principles of the Mental Capacity Act 2005. This was because assessments were not in place to determine people's ability to make choices that were in their best interest.

People were supported to eat and drink sufficient amounts to meet their nutritional needs.

People's health needs were met by external professionals who were involved in people's care as appropriate.

Is the service caring?

Good 

The service was caring.

Staff were supportive, caring and compassionate towards people.

People were encouraged to make decisions relating to the care and support they received.

Staff respected and supported people in a manner that promoted their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff that recognised and responded to their changing needs.

People's feedback was used to make improvements to the service.

People felt able to raise concerns and had confidence in staff and management team to deal with these effectively.

Is the service well-led?

Good ●

The service was responsive.

People were supported by staff that recognised and responded to their changing needs.

People's feedback was used to make improvements to the service.

People felt able to raise concerns and had confidence in staff and management team to deal with these effectively.

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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.

We visited the service on 11 May 2016 and this was an announced inspection. We gave 48 hours' notice of the inspection as we needed to be sure that the registered manager would be available. The inspection team consisted of one inspector.

Before the inspection, the provider completed 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. We used the information contained in the PIR to assist us with our planning. We also reviewed information received about the service and statutory notifications received from the provider. A notification is information about important events which the provider is required to send us by law.

Local commissioners of the service, Healthwatch Nottinghamshire, Healthwatch Nottingham and health and social care professionals involved with the service were contacted to obtain their views about the quality of the care provided by the service.

During our inspection we spoke with three people who used the service, six relatives and one person's friend. We also spoke with three members of care staff, a care coordinator, area manager and registered manager. We looked at the care plans of four people who used the service and any associated daily records such as the daily log and medicine administration records (MAR). We looked at four staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Is the service safe?

Our findings

People we spoke with expressed confidence in the service and told us they felt safe receiving care. One person said, "Yes, I am very happy and feel very safe." Another person said they were, "So at ease with them [staff] and definitely feel safe."

Staff we spoke with had good knowledge of the different types of harm people could experience and explained what action they would take to make sure people were safe. Information on safeguarding including the contact details of local safeguarding authorities was visible on a poster in the office. This information was also available in the staff handbook. This meant staff could access the information quickly and easily in the event they needed to raise a safeguarding concern.

Relevant information had been shared with the local authority when incidents had occurred. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe. Staff confirmed they had received safeguarding training and records viewed confirmed this

The service had a safeguarding policy and related procedures with regard to safeguarding people who used the service from harm. However, this needed updating to reflect the recent additions of the types of harm people can experience. We were able to confirm that the policy and procedures were available to people using the service, their relatives and the staff.

Risk assessments identified actions put into place to reduce the risks to the person and were reviewed regularly. The staff we spoke with were able to explain how they managed risks to people's safety when supporting them. Staff were confident and clear in how they supported people and relatives confirmed this. External healthcare professionals had also been involved in discussions and decisions about managing known risks. This included supporting people with the provision of appropriate equipment to maintain people's independence.

Accident and incident forms were being completed and were analysed to identify actions to prevent similar incidents in the future.

Staff told us that they would be confident to raise any issues, concerns or suggestions about people's safety. Staff had a good understanding of the whistle blowing policy and said they would use it if necessary. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

People we spoke with said staff would stay for the duration of the calls and if they were running late they would get a call. Most members of staff we spoke with felt there were sufficient numbers of staff to meet people's needs and to keep them safe. A review of the staff rota's showed staff had sufficient time allocated to provide the care for the people. A member of staff told us, "There seems to be enough staff and staff cover as required."

We checked the recruitment files of four staff members. These contained the relevant documentation required to enable the provider to make safe recruitment choices. Each file contained references, proof of identity and the relevant health checks for each member of staff. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

We looked at four medication administration recording sheets (MAR). All had the name of the person who the medication was prescribed for, the name of the medication, dosage and frequency.

People were being supported safely with their medication. The registered manager told us that the deputy manager was carrying out weekly audits that supported this process and when issues were identified we saw actions had been taken to address them. Medication audits we looked at confirmed this was taking place.

Staff had medication training as part of their induction and their competency had been assessed before they were able to support people with their medication. The deputy manager carried out regular spot checks throughout the year on staff supporting people with their medication.

The service had guidelines for staff to follow when administering both regular and as required medication.

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA.

Most of the staff we spoke with had a good understanding of the MCA. Staff told us they would seek advice from management about MCA. We saw training had been completed and training was booked in for staff as part of their induction.

