

The Human Support Group Limited

Human Support Group Limited - Liverpool

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Human Support Group - Liverpool is a domiciliary care agency providing personal care to 53 people with different health and care needs in their own homes at the time of inspection.

People's experience of using this service and what we found

People's experience of using the service varied. Although we heard compliments and praise, particularly for staff that regularly visited people, there were also inconsistencies. Staff and managers were honest about the fact that the last six months had been unsettled and difficult. There had been several changes in managers, which meant issues, including with staffing, concerns, person-centred planning and quality of care, had not always been addressed. We found breaches of regulation with regards to nutritional and hydrational needs, as well as record keeping and quality monitoring. Staffing had much improved, but the planning and deployment of staff needed further review to meet people's needs consistently. We made a recommendation regarding this.

However, we heard consistent agreement that a new care manager had already made significant, positive changes in the few weeks they had been in post. Staff felt the service was now improving and was the most settled it had been in a long time. The new manager was honest and clear about the fact there was much work to do and they had recognised the improvement needs we identified. They explained to us how they would work to achieve safer, better person-centred care and ensure people, relatives and staff were reengaged and listened to. The care manager brought a unique passion and dedication to their role, which we considered would help them to achieve this.

Although feedback varied about how well staff met people's needs and listened to them, we also heard much praise. People commented that staff on balance were kind and very helpful. We heard concerns from relatives but also at times very positive comments about their delight with care. The service worked effectively with other professionals and we received some compliments about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 July 2017).

Why we inspected

This was a planned inspection based on the previous rating. The inspection was prompted in part due to concerns received from different sources, including the provider's notifications, about people's safety,

staffing, person-centred care and planning, as well as service management. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to meeting people's nutritional and hydration needs, as well as record-keeping and other aspects of service governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Human Support Group Limited - Liverpool

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. We also wrote to people who used the service to let them know we might be calling them, a few days before we did so.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. This information helps support our inspections.

What we did during the inspection

We spoke with four people who used the service and six people's relatives about their experience of the care provided. We spoke with eleven members of staff including seven care staff, the care manager, the regional director, the director of care and head of compliance.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including training, supervision, as well as care safety and quality monitoring were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe

Staffing and recruitment

- We received mixed feedback about call attendance and checked records which showed that some people had late calls, or their call times and durations varied significantly. Some people informed us of occasional missed calls, which had not been communicated in advance. Although we heard some positive examples and confirmation that staff were reliable, staffing had not always been planned and deployed effectively to ensure people's needs were met consistently. However, this was improving.
- Managers and staff were honest about the fact that a few months ago staffing levels had been at "crisis point". However, staff consistently confirmed to us that through recruitment drives and better management of short-term absence this had much improved.

We recommend the service continues to review their staff planning and deployment, to ensure people receive person-centred care at the right time in line with assessed needs.

- Files we viewed showed that the service continued to recruit new staff using appropriate employment checks.

Assessing risk, safety monitoring and management; Using medicines safely

- There were at times inconsistencies in the safety of support. Although people and relatives praised staff that visited them regularly, people at times received support from staff members who were not always familiar with people's care needs. This had a potential to increase risks in people's support.
- People had personalised assessments of risks to their health and safety in place, such as relating to medicines or nutritional and hydration needs. However, at times these did not provide all the information staff may need to help keep people safe.
- The provider was introducing new, clearer risk assessments to help with this. The care manager was adding prompts to electronic care plans to remind staff to carry out risk reducing tasks.
- Staff gave examples of how they monitored people's safety. We saw charts had been introduced to support this but these were not always completed consistently.
- Record-keeping and monitoring regarding safe medication support needed to be improved. We considered this as part of the service's governance. However, we also received some positive feedback from professionals about staff helping people with specific medicines.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of safeguarding responsibilities. Staff told us they had previously not always felt listened to about their concerns but felt more confident now. One staff member said, "When we speak to [new care manager] now, they act on concerns immediately."

- The service worked in partnership with the local authority and commissioners on ongoing investigations.

Preventing and controlling infection

- Personal protective equipment, such as gloves and aprons, was available to help staff maintain infection control.

