The Human Support Group Limited

Human Support Group Limited - West Leeds

Inspection report

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23 June 2017

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

This was an announced inspection that took place on 13, 15 and 23 June 2017. On 13 June 2017 we visited the central office of the service. On 13, 15 and 23 June 2017 we made phone calls to people who used the service and staff and home visits to people to obtain their feedback on the care that was provided. The provider was given 24 hours' notice of the inspection because they provide domiciliary care and we needed to be sure someone would be in the office to facilitate the inspection.

There was a registered manager in post. 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.

Staff had not always received supervision in line with the provider's policy. The registered manager was aware of the issue and had taken action to change the process to ensure staff would be supervised.

People received care from staff who were kind and caring and who treated people with dignity and respect. The staff were well trained and the provider had systems in place to protect people from the risk of abuse. There were enough staff to meet people's needs.

People received their medicines when they needed them and staff asked them for their consent before providing them with care. The staff acted within the requirements of the Mental Capacity Act 2005 when providing care to people who were unable to consent to it themselves.

People's care needs had been assessed and were being met. However, staff did not always provide care at people's preferred times. Information was in place to guide staff on what care people needed to provide to meet some someone's specific needs.

The provider had systems in place to monitor the quality of service being provided. Audits had been conducted and had identified improvements that were required to the service and these were being addressed. The service actively sought people's feedback on the service through phone calls, spot checks and surveys.

Staff were happy working for the provider and felt supported in their role. The provider had promoted an open culture where both staff and people using the service could raise concerns without any hesitation. People knew how to complain and any complaints were investigated and responded to.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full report.

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 protect people from the risk of abuse and took action to reduce risks to people's safety.

There were enough staff to meet people's needs.

People's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had received training to enable them to provide people with effective care. However, staff had not always received the support they needed in line with the providers policy.

Staff understood their legal obligations on how to support people who could not consent to their care.

Where the service was responsible for providing people with food and drink, this was being received and met people's needs.

Staff assisted people to contact other healthcare professionals if needed, to support them to maintain good health.

Is the service caring?

Good

The service was caring.

The staff were caring and kind and treated people with dignity and respect.

People were not always visited by the same staff which meant it was sometimes difficult for staff to develop positive and caring relationships with people. However, improvements were being made in this area.

People's independence was encouraged and they felt involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs and preferences.

People's care needs had been assessed. Guidance for staff on how to meet these needs were person centred and specific.

People knew how to make a complaint and any complaints made had been investigated and responded to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The staff felt supported and listened to and were able to raise concerns knowing they would be addressed.

There were effective systems in place to monitor the quality of the service that was provided. Supervisions had been identified and changes were made to the supervision process.

People were asked for their opinion on how to improve the service and this feedback was acted upon.

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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.

The inspection took place on the 13, 15 and 23 June 2017 and the inspection was announced. We have not inspected this service before. At the time of our inspection there were 169 people who used the service.

The inspection team consisted of one adult social care inspector, one specialist advisor who was a specialist in dementia care and governance. We also had two experts by experience. An expert by experience is someone that has personal experience of a specific setting. In this case both the experts by experience had experience of working with older people.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. We asked the provider to complete 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 improvements they plan to make.

We looked at how people were supported with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at 12 care records for people that used the service and five staff files. We spoke with 18 people, 17 relatives and 10 support workers as well as the registered manager, branch manager and two other office staff. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe when the staff provided them with care. One person told us, "I feel very safe." Another person when asked if they felt safe said, "Absolutely." A relative said, "I trust them, they are really good."

All of the staff we spoke with knew how to protect people from the risk of abuse and told us they received regular training on the subject. They understood the different types of abuse that could occur and how to report any concerns. Any issues identified by staff had been reported and investigated appropriately. This showed us the provider had taken steps to protect people against the risk of abuse.

The people and relatives we spoke with told us they had discussed risks to them or their family member's safety when they started using the service. They added the staff did remind them about safety when they visited them. One person told us, "They know what they are doing, I have a key safe and they know how to keep me safe." Another person said, "They talk to one another, giving directions to keep me safe." A relative told us, "I hear them when I am here, they work safely."

We saw risks to people's safety had been assessed. These included risks in relation to supporting people to move, taking medicines, equipment they used and the environment. Where necessary, other risks such as falls had been looked into. There was clear information within these assessments to guide staff on how to reduce these risks. The staff we spoke with were knowledgeable about risks to people's safety and were able to explain to us how they managed these. For example, making sure people used appropriate equipment when walking. The staff were able to demonstrate to us they understood what action to take in the event of an emergency, such as if they found someone unconscious when they visited their home.

