The Human Support Group Limited

Human Support Group Limited - Gloucester

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

Human Support Group provides care to people living in Gloucestershire. This service is a domiciliary care agency. It provides personal care to 144 people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and people living with dementia. Not everyone using Human Support Group receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Human Support Group significantly increased the number of people receiving personal care and the numbers of staff employed in the past six months in response to local commissioning arrangements. The provider told us changes to the way the service operated had to be made at short notice. We found the service had effectively managed the transition of people's care arrangements as well as the transfer of staff during this period of change.

This inspection took place on 4 and 5 October 2017. The service had not previously been inspected.

There was a registered manager in place. 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 received personalised care and support which reflected their individual preferences, wishes and routines. They spoke positively about staff who treated them with kindness, care and sensitivity. People said they were supported respectfully and with dignity. Their privacy was respected. People and their relatives were involved in the planning and delivery of their care. Their care records were kept up to date and reflected the way they wished to be supported. When people's needs changed staff recognised this and let the appropriate people know. People said they felt safe with the care provided and relatives were "reassured".

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People made choices about their care and support. They were encouraged to be as independent as they could be. Any risks were assessed and hazards minimised. People were supported to manage their medicines. Their health and wellbeing was promoted with staff providing meals, snacks and drinks when needed. People liked the continuity of staff and their preferences for male or female staff was respected. People said visits were mostly on time and there was some flexibility if they needed to reschedule the time of their visits.

People were supported by staff who had been through a recruitment process to confirm their character and skills. Staff had access to training to equip them with the knowledge and skills they needed. Staff said they felt supported in their role and communication was good. Staff were confident raising concerns and said

they would be listened to.

Quality assurance processes were in place which monitored the standards of service provided. People and their relatives were asked for their views to make improvements to the service. Complaints were investigated and action had been taken to address any issues raised. Improvements completed included co-ordinating visits to reduce the risk of missed visits and to provide people with a consistent staff team wherever possible. People commented, "Everything is fine, they are lovely" and "They are excellent."

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. People's rights were upheld. People felt safe and reassured by the service provided. People were kept safe from the risk of harm. Risk assessments described the strategies in place to reduce hazards.

People were supported, wherever possible, by the same team of staff, who stayed for the correct length of time. Robust recruitment and selection checks verified the character and competency of new staff.

Medicines were administered safely and at times to suit people.

Is the service effective?

Good

The service was effective. People were supported by staff who had access to training and support to aid them to fulfil their roles and responsibilities.

People's capacity to consent to their care and support was considered in line with the Mental Capacity Act 2005.

People were supported to stay healthy and well by supporting them with their dietary needs and liaising with healthcare professionals.

Is the service caring?

Good

The service was caring. People were supported with kindness, patience and care.

People were involved in making decisions about their care and support. Information could be provided in a variety of formats to meet their individual needs.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive. People's care was individualised, reflecting their personal wishes, preferences and routines. People's changing needs were responded to quickly updating

their care records.

People knew how to make a complaint and the appropriate action was taken in response.

Is the service well-led?

Good

The service was well-led. People's views and those of their relatives were sought to make improvements to the service.

Accident, incidents and complaints were analysed and any lessons learnt from these used to make improvements.

The registered manager was open and accessible. They worked with staff to make improvements to the service and the standard of care provided.

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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.

This inspection took place on 4 and 5 October 2017 and was announced. The provider was given notice because the service provides care at home and we wanted to make sure the manager and staff would be available to speak with us. The inspection was carried out by one adult social care inspector and an expert by experience (ExE) who had experience of care services for older people, younger disabled adults and people living with dementia. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make. We contacted the commissioners of the service to obtain their views about the care provided to people.

The inspection was informed by feedback from questionnaires completed by 18 people using the service, three relatives and seven staff. This confirmed the quality of care provided and complimented staff on their support. Some concerns were pointed out about medicines which led the inspection team to explore these issues further.

As part of this inspection we spoke with seven people and five relatives over the telephone and four people in person, two relatives and a friend. We spoke with the registered manager and nine staff. We looked at the

care records for five people, including their medicines records. We looked at the recruitment records for five new members of staff, training records and quality assurance systems.

Good

Is the service safe?

Our findings

People's rights were upheld. People told us they felt safe with the care and support they received. People commented, "They always make sure the door is well secured after they've left and we've never had any accidents with the key safe at all" and "She'll make sure I've got the telephone within reach and that I'm wearing my emergency pendant." Relatives said they had "peace of mind" and were "reassured" by the service provided. No one we spoke with had experienced missed visits. The registered manager notified the commissioners, safeguarding authorities and the Care Quality Commission (CQC) when any visits were missed, providing the reasons. They described the action they had taken to address these, such as reviewing how visits were coordinated. No missed visits had been reported since June 2017.