Learning lessons when things go wrong

- The provider completed an overview and analysis of accidents and incidents, to identify actions to take to prevent reoccurrence.
- A daily meeting had been introduced for the office team, to highlight any changes and potential concerns for people using the service and discuss steps to take to reduce potential risks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- The service had not always ensured people were appropriately supported to eat well or drink enough.
- One person needed support to have their breakfast and have a good eating routine to prevent malnutrition. Their call times had not been arranged effectively to support this, varied and were often mid-morning or closer to lunchtime.
- Another person needed staff to leave out drinks for them to stay hydrated. This had not always been ensured.

The service had not robustly ensured that people's nutrition and hydration needs were met. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the care manager explained the changes they would make to help improve this.
- We also heard positive examples of staff preparing meals for people in creative and appetising ways.

Staff support: induction, training, skills and experience

- Staff we spoke with felt well supported by the new management team. Supervision completion needed to be improved, although staff felt they could ask for support whenever they needed to.
- Staff completed a variety of training to guide them in their role. The training provider had recently changed and staff needed to refresh previously completed courses, therefore training completion was ongoing. Staff praised the quality of the new learning material.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care Supporting people to live healthier lives, access healthcare services and support

- The service worked with people, families and professionals to ensure people's needs were assessed or, if needed, reassessed. This included ensuring people were referred to more appropriate care services when required.
- We heard examples of staff responding effectively to people's changing health needs.
- The service worked with different professionals to promote people's health and wellbeing. We received some positive feedback from health professionals. These highlighted good partnership working and positive outcomes achieved.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. Managers confirmed that at the time of inspection that nobody using the service required or was subject to an application to the Court of Protection.

- Staff had a basic understanding of the MCA and supported people to make decisions. The new care manager was waiting to have additional training in the application of the MCA.
- The provider was working on a new process to be in line with an update to relevant legislation and to promote people's empowerment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people were not always well-supported or cared for.

Ensuring people are well treated and supported; respecting equality and diversity

- When we considered whether the service was caring, we took into account the varied feedback we received. We also needed to consider the various issues and breaches we found that the provider needed to address to ensure a consistently caring service.
- We highlight that on balance people and relatives felt that staff that regularly came to see them were very good and caring, however at times there were inconsistencies in support. One person summarised this by telling us, "The carers are kind, on balance. They carry out their tasks, but also help us with other things we might need."
- One relative praised their family member's regular carer highly, but stated, "When the regular carer is away I feel I have to go and check on my [family member], to make sure they are ok. I do not think that is the idea."
- We heard that family members felt that some staff were very skilled at finding out what people might need additional help with, while other staff only completed prescribed tasks.
- Other family members praised the service and their comments stated, "The staff are awfully good, I am absolutely delighted" or that the care provided was very good and efficient.
- Staff shortages and changes had created some unsettlement for people. However, the provider was addressing this. We also heard a positive example of a person enjoying getting to know different staff, including different languages they spoke.
- We also recognised that staff had clearly shown dedication and commitment to people's care during times of significant staff shortages. This meant they at times had had to work very long days.
- Staff spoke warmly about the people they supported. Staff gave us positive examples of how they had engaged with people to learn about them, their life stories and preferences. When we asked one staff member how they engaged with people they said, "We do not really think about it. We are all there together, the person and us the carers, we just share the joke and laugh together."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- We heard an example of how staff had ensured a person had an advocate to speak up on their behalf when they needed them.
- Care plans noted whether people could make decisions for themselves. Care plans also gave basic information about what people could do for themselves, to maintain their independence. We discussed with managers how this could be developed further.
- People and family members were involved in initial care planning and reviews. We found examples of how people's care preferences, for example of a male or female carer, had been considered.

- The service was moving to electronic care plans, which were password protected to help ensure people's privacy.
- People kept copies of care documents in their own homes. The service stored people's private records in locked cupboards. Training for staff regarding confidentiality matters was ongoing.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans gave staff basic guidance and information about people and their support needs. We heard praise for staff who were knowledgeable about people's needs, but there were also inconsistencies. This was particularly when there were changes in staff, which demonstrated that care plans were not always effective at providing guidance for staff.
- Relatives at times felt staff did not have all the information they needed, before they came to provide care to people. Managers explained that care plans were in the process of being developed, to become more person-centred.
- Feedback we received from different sources stated care plans were not always up-to-date or had not always been followed. We found examples of this regarding people's call times, risk management, as well as fluids and nutrition support.
- The service was moving to electronic care records but use of these was not yet consistent. Where in use, a mobile phone application staff used informed them of which tasks needed to be completed, to help ensure they were done.
- Staff felt that managers and coordinators were always at hand for advice on people and their care when they needed it.