In people's care plans MCA assessments were not being completed by the registered manager or deputy manager because we were told all people using the service are able to make decision for themselves about their care and support. The registered manager explained if an MCA assessment was needed they would contact people's social worker or community psychiatric nurse to carry these out. However, we spoke with some relatives and found that their loved ones were not always able to make safe choices for themselves.

The service has a duty to carry out MCA assessments and the registered manager agreed to take immediate action to put these in place where needed. The registered manager told us that MCA case studies would be a regular agenda item at staff meetings and would improve the staff's understanding of the MCA.

Some relatives had Lasting Power of Attorneys in place that meant designated family members were able to make best interest decisions about their family member's support and finances. All relatives we spoke with had no concerns about the service provided and spoke highly of the quality of care received by their relative. Records showed that where appropriate, people's relatives were involved in decisions made about people's care and support needs.

People received care from staff that met their needs. A person told us, "They [staff] can't do enough for them." A relative said, "Staff are always telling us they are going into the office for training. I cannot fault any of them."

Every staff member we spoke with said their induction prepared them for their role. For new staff this included completing the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff. A staff member told us, "The induction was full on and a lot of information...was quite intense."

Staff had received opportunities to meet on a one to one basis with their manager to review their work, training and development needs. These were referred to as supervision or appraisal meetings. A staff member told us supervision, "Keeps us on our toes." Another staff member said, "It's good to get feedback knowing that I'm doing things the way they should be done."

One staff member told us, "All my training is up to date and I can ask for additional training at supervision." Records confirmed that staff had attended relevant training for their roles. There were systems in place to ensure staff remained up to date with their training. Records showed that staff attended a wide range of training including safeguarding adults training.

People's support needs in relation to preparing food, eating and drinking were documented in their care plans and daily logs. People and their relatives spoke positively about the support they or their family member received in this area.

There had been effective involvement of health professionals. One staff member explained. "A person was having difficulty pulling herself up when seated. We contacted social services and an occupational therapist [OT] came out assessed the person and provided the equipment needed. The OT also showed us how we should support the person when using the standing aid." Another member of staff said, "The nurse always leaves us notes." The same worker went on to say, "We will ring the doctor if we feel someone needs their help."

People were supported to maintain good health. People and their relatives told us that staff supported them to access healthcare services when required.

Is the service caring?

Our findings

People we spoke with told us they were very happy with the care they received from the service and that they had positive relationships with staff. A person told us, "They [staff] are all so helpful. There's nothing bad I can say about them. They are very helpful and very happy which helps so much." A relative told us, "[Family member] loves them coming and loves meeting them and having a chat." Another relative spoke about their family member saying, "The banter they have between each other is fantastic!"

A member of staff said, "Most clients don't see anybody in the day. We brighten up their day and makes me feel good because you're making someone happy." Another staff member told us, "A person could get really upset because they can't take the lid off a jar. We go in and open it and it makes their day." Another member said, "I am passionate about the care I do because I used to care for [family member] and I treat people as I would treat my family." They added, "You don't come into care to make money. You come because you want to help somebody."

Staff were knowledgeable about the support needs of people they cared for. One staff member was able to tell us about a person they supported. They were able to easily describe the person's care needs and things that were of interest to them. People were encouraged to maintain their independence and were supported to do as much as they were comfortable with.

Relatives confirmed they always found staff polite and that they treated their loved ones with respect and in a kind and caring way. A relative told us, "Staff and [family member] have a really nice and friendly relationship. There's nothing they wouldn't do for her." We found people's care records showed people had been involved in discussions about how they wished to receive their care and support.

When staff supported a person their relative explained that they would not assume but always ask, "Which cream (moisturiser) do you want today." They went on to tell us, "Everything is explained to [family member] before they do it. I feel so reassured with them. Absolutely no problem."

The care plans were person-centred and contained information regarding people's life history and their preferences. A service user guide for people using the service was in place and contained information for people on what they should expect from the service. It also contained information about independent organisations that people could contact for support. We did not see clear guidance for people in how to contact advocacy services. Independent advocates represent people's wishes and what is in their best interest without giving their personal opinion and without representing the views of the service, NHS or the local authority. The registered manager confirmed they would add this into the Service User Guide.

Staff told us that when they went into a person's room they always knocked first and introduced themselves so that people knew who it was.

The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner.

Is the service responsive?