Records showed that when incidents or accidents had occurred whilst staff had been providing people with care these had been investigated by the branch manager. Action was taken to reduce the risk of the incident occurring again to help keep people safe. We were satisfied that risks to people's safety had been assessed and actions were being taken to mitigate these risks.

The people and relatives we spoke with told us there were enough staff to meet their needs. However we had mixed responses from people and relatives about call times. One person told us, "I don't know what time they come recently, it seems to be random." Another person told us, "We don't know who is coming, it's been hectic the past couple of weeks" and a relative told us, "Well it's all gone to pot this week and nobody knows what they are doing." Other comments included,"[Relative's name] is in a wheelchair and their last visit is to be 4.30pm and no later because otherwise it is too long, no one came at the weekend by 5.30pm so I rang them up. 'Oh you're down for 6pm' I told him that's no good, so eventually someone came, so I said to them, this will be back to its right time 'oh yes', blow me down it was 6pm again", "They are on time, more or less and they stay the time they should", "All different ones have come this last week or so, so I rang up and they said the person who does the rota is off on holiday and I said well what's Plan B, you must have more than one person who can do the job and he said 'we haven't ',so that's not comforting is it" and, "Well I used to have regular carers but I haven't had those for weeks and I don't know why, I haven't had a rota either so I

don't know who is coming. They are on time more or less." We mentioned this to the registered manager who showed us evidence that two care co-ordinators were on leave and although steps had been taken to fill these gaps, more was to be done to reassure people and give consistency in call times. The registered manager told us they would immediately look at further support for the service. Many people and relatives we spoke with gave positive reviews around call times. They added that the carers always arrived to provide them with care and that they had not experienced any missed calls. All of the staff we spoke with told us that there were enough of them to meet people's needs.

The number of staff required to meet people's needs was based on the number of hours of care the provider had to give. The registered manager told us they currently had enough staff in place to meet people's needs although some of this support was sub contracted to other providers. The provider used existing staff to cover any absences such as sickness or annual leave. Although there had been a recent time with the absence of two office staff at the same time, overall we were satisfied that there were enough staff to meet people's needs.

We looked at 10 staff employment records; we saw that the provider had carried out all the required checks to make sure staff were of good character and safe to work with people before they employed them. We saw evidence of application forms, interview notes, service user feedback, two positive references, ID checks and Disclosure and Barring Service (DBS) check. A DBS check informs employers to make safer decisions about the staff they recruit.

People told us they received their medicines when they needed them. One relative told us, "She (carer) does the dosette box in the morning; she makes sure [relative name] takes them." Another person said, "They always make sure I get my meds." The staff we spoke with told us they could be involved in either giving people their medicines or prompting the person to take them. They confirmed to us they had received training on how to give people their medicines safely.

We checked five people's medicine records during home visits and a further five records that had been returned to the office. These indicated people had received their medicines as prescribed. However there were odd gaps in recordings. The branch manager told us the records were returned to the office and audited for quality. This check identified any errors and investigated why there was a gap when staff should have signed to say the medicines were administered. They added that the gaps in records were due to staff not recording that they had given the person the medicine, rather than the person not receiving the medicine. We saw the audit records to confirm this was the case. Records confirmed staff's competency to provide people with their medicines safely had been regularly assessed.

Requires Improvement

Is the service effective?

Our findings

The people and relatives we spoke with told us they felt the staff were well trained and had the necessary skills to meet their needs. One person told us, "Yes, they understand me very well." Another person said, "The staff seem to know what they are doing." Another said, "Staff are very competent."

The staff we spoke with told us they had regular supervision with the senior staff. This involved face to face meetings, spot checks and appraisals. All of the staff we spoke with were happy with the amount of supervision they received. However when we checked seven staffs records we found gaps in-between supervision meetings. For example on one person's file they had one supervision meeting in June 2015, another in August 2016 and then two meetings in February 2017. This person had no recorded appraisal and no spot checks. We looked at another staff member's supervision records and found no supervision's and only two spot checks. Other supervision records we saw had similar gaps. We mentioned this to the registered manager and branch manager who told us they were aware there was an issue here which had been made worse by office staff absence; however they had planned dates in to complete staff supervisions. The provider's policy on care staff supervisions stated the frequency of supervisions should be down to the branch manager however there should be a minimum of four per year. We concluded the provider had not taken appropriate steps to ensure all staff received periodic supervision to enable discussion of their roles and responsibilities.

