The Human Support Group Limited

Human Support Group Limited - Bristol

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

This inspection started with a visit to the office on 28 June 2018 and was announced. We gave the provider 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. On 3 July 2018 we made calls to people who use the service and staff to gain their views and experiences.

The inspection was carried out by one adult social care inspector. This service is a domiciliary care service. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. At the time of this inspection the service was providing the regulated activity of personal care to 34 people. These services were managed from an office in Kingswood, Bristol.

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. The registered manager was based in another branch, however there was a care manager in the Bristol branch who ran the office on a day to day basis. The area manager for the area, also had a base in the office and provided support to the care manager as needed.

At the inspection of April 2017, we rated the service overall as Requires Improvement. At that inspection, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed safely. We also recommended that audits of the service needed to improve as they were not effective.

Following the inspection, we told the provider to send us an action plan detailing how they would ensure they met the requirement of the regulation. At this inspection, we saw the provider had taken action as identified in their action plan. In addition, they had sustained previous good practice. As a result of this inspection, the service has an overall rating of Good.

Why the service is rated Good

The feedback we received from people and staff was positive throughout.

The safety of people who used the service was taken seriously and the care manager and staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

The staff team were motivated and proud of the service. All staff were fully supported by the care manager and the care co-ordinator. A programme of training and supervision enabled them to provide a good quality service to people. The care manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

The care manager ensured staff understood people's care needs and had the skills and knowledge to meet them. People received consistent support from staff who knew them well. People had positive, caring relationships with staff and were confident in the service. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care was amended to meet their changing needs. The service was flexible and responded positively to people's requests. People who used the service felt able to make requests and express their opinions and views, however a recent customer satisfaction survey identified that consistency in communication from the office needed to improve.

People benefitted from a service that was well led. The vision, values and culture of the service were clearly communicated to and understood by staff. The care manager was committed to continuous improvement. The service demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used 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 had improved to Good.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the services recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Staff took measures to protect people from the risk of infection.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service had improved and was Well-led.

Quality checks had improved and addressed shortfalls within the service.

The management provided effective leadership. The branch manager promoted a person-centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

People and staff spoke positively about the branch manager.

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This service was previously inspected in April 2017. At that time, we found there were areas that required improvement. One adult social care inspector carried out this inspection.

Prior to the inspection we looked at 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.

Before the inspection, we had 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 planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

We contacted and spoke with four people who used the service, and four members of staff. We spent time with the area manager and care co-ordinator. A regional director from the Midlands was present to support staff during the inspection where required. We looked at four people's care records, together with other records relating to their care and the running of the service. This included the policies and procedures relating to the delivery and management of the service, surveys, minutes of meetings, accidents, incidents, complaints, compliments and, audits and quality assurance reports.

Good

Is the service safe?

Our findings

The service had improved and provided a safe service. At the inspection of April 2017, we could not be satisfied medicines were always administered and recorded safely. Medication administration records (MAR's) showed staff had not always signed the MAR chart. This meant it was difficult to determine whether people had received their medicines as prescribed by their GP. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection of April 2017, the provider sent us an action plan detailing how they would resolve the issues we had identified with set timescales to achieve this. We saw significant improvements had been made. Regular medicine audits and spot checks had helped ensure staff were following correct procedures for recording when medicines had been taken. Additional training had also been provided for all staff as a refresher update. People were responsible for their own medicines where possible, if people needed support with their medicines the systems in place were safe. This was demonstrated through the service's policies, procedures, records and practices. Practical competency reviews were completed with all staff to ensure best practice was being followed. There had been no errors in the past 12 months.

Staff understood the processes to follow to safeguard people in their care. Policies and procedures were available and training updates were attended to refresh their knowledge and understanding. The service recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police. Some recent concerns raised by the service demonstrated that there was a tendency to over report. Although these were significant incidents they did not meet the safeguarding thresholds and should have been processed under the services incident/accident policy and procedure. The area manager agreed that an update in safeguarding training with Bristol local authority would be advantageous.

Staff knew how to keep people safe and were aware of their responsibilities for reporting accidents, incidents or concerns. Records showed us there had been one incident since the last inspection. The record contained details about what had happened and what action had been taken. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits helped staff identify any trends to help ensure further reoccurrences were prevented.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. The approach of staff was enabling and encouraged people to challenge themselves and remain independent, whilst recognising potential risks and the need for some safeguards. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to care workers about how to support them when moving around their home and, transferring in and out of chairs and their bed. Some people required two staff to assist with their care and support. People and staff confirmed this was managed well by the co-ordinators. Staff did not perform any moving and handling on their own and always waited until their colleague had arrived for any joint visits.