People were supported by staff who understood how to recognise and report suspected abuse. Staff described their response to any suspected abuse which included the action they would take and the records they would keep. They completed safeguarding training and had access to safeguarding information. They were confident the registered manager would take the appropriate action in response to allegations of abuse. The registered manager had informed the relevant authorities, Police and CQC when safeguarding concerns had been raised. When necessary, they had taken the appropriate action to suspend staff and to challenge poor practice.

People were kept as safe as possible from the risk of harm. Any hazards were discussed with them and risk assessments described the ways in which these were minimized. For example, people at risk of falling were provided with equipment which staff had been trained to use, such as hoists, standing aids and sliding sheets. A relative told us, "Carers will always talk through everything that they are doing, and they never lift him up, until they are sure he is happy and ready to go." Risk assessments were reviewed and kept up to date with any changes in people's needs. Staff described how they were able to instantly update the team electronically on their mobile phones with any changes. This minimised the risk of error. People diagnosed as at risk of developing pressure ulcers, confirmed staff helped them to maintain their skin, by checking for bruising or marks and applying creams. One relative told us staff were really good at keeping them informed about any changes in the person's skin.

People were safeguarded against the risks of emergencies. A regional hub provided support for people or staff needing advice or support out of normal working hours. In addition a duty manager was available in emergencies as well as a local on-call representative. People's living environment was assessed to make sure any hazards had been identified and risks reduced for visiting staff. Staff knew what action they had to take in emergencies such as calling emergency services, liaising with the office and family as well as keeping people safe and calm. After one incident a person said, "I was very impressed with her actions." Accident and incident records were monitored in case of any emerging trends developing, which needed action to prevent them happening again.

People were supported by staff who had been through a robust recruitment process. Each applicant had supplied a full employment history; any gaps had been explored and recorded in their recruitment file. Each applicant's reason for leaving former employment with adults and children had been verified and references

provided evidence of their character and competency. Other checks completed prior to new staff starting work included obtaining proof of their identity and acquiring a satisfactory Disclosure and Barring Service (DBS) check. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable staff from working with vulnerable groups of people. Each new member of staff provided a statement about their health and wellbeing and their copies of any previous training certificates were obtained.

People said they liked to have the same staff supporting them; "I have three girls who come regularly and visits are on time", "They are mostly the same staff" and "I like to know who is coming, they send me an email each week." The registered manager confirmed wherever possible they tried to allocate the same staff to people. People who had access to email were sent a schedule of the staff due to visit them each week. One person, unable to access this, said they had been told they could ring the office if they wished to know. Staff confirmed they had sufficient time to carry out their visits and to travel between people. People recognised staff could be late occasionally and said they would be contacted if staff were running very late or they would ring the office. One person said they were reassured because "they do have a backup system, because they now have to register with the office on their mobile device when they are both arrive and when they go." A relative said they appreciated the flexibility offered to adjust times of visits for healthcare appointments.

People's medicines were administered safely. People had consented for their medicines to be given to them by staff who had been trained in the safe administration of medicines. As part of this process staff were observed supporting people with their medicines. Additional observations as part of their ongoing individual support confirmed their competency. Medicine administration records (MAR) were completed satisfactorily. These detailed the prescribed medicines with times for administering. MARs were audited and any issues or recording errors were followed up with staff. If necessary, further training was offered to staff and they did not administer medicines until assessed as competent. The registered manager had dealt with medicines errors appropriately taking corrective action to make sure further mistakes were not made.

People had their medicines administered at times to suit them and in the way they preferred to take them. One person told us, "My carer comes and gives me this at 7am every morning and then comes back two hours later to help me shower. I couldn't possibly shower before my pain relief has had time to kick in." Another person said, "I have to rely on my carer to give me the tablets and pass me a glass of water so that I can swallow them. They always then write in the note to confirm that I've had them." Staff applied creams when necessary to maintain the condition of people's skin. One relative said how health care professionals had commented on the excellent condition of the person's skin, which was due to the care taken by staff.

Good

Is the service effective?

Our findings

People were supported by staff who had the opportunity to acquire the skills and knowledge they needed to meet their needs. Each new member of staff completed an induction programme which provided evidence and learning towards the care certificate. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. During their induction they completed training considered to be mandatory by the provider such as first aid, moving and handling and infection control. Staff confirmed refresher training was provided when needed. An electronic training record was maintained which highlighted to the provider's training department and the registered manager when training was due. The training manager explained how they were able to deliver bespoke training to staff at their office and also to observe them putting this into practice when delivering care. Training was also provided through a national college. Training specific to people's needs was provided such as dementia awareness, managing challenging behaviour and catheter care.