This was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (RA) Regulations 2014.

All of the staff we spoke with told us they had received enough training to give them the skills and knowledge to provide people with effective care. Staff had received training in a number of subjects including how to support people to move safely, food and nutrition, safeguarding adults and dementia.

A trainer was employed to provide the training to the staff. We spoke with them and they told us there was a comprehensive programme in place each month for staff to attend. This covered many different subjects that enabled staff to improve their knowledge and skills within specific areas. The training consisted of a mixture of classroom based practical training and e-learning. On the day of inspection there was a group of five new starters being trained. They told us they were learning the skills in a safe environment where they could ask any questions.

New staff received a comprehensive induction to their role as a carer. The trainer told us new staff completed all the sections of the Care Certificate. The Care Certificate is a nationally recognised set of courses designed to support and train new staff to support people safely and effectively. Part of staff's induction involved them shadowing a more experienced member of staff until they were confident they could work independently. During their induction period, their competency to perform their role was regularly assessed and feedback given to them as necessary. We spoke with a new member of staff who told us the induction training was very good and they were given time to learn the skills they required. They said they were being given lots of support to increase their confidence and they were not being unduly pressurised to work independently before they felt ready.

People told us the staff asked for their consent before they provided them with care. One person said, "We have a regular discussion about my needs which are changing". Another person told us, "Yes, I am absolutely involved in my care." Most of the care records we looked at had been signed by the person who was receiving care from the service to show they had consented to it. Relatives confirmed they were involved with their family members care records when required. This showed us people took a lead role in planning their care.

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 provider was working within the principles of the MCA.

All of the staff we spoke with could tell us how they supported people who lacked capacity to make decisions for themselves. For example, by showing people a choice of clothes to wear or food to eat. They were aware that if the person was unable to make a decision for themselves, any decision made on their behalf needed to be in the person's best interests.

People told us that where it was part of their care package, staff prepared their food and drinks to their liking. They said staff monitored how much they ate and drank and reminded them of the importance of this. One person told us, "They [the staff] remind me to have something to eat and always make me a drink." Another person said, "They [the staff] make me a sandwich and leave a drink."

The staff we spoke with told us they were aware of the importance of supporting people to eat and drink sufficient amounts for their needs. They confirmed they encouraged people where necessary and reported any concerns to the office staff who would then contact the person's GP to alert them of the concern. Staff also showed a good knowledge of how to meet people's dietary needs where people had specialist diets such as those with swallowing difficulties or who were diabetic.

All of the staff we spoke with demonstrated to us they had a good understanding of the different types of healthcare professionals who could be contacted to help people maintain good health. These included an optician, district nurse, GP or occupational therapist. We saw evidence in some people's care records that staff had contacted a GP or district nurse when they had been concerned about the person's health. We were therefore satisfied staff supported people to maintain their health. One person we spoke with told us staff had supported them with healthcare needs. They said if they had concerns they would mention it to their senior so they could be booked into the GP. This showed us people were supported to access health care professionals appropriately.

Good

Is the service caring?

Our findings

The people and relatives we spoke with told us the staff were kind, caring and compassionate. One person said, "They are really good. I find them very kind." Another person said, "If I ask them for anything, they always fix it." Another person said, "The staff are all kind and caring." A fourth person told us, "I like homecare. We are very happy with the firm. All carers are nice."

People and their relatives told us the staff knew them well. One relative said, "[Family member] says they get on really well. We see them having a laugh." One person told us, "We did a care plan" and, "Carer seems dead good with [family member] and he likes her, I've got no worries."

The staff we spoke with told us that in the main, they were able to provide consistent care to people but that on occasions, they were asked to provide care to people they were not familiar with. From the care records we checked, we saw some people were receiving care from a consistent staff team while others had a large number of staff supporting them. The branch manager told us they did their best to send the same staff to people so they could develop good relationships with the people they cared for. Of the people who told us they had lots of different staff attend their calls, they also told us this had only happened in the past few weeks. We noted this matched with the absence of two care co-ordinators in the office. Overall we were satisfied the service was supporting people with a consistent staff team where possible.