People confirmed that 'in general staff were always on time'. Comments included, "My carers are spot on with timekeeping, 7 am on the dot", "It's unusual if they are late but traffic can be a problem, I am lucky as my care team call me and let me know if there is a problem" and "In the main visits are on time but one has to factor in last minute sick leave or when staff are on annual leave". Staff were deployed effectively to meet people's care and support needs. Staff rotas were well managed and planned in advance. Travel time was scheduled in for staff to get from one visit to another. The service covered a fairly small area so that staff could travel between visits easily and maintain their punctuality. Staff confirmed they were allocated sufficient travel time and there were rare occasions when they were late, for example in an emergency or traffic congestion.

Safe recruitment procedures were always followed. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Staff had received training and guidance on safe hygiene and infection control procedures. Staff were provided with protective equipment such as disposable gloves and aprons. Spot checks were conducted to ensure staff were wearing the correct uniform. Long nails, nail varnish and unsuitable jewellery were not allowed. This was not only because they could cause injury to people but because long nails and items of jewellery could harbour germs.

Good

Is the service effective?

Our findings

The service continued to provide an effective service. The care manager ensured staff were equipped with the necessary skills and knowledge to meet people's needs. Staff confirmed that the induction and subsequent training they received was effective. New staff worked with senior care staff to assist with continued training throughout the induction process so they could consolidate their learning. Staff did not work alone until they felt confident within the roles they were to perform.

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain vocational qualifications. In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. This included dementia and mental health awareness and nutritional awareness. Staff were asked for feedback on all training provided to ensure it was meaningful and effective. Feedback forms indicated staff enjoyed the sessions, it had increased their confidence and awareness and they liked the way the training was delivered. One staff member told us, "I particularly enjoyed the training on dementia. It's helped me understand the condition and how I can best support people".

The service had a small, steadfast group of staff. They felt supported daily by the care manager, care co-ordinator and other colleagues. Additional support/supervision was provided on an individual basis. Staff liked the opportunity to talk about what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. All staff we spoke with said they would like more opportunities to meet as a group. Some staff new others by name but had never met in person. Staff felt this would make the team a more cohesive group and would prevent individuals from feeling isolated. The area manager told us they had plans to arrange regular coffee mornings and afternoon tea events for staff for this very reason.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Information in people's care records showed the service had assessed people in relation to their mental capacity. The service had a good understanding of the MCA and their responsibilities. Staff were clear when people had the mental capacity to make their own choices, and respected those decisions. Staff understood how to implement this should someone not have capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

People were provided with support to eat and drink where this had been identified as a care and support need during the assessment process. The exact level of support a person needed was recorded in the care plan. Staff reported any concerns they had about a person's food and drink intake to the care manager and subsequent referrals were made to the GP for guidance.

Staff were available to support people to access healthcare appointments if needed and, they liaised with health and social care professionals involved in their care if their health or support needs changed. People's

care records included evidence that the service had supported them to access district nurses, dieticians, dentists and other health and social care professionals based on their individual needs.

Good

Is the service caring?

Our findings

People were provided with support from a caring service. The staff demonstrated a determined, positive commitment to people to ensure they felt safe and cared for. Staff supported people as equals and their approach was respectful and patient. It was evident that over time staff had built up positive relationships with people that were based on trust and personalisation. One person told us, "I get on very well with them all. We have built up a rapport and a friendship in a way, I always feel comfortable around them and look forward to the visits".

We asked people for their views about the staff that supported them. Comments included, "We like to have the same three staff support us for continuity. We like them and they are wonderful to us both. They have become like family. I refer to them as the golden girls", "They are all very good, caring and kind. We like to catch up on all their news and we always have some laughs, I really can't fault them". One couple recently sent a thank you card to the service and wrote, "We would like to offer our sincere thanks for all the help we receive. Their kindness and willingness, they light up our day with their humour and excellent service".

Staff morale was positive and they were enthusiastic about the service they provided. We asked them why they enjoyed their work and what they were particularly proud of. Comments included, "Love my job and feel I make a difference to people", "The clients receive a good service and we look after them well. We respect their choices and the way they like things done", "I feel privileged going into people's homes and making a difference to their day" and "When I arrive and see a big smile it makes it all worthwhile".

People told us they were treated with dignity and respect. Comments included, "Oh they are very respectful that this is my house and they show respect to me too", "I feel very comfortable with my carers and they put me at ease when receiving personal care, they are very professional when it comes to that" and "Without a doubt they respect us and treat us very well, like family".

Staff understood the importance of promoting independence where possible. One staff member told us, "The records tell us exactly what people are capable of doing and it's very important we encourage and support that". People also confirmed that staff respected their independence and 'didn't take over'. One person said, "I always do what I can, they are very patient and let me do things at my own pace and in my own time".