People spoke positively about staff, saying "They are very kind" and "Excellent." A relative told us, "I have been very impressed with their thoroughness." Staff said they felt really supported in their roles. They had individual meetings with the registered manager and senior staff as well as attending staff meetings. Their practice was observed and spot checks were carried out to confirm they were effective in their roles. Annual appraisals were being scheduled for staff who had been in post for one year to reflect on their role and responsibilities and training needs.

People were supported to make choices about their care and support. Staff were observed seeking permission before they delivered care and offering people choices about the way care and support was provided. They did not make assumptions about people's wishes. One person confirmed this saying, "Yes, they do actually, [ask permission and seek confirmation about care needs] although I tell them that they've been coming for long enough that they really don't have to do any more." People's capacity to make choices about their day to day care was considered in line with the Mental Capacity Act 2005 (MCA). The 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 unable to make decisions about their care and support had been assessed in line with the MCA and records confirmed when decisions had been made in their best interests and by whom. For example, their GP or a lasting power of attorney. Where a lasting power of attorney was appointed they had the authority to make specific best interests' decisions on behalf of that person, if they were unable to make the decisions for themselves.

People were supported to eat and drink. People's care plans described what support they needed to manage their dietary intake such as leaving drinks close by or preparing snacks and meals. People's dietary preferences were highlighted and reflected their cultural and individual needs where needed. For example, people who had a vegetarian or gluten free diet or had their meat specially prepared for them. People said

staff prepared hot meals or an alternative cold snack if they preferred. Hot and cold drinks were left within reach. Staff were observed setting up a coffee machine ready for a person to use later. One person said, "My carers do make all my food for me. They are very good and will remind me what I've got in the freezer by way of the frozen meals and they never mind making me whatever I fancy. If I don't fancy anything in the freezer, they will just get me a jacket potato, or a bowl of soup or even an omelette."

People's health and wellbeing were monitored by staff. They discussed any concerns with people or their relatives and informed the office and other staff of any changes in their health or prescribed medicines. The provider information return stated, "information is shared between all parties (health care professionals and social workers) to ensure that care needs are met and maintained for each person receiving care."

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring. Relatives told us, "Carers are very kind with him" and "The carers we have are very pleasant and efficient." People told us, "Everything is fine, they are lovely" and "They are excellent." People were heard chatting sociably with staff, sharing a joke and laughing. Care was delivered in a very light hearted atmosphere. A relative commented, "They treat Dad with respect but also relax him with good humour." One person said, "It couldn't be any better" and a relative stated, "It's important what they do when they are here."

People's equality, diversity and human rights had been considered. People had been asked if they had any preferences for male or female care staff. Where they had identified a preference this was respected. A person confirmed, "I was able to say that I would much prefer having a male carer rather than females." People's spirituality and religion had been discussed with them. Staff had been guided to wear covers on their shoes in one person's home respecting their religious beliefs. People's right to confidentiality was respected and information was kept confidential. Their care records were stored securely, both in the office and electronically. Staff recognised people's right to privacy and to a family life. They were respectful of relatives and friends.

People and their relatives had been involved in the planning of their care, making decisions about how their care and support was delivered. A person told us, "My daughter and I sat down with a manager and talked about what help I needed and then we were asked what time I would like the calls to happen." People's personal histories had been discussed with them and their preferences and wishes had been highlighted in their care records. The registered manager confirmed records could be provided in a range of alternative formats if needed such as braille, easy to read, large print and different languages. The provider was able to produce accessible information for people on an individual basis. People were given time and space to express themselves and be as independent as possible. Staff were observed patiently waiting for people to complete tasks or to respond to them. A person confirmed, "They don't rush me."

People were shown care and concern when their needs changed. Relatives confirmed staff responded quickly to people's wellbeing. One relative stated, "Staff are really good at spotting any issues and let me know right away." Staff described the strategies they had developed to support people living with dementia who might become upset or anxious. They said one person responded better to direction and not being offered choice which confused them. Staff said they would raise any issues with the registered manager if they were unable to deal with them. They were confident that action would be taken to help people by liaising with family or healthcare professionals.

People were treated with dignity and respect. Wherever possible introductions were made to people when having new staff or meeting staff for the first time. People said they were listened to and respected if they wanted to change a member of staff. Staff were observed being polite, professional and respectful. Personal care was delivered in private and people were given time alone when needed. People said it was the little things which were important. For example, ensuring the bath water was the right temperature and "always making sure I've got a warm towel to dry me afterwards as well". Relatives said, "She always knocks on the

bedroom door and calls her name before going in" and "She closes the door so that they can't be seen while she is helping to get him in dressed and ready for his wash."

Good

Is the service responsive?