We spoke with four established support workers on one of the days of inspection. They all told us they knew most of the people they supported. We asked for specific information about people they supported and staff were able to tell us about people's individual needs. Staff were also clear about the information they could gain about people from their work phones and care records. Staff carried work phones that they could scan on people's files in their homes and this would provide the staff with the information they required to support that person. One staff member told us sometimes if staff were off then they would have to support someone who they were not familiar with and these visits sometimes took slightly longer. Overall we found staff had a good knowledge about the people they supported.

The people and relatives we spoke with told us that they or their family member were treated with dignity and respect. One person told us, "They are very good; I know my relative is being treated well." Another person said, "They always respect me and ask me before they help me." Staff told us they respected people's decisions and supported people in a respectful way. The staff were able to tell us how they protected people's privacy and dignity when they provided them with care. They explained how they made sure that any curtains and doors were closed and that people were covered whilst receiving personal care. Staff also told us that they encouraged people to be as independent as they could. They did this by supporting people to prepare their own food or drink and with their personal care needs.

People were involved in making decisions about their care. They and their relative if required, had been asked how they wanted to be cared for during the initial assessment of their individual needs when they started to use the service. This was completed by a member of staff who visited the person to understand what care they required. The assessment covered people's care needs and people had also set individual

goals for themselves and stated how they would like their care to be delivered. One person told us, "We [the family] were all involved in the planning of care to make sure [person's name] had the best support they could get."

Good

Is the service responsive?

Our findings

The people we spoke with and their relatives were, in the main, happy that care was provided to meet their individual needs. However, five people said the staff did not always arrive on time to meet their individual preference. One person said, "Well it's not good at the moment, I haven't had a rota for weeks, and I like to know who is coming because I worry" and, "Past two weeks have been all over and we haven't had a rota to see whose coming either." Another person said, " Well it's all a bit of a muddle really, I only started with them three weeks ago and I don't have any regulars and I don't have a rota, I'm supposed to get one but I haven't yet."

People's preferences in relation to the time they wanted to receive their care had in most cases been determined. The same five people who told us call times were chaotic were also in agreement this had only been the case for the past few weeks which matched up with the absence of two care co-ordinators in the office. The service had introduced a call monitoring system that was new. However we looked at a report that showed there had been some staff arrival call times that were not consistent, however this mainly happened in the past few weeks to coincide with the absence of key office staff. The registered manager was aware that on occasions, staff could not always arrive on time. In response to this, they had reminded staff in staff meetings the importance of contacting the office if they were running late so they could pass this message on to the person concerned. We mentioned the concerns of the people to the registered manager and they showed us they had taken steps to support the office while staff were absent, however they agreed more needed to be done and they would be looking into other options immediately. This meant our proportionate view was the staff arrived at their calls within an acceptable time most of the time.

An assessment of people's individual needs had been conducted before people used the service. This was completed by a member of staff who visited the person to determine what care they required. The care records we looked at provided clear information about people's care needs and included areas such as allergies, personal care, cultural needs, the person's life history and their hobbies. From this needs assessment, a support plan had been developed. This provided staff with guidance on what care they needed to support the person with. We saw in most cases the information within the support plans was detailed and person centred.

The staff we spoke with told us how to meet people's care needs; they said it was important to have clear information within a person's care record. They went on to tell us that if a staff member who was not familiar with the person's needs was required to provide care, they had clear guidance of what they needed to do to meet the person's individual needs safely and effectively. We concluded people's preferences were assessed and met where possible. Clear information within people's care records was present to guide staff on how to meet specific care needs such as a cough assist machine and people who required the use of a hoist.

The staff we spoke with told us that any changes in people's care needs were communicated to them in a timely way. This included if people had returned from hospital and if they needed more care. The information was communicated to them from the staff working in the office or during team meetings that were held regularly to discuss the needs of the people they cared for. They also told us people's care records

reflected the care people needed, were up to date and easy to follow.

Most of the people spoken with said they had no official complaints about the care they received although a number of people told us they wanted aspects of their care improving. One person said, "We've no problems or complaints." Another told us, "I have spoken to them (office) and told them this wasn't on (call times) and it has improved." A relative sad, "We have asked for additional support and they helped us with this" and, "They do help when they can but they seem busy in the office."

We saw that any concerns raised had been investigated and comprehensive responses had been sent back to the complainants. We were therefore satisfied that people's complaints were taken seriously and were dealt with appropriately. On the days of inspection, we raised areas for improvement with the registered manager. Later on during the inspection the registered manager fed back to us changes they had made and what further alterations they planned to make to ensure lessons were learnt and concerns were responded to.