Our findings

A person told us they would, "Ring when I want to cancel [my call] and they re-schedule me in." A relative explained that there was a, "Very thorough care plan that was exactly what we [family member and relatives] asked for." Another relative said about the care planning, "Meets [family member's] needs. Absolutely fine. [Staff] write in every visit what they've done."

Prior to receiving support people had an assessment of their needs and support plans were then developed with the person, their relative and external health or social care professionals. Support plans advised staff of people's needs, routines, preferences and what was important to them.

Staff responded to people's preferences and explained, "One person liked their drinks in a certain order at each visit, a glass of water, a cup of coffee and then a glass of juice."

Care plans were person centred in place to identify people's care and support needs in relation to the activities of daily living. These provided information about the person's preferences and had been reviewed monthly. A staff member said, "If we raise a concern or need to change someone's care plan; management are good at being responsive to people's needs."

A member of staff told us, they felt one person would benefit from a befriending service or to attend a day centre where they could meet people with similar interests. Social services were contacted and a re-assessment of the person's needs was carried out. This person now has a regular befriending service supporting them.

One person spoke about wanting to change the staff member who supported them and added, "[I] spoke to [Registered manager's name] and explained the carer is nice, but not a great help at times. [The manager] changed the carer immediately." The staff member was then retrained with a period of shadowing.

Staff were clear about how they would manage concerns or complaints. They said they would refer any complaints to the managers. They were aware of the complaints procedure and felt confident in reporting concerns to management. People and their relatives mentioned they were regularly asked for feedback about the support they received.

People we spoke with and their relatives told us they were in regular contact with the registered manager, the care co-ordinator and care staff and could not recall a need to complain about the service. We were also told that the office was run "very professionally" and they would always respond quickly to any concerns or queries. We reviewed complaint records and these had been handed appropriately.

Is the service well-led?

Our findings

People, relatives, staff and health care professionals told us they felt the service was well led. They said that the managers promoted positive outcomes for people. A person said that, "In my eyes they can't improve in any way. Whatever they are doing they are doing it spot on."

A person using the service told us, "I like the management. Any problems or concerns I always speak to them and it gets dealt with." A relative said, "The [registered] manager does listen and doesn't fob you off and has helped when we've had family commitments." All relatives we spoke with commented on how well the management team responded to their queries. A relative told us, "If I have any problems on the weekend I can call the management for advice... it feels like I'm being supported."

Another said, "I get through to the manager immediately. Just brilliant." A relative also told us, "I cannot fault them at all. They are doing a fabulous job. There's always someone there."

The office staff would send out support times (dates and times of when staff would be visiting them) to people in the post. People told us they found this very helpful when planning their lives. A person said, "I get a letter every week with times of people coming and a programme of who is coming in the following week and medication to be administered."

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about. This included allegations of harm and any serious accidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

Regular staff meetings took place. A member of staff said at, "Staff meetings I can give my opinions." Another member of staff then said, "They do listen and note everything down." The registered manager was keen on supporting staff to continually learn and improve the delivery of care provided.

People were supported by staff that received ongoing support and direction from the registered manager. Staff told us they felt supported by the registered manager. They said that they could share with them any suggestions or ideas they had and that they would be listened to.

When we asked the registered manager for information about their service they were able to give clear answers to questions and produce evidence when needed. For example we asked for details about staff training and how they made sure this was kept up to date.

We noted that audits were being carried out regularly by the management team and also by the area manager who was present during our visit. The area manager was part of the centralised audit and compliance team that supported the service. Some of the areas the audits covered were health and safety; including people's houses and equipment checks, clients care records, medication checks, analysing incidents, feedback surveys, staff training and development records. This showed us there were systems and

processes in place to monitor the quality and safety of the service.

There were systems in place to ensure policies were in place and up to date and available to all staff. There were processes in place to oversee adverse incidents such as safeguarding concerns, complaints or accidents. These records were regularly analysed and when needed action was taken to improve quality of the service.

People and their relatives were supported by the management team that actively sought feedback on the quality of the service. A person said, "Managers come and get my views about the service every six monthly." The service carried out regular spot checks on staff whilst supporting people to monitor practice and drive improvement.

People had been asked to complete surveys about the service. Surveys were sent out centrally and collated centrally to remain impartial. A relative told us, "We receive surveys through the post. We fill them in and send them back." Relatives agreed that they felt the management team always took on board their views and acted on them when needed.

People valued the integrity of the management team and the caring way in which staff supported people. A relative told us, "This company is very good. All the carers are nice people. No concerns at all. Always feel I'm being supported, as well as my [family member]."