Our findings

People received individualised care and support which reflected their individual wishes, preferences and routines important to them. People's diversity and human rights were highlighted in their care plans enabling staff to make the necessary adjustments to their care and support. The provider information return stated, "Service user's cultural and religious needs are identified and staff are familiarised with these requirements prior to the start of the service."

People said they preferred to have the same team of staff, who knew their needs well. A person told us their care had improved "because my carers know me and understand what I like and don't like and importantly know how I like things to be done." People, their relatives and a friend told us they were involved in the planning and review of their care. One person said, "All the information was put together in my care plan which I know is in the folder here on my table where the carers sign every day to say that they've been." Staff were observed checking people's care plans and confirming with them that there had been no changes since their last visit.

People's care records were amended to reflect their changing needs. For example, they were updated when new medicines were prescribed or when equipment for moving and handling was provided or healthcare professionals had advised new treatments. Changes could be sent to staff electronically and care records updated as these occurred. A comments book was used by staff to record any observations or information about people's care and support. The registered manager said all people using the service had their care records reviewed and produced on a new format. This provided greater personalisation and detail about people's care and support needs, clearly detailing what they were able to do for themselves and what they needed help with. People told us how important it was to maintain their independence. One person said, "My aim is to stay here living independently for as long as I can."

People had information about how to make a complaint. People told us, "If I have a problem I ring the office, they sort it out quickly" and "I know who to complain to, I have no trouble getting through to the office." People knew their concerns would be listened to and the appropriate action would be taken. People said they had raised concerns about the timing of visits, which did not always suit them. The registered manager explained to people at the point of referral what the service was able to provide. They tried to respect people's wishes when scheduling visits. A complaints log was maintained. Copies of the investigation, outcome and reply to the complainants were kept. Action had been taken in response to missed visits between April and June 2017 by reviewing the scheduling and coordination of visits. These had significantly reduced since. The provider information return confirmed, "Immediate changes made have related to ensuring that service users receive regular carers at regular call times."

Good

Is the service well-led?

Our findings

People's views and those of their relatives were sought to make improvements to the service. They responded to surveys sent out in June 2017. The registered manager explained they wished to ascertain the experience of people new to their service. Feedback included, "New carer is excellent", "Carer's are friendly, cheerful and professional" and "Very reliable." The overall response from people was that they were all satisfied with their care and support, visits were on time and tasks were completed. People were also invited to give feedback during reviews of their care and spot checks of staff during visits. The registered manager said they planned to schedule telephone calls to people using the service as part of the quality assurance programme.

People said they felt confident raising concerns. One person told us, "I have raised concerns in the past about one or two carers who really didn't fit in with me or my personality. I wasn't made to feel guilty about making a complaint, and I would therefore do the same again if there was anything else worrying me." The registered manager had apologised to complainants when needed. Staff were also confident to raise concerns under the provider's whistle blowing procedure. Whistle blowing legally protects staff who report any issues of wrongdoing. The registered manager described the action they had taken in response to poor practice using the provider's disciplinary processes. The registered manager said they monitored accidents, incidents and complaints to assess if any lessons could be learnt and corrective action could be taken. For example, improving the coordination of visits to people to reduce missed visits and improving the continuity of the staff supporting them.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of the requirement to notify CQC of important events affecting people using the service. We had been promptly notified of these events when they occurred. Staff spoke positively about the registered manager and said they were open and accessible. Staff confirmed, "He knows what he is doing" and "Any problems, help is provided; we work together as a team."

The registered manager recognised the challenges of ensuring a smooth transfer of services to people from another agency and their staff. They said they had been able to "keep the team together" and had all "worked hard" to maintain a service to people. People told us they had been informed about the change of provider and despite the initial anxiety recognised the commitment of staff to continue to provide their care and support under difficult circumstances. The registered manager valued the dedication of staff, who often went that extra mile. He described how one member of staff had developed a positive relationship with a person enabling them to go out shopping and to manage their budget without getting into debt. Another member of staff covered for a colleague who became ill during their night shift. They said it was important for staff "to see the service from the eyes of the service user" and to provide personalised care.

A range of quality assurance audits were in place to monitor the care and support being provided. Spot

checks confirmed the standard of practice. Care plan and medicines audits identified if there was any poor record keeping which needed to be followed up. The provider audited the service every six months and a report was produced. An audit in July 2017 identified improvements were needed in care planning , record keeping in comments books and ensuring staff training was kept up to date. Action had been taken to complete these.

The registered manager kept up to date with best practice and changes in legislation through provider forums and a company portal giving access to data/innovations/discussions with other services. Updates were also received from the CQC, the National Institute for Health and Care Excellence and the Social Care Institute for Excellence. The provider was a member of Investors in People and the United Kingdom Accreditation Service. The provider information return confirmed, "We stay up to date with current matters related to care for people in the community."