Good

Is the service responsive?

Our findings

The service was responsive. People told us they were, 'happy and very satisfied' with the care and support they received. The care manager completed an assessment when people were considering using the service. People were supported to invite significant others to be part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered supported the care manager and person to decide as to whether the service was suitable and their needs could be met.

The approach to care was person centred. Care plans were informative and interesting. They evidenced that people had been fully involved in developing their plans and how they wanted to be supported. People confirmed this when we spoke with them, comments included, "They are always asking me how I want things done", "When I started using the service they asked me lots of questions about me and they still remain interested in me" and, "The manager checks if I want to change anything, but I'm more than happy with the help I receive". Staff told us there were good communication systems in place to help promote effective discussions, so that they were aware of people's needs and any changes for people in their care. This included handovers, and written daily records.

People had taken the time to provide and share specific details about preferred daily routines and what level of assistance they required and this was reflected in their records. Information was clear and would help ensure that person centred care was promoted and respected. Information contained the level of support needed whilst at the same time promoting independence and respecting people's wishes.

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to a person in charge. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. This included things such as treatment for infections, review of medicines and assessment for equipment in their homes. One person spoke with us about how a care staff member had noticed an unusual mark on the back of her leg. They said, "I hadn't noticed it because it was difficult to see, she organised a visit from my GP, and I was referred to the hospital, the lump was removed. Thank goodness everything was ok, I was very grateful to my carer".

Staff used a telephone monitoring system owned and maintained by Bristol City Council. This linked to the service's computer system to log in when they arrived at each visit, and again before they left. This helped ensure staff stayed for the allocated, funded time. Staff consistently told us they had enough time to complete their support without rushing. Staff shared with us examples where it had been identified there was not enough time to meet people's needs and this had been responded to and actioned. On other occasions, especially where people's health and well-being had improved, allocated funded time had been too long. In both scenarios the care manager had taken the appropriate action and additional time had either been allocated or reduced.

The complaints policy and procedure was provided to people when they started using the service and kept in a folder in their homes. The care manager and staff encouraged people to express any concerns or

anxieties and dealt with these promptly. They felt that this approach prevented concerns escalating to formal complaints from relatives and relieved any anxiety that people may be feeling.

Good

Is the service well-led?

Our findings

People received care and support from a well-led service. At the inspection of April 2017, we could not be satisfied that auditing the quality of the service was always effective because they had not identified areas for improvement around management of medicines. Since that inspection this had improved. Audits in place were consistent and this had ensured medicines were managed safely.

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. The registered manager was based in another branch, however there was a care manager in the Bristol branch who ran the office on a day to day basis. The area manager for the area, also had a base in the office and provided support to the care manager as needed.

The care manager was not available during our inspection but we received good feedback from people and staff about them and the care co-ordinator. Comments included, "The manager is supportive and listens to me, the co-ordinator is also great. Having been a carer herself she knows our responsibilities and what it is like to work in the community", "I have never had any issues, if I have a problem they will sort it out for me", "They listen to me and support me well, I have no complaints" and "They support me as a carer and on a personal level and I appreciate that very much".

Staff attended meetings as an additional support, where they shared their knowledge, ideas, views and experiences. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. All staff we spoke with said they would like more 'adhoc coffee/afternoon tea meetings and informal get togethers'. Staff said that predominantly they worked alone and they could feel quite isolated. Some staff had never met each other and all staff said having the chance to meet more often would make them feel more part of a team. The area manager told us this had been identified and plans were in place to organise this. Other initiatives were being looked at to keep people and staff better informed for example, newsletters from the branch which would provide updates on policies, procedures, new staff, staff performance, training and events.

Customer satisfaction surveys were sent twice a year to people to assist the service in where improvements were required. The most recent results were positive and they received some lovely feedback. Written comments included, "I know most of the carers and they are very good. I have been treated very well", "The carers are kind, reliable and very helpful", "My regular carer goes above and beyond" and "Carers are excellent and well trained". There were two common themes when we spoke with people and looked at the survey results. This was about improving communication between people and the office and that some new staff may require more support before working alone. Comments were constructive. The area manager had already started to address both issues and sent letters to people about future plans to improve.

To ensure the service kept up to date with relevant changes relating to good practice, the area manager and

care manager were going to attend regular forums with other providers and registered managers. The service had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices and CQC.

There were various systems in place to ensure services were reviewed and audited to monitor the quality of the service provided. Regular audits were carried out including health and safety, environmental factors, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed identifying improvements/changes that were required.

The care manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider. Some notifications were not always necessary and we fed this back to the area manager.