Improving care quality in response to complaints or concerns

- Relatives did not always feel that complaints had been followed up effectively. We also found that issues raised by people and families in reviews had not always been addressed.
- The new care manager felt passionately about this and had already started to follow up on complaints and concerns previously left open, by meeting with people and relatives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- A service user guide was being rewritten to show people who the new manager was and to enable people to have all relevant information, for example who they could raise a concern or complaint with. The provider confirmed that different formats could be made available.
- Managers gave examples of how the service supported people's communication and understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- Care plans included information about people's life stories, activities and interests.
- We discussed the purpose of care calls in reducing people's social isolation, as we had received mixed feedback about this. This did include positive comments about staff ensuring they stayed and chatted with people, not just completing tasks.
- Staff we spoke with understood their role in reducing people's social isolation but felt at times the number of tasks on a call did not leave time to chat with and listen to people.

End of life care and support

- None of the people using the service had a dedicated end of life care plan in place at the time of our visit. People's assessments asked whether Cardiopulmonary Resuscitation was to be attempted or not and whether people had made advanced decisions about care at the end of their life.
- Specific advanced decision care plans were available when needed, which were released by the Head of Compliance at the appropriate time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Record-keeping and service monitoring had not been robust and effective at ensuring that people received a safe, quality service.
- Neither paper-based nor electronic call logs had been completed consistently to show the time and length of care staff's attendance at people's homes. Such monitoring is important to ensure people receive calls at the right time for the right duration.
- Record completion such as care plans, notes as well as charts needed to be more consistent. These records are important to help monitor the safety and quality of person-centred care.
- For several months, care and medication charts had not been sent into the branch for managers to quality check and make required improvements.
- We also considered oversight at provider level had not been effective at preventing the deterioration in the quality of care and the branch reaching the "crisis point" staff spoke of.

Systems and record-keeping to support them were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no registered manager in post at the time of inspection and there had been several changes in manager. However, a new care manager had very recently started in their role. They were very clear and honest about the improvements needed and their plans to achieve this.
- The Head of Compliance explained a new, much more robust oversight system at provider level which would monitor the service at least monthly to ensure improvements.
- Notifications about specific events had been received and ratings from our last inspection were displayed in line with legal obligations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Changes in management meant that relatives had not always received a follow-up on issues they had raised. The new manager was meeting with all people and relatives to improve this.
- Feedback about the new manager was consistently very positive. Although they had only been in the

managers role for a couple of weeks, staff praised the significant changes they had already achieved. Several staff echoed, "This is the most settled [the branch] has been for a very long time. We are listened to, things run smoothly."

- The new manager explained their unique perspective and how this helped them to look at care provisions from people and their relatives' point of view. Their passion and dedication were clear and praised by those we speak with, which provided positive assurances and mitigation for us.
- We heard good examples of staff and the provider supporting people and the team's diversity and equality needs in a positive way.
- Regular meetings took place for staff and a prize draw had been introduced to reward good record-keeping. Coffee mornings were being introduced to engage people and relatives and a quality survey had recently been sent out to obtain the views of those using the service.

Working in partnership with others

- We received compliments from health professionals about how staff worked in partnership with them.
- The service worked in partnership with the local authority and had shared their action plans for improvement with them.
- The new manager felt well supported by the provider. They were being introduced to a local managers networks and other best practice forums to support their learning and development.
- Although feedback about the service was mixed, we highlight the compliments we read and positive comments received by relatives who were delighted with the care provided. One relative told us, "They are all professional, take a lot of care with [my relative]. They have nice conversations and pay supportive little compliments, for example that their hair looks nice. [My relative] is happy and I am happy."

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 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People were not always supported to eat and drink enough in line with assessed needs.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not always maintained accurately and-up to date, such as call logs, care records and charts. Safety and quality monitoring systems had not been operated effectively.