Requires Improvement

Is the service well-led?

Our findings

The people and relatives we spoke with were in general, happy with the care and support they received from the service.

Audits of people's medicine and daily care records were completed to make sure these indicated people had received their medicines as they should have done and staff had provided the required level of care. The completion of staff training and supervision was also monitored. Where any shortfalls had been identified, action had been taken to correct this. For example, we saw where staff had not completed people's medicines records, an investigation took place to identify the reasons why and then staff training and support was provided if required. We looked at recorded supervision records for staff and found the frequency for most staff was below the providers stated policy. The registered manager and branch manager told us they were aware of the gaps in supervisions and were taking steps to ensure people were receiving their supervisions in line with the provider's policy. At the time of the inspection some people had not received supervision in line with the provider's policy however, we saw people had dates booked in to be supervised and some of these had taken place by the second day of inspection.

Some people we spoke with and records indicated that staff had been arriving at varying call times and people told us they were not aware who was arriving to support them. On further investigation we found this was in the past two to three weeks prior to inspection and was linked to the absence of two care co-ordinators in the office. We spoke with the registered manager and branch manager about this and although some steps had been taken to cover the two members of office staff's absence, it was clear more needed to be done.

Audits were also conducted by the registered manager. Currently the registered manger was based at more than one service and their intention was that the branch manager of this service would soon become registered. This meant the current registered manager also filled the role of an area manager. We were told the 'service user's communication books' and MAR charts were brought into the office at the end of every month and 10% of these were audited. We saw people's communication books and MAR sheets in the office which had been audited with comments. We spoke with one of the internal auditors who was visiting on the day of inspection. They showed us an electronic copy of the audit questions. Audits identified areas for improvement and fed information into action plans for the service to follow.

The internal auditor told us they did a full audit of the Leeds branch every six months, in January and July. Records confirmed this was the case. They showed us an agenda for their audit, which included an audit of the records, communication books and MAR charts on the first day with visits to people who used the service to triangulate the information on day two. Other elements of their audit included compliance with commissioners Key Performance Indicators and audit against ISO standards. ISO is an organisation that develop and publish standardised paperwork. They showed us evidence the MAR charts had been audited in January 2017 and showed the findings and associated actions. We saw previous documents had been checked and improvements made, for example additional training when required.

The staff we spoke with told us they felt supported in their jobs and understood their individual roles and responsibilities. They felt the registered manager and branch manager led the service well and they were approachable. They said their morale was good and they all worked well as a team to deliver quality care.

The staff said they could raise any concerns with the registered manager and branch manager without fear of recrimination and were confident actions would be taken in response to these concerns. The people we spoke with echoed this. This demonstrated an open culture where people and staff felt able to voice their opinions about the care being provided.

Staff told us they felt listened to and valued. They said that if a person or relative contacted the office to thank the service for the care received, this information was passed onto them.

People and staff were asked for their opinion on the service provided. Client satisfaction surveys were sent out every six months. We looked at the last survey results from 2016 and found there was a high degree of satisfaction which had improved from the 2015 results. The results were analysed and collated with areas identified that formed part of an action plan. Actions had been addressed and the registered manager was looking for further improvements in the survey results.

The provider looked for ways to improve the quality of care provided to people. The regional quality and compliance officer told us the provider had plans in place to make the care provided more aligned to people's individual goals to help enhance their independence and wellbeing. This improvement was currently being discussed by the provider.

It was shown to us that staff were able to access information about service users on the mobile phone provided by The Human Support Group. They were able to use this to send observations, which were immediately flagged in the office and remained so until they had been actioned. For example if a member of staff had not completed personal care for someone who required personal care, this would be indicated in the office and it could be followed up immediately. It was also explained to us by a care coordinator that staff arrival and departure from visits was also done by the phone and could be observed by the office in real time. We were shown how this system worked and watched the real time information being received by the office. This meant when someone had not received a part of their care package, office staff could contact the staff member shortly after the event to find out why and manage the situation accordingly from there.

We saw senior staff completed visits in order to cover staff shortages. We were told senior staff also completed visits if there were any complaints or concerns about or from people who used the service. Senior staff worked alongside care workers to get clear picture of what was happening on any visits.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not always receive appropriate support, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.