

# The Human Support Group Limited

## Human Support Group Limited - Anderton Place

### Inspection report

Anderton Place  
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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

### About the service

Anderton Place is based within the community of Northwich. People using the service live in flats within the extra care setting. The service supported eight people and employed 11 staff at the time of our inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service

People were protected from the risk of harm and abuse. Clear policies and procedures were in place, staff had received training and felt confident to raise any concerns they had.

Medicines were managed safely by trained and competent staff. Staff had access to medicines policies and procedures as well as best practice guidance. Medication administration records (MARS) were fully completed and regularly audited to identify any areas for development and improvement. Staff had received infection control training and understood how to minimise the risk of infection being spread. People were supported by staff that had been safely recruited and had received an induction and training suitable for their role. There were enough staff to meet people's needs and people told us they knew all the staff that visited them.

People's needs were assessed before they were supported by the service. Each person had a care plan that reflected their personal preferences and daily routines. Care plans held sufficient information to guide staff on how best to meet people's needs and these were regularly reviewed and updated. People and their relatives spoke positively about the staff and told us they were kind, caring and compassionate. People's independence was promoted, and they were consistently offered choice.

People's privacy and dignity was respected. People spoke positively about the service and the staff that supported them. There were audit systems in place that identified areas for development and improvement. Governance systems were in place for the provider to have full oversight of the service.

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](http://www.cqc.org.uk)

This service was registered with us on 31 December 2018 and this is the first inspection.

### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Human Support Group Limited - Anderton Place

## **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 and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in their own flats within this 'extra care setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we received about the service since they had been registered. 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. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke to one person supported by the service and four relatives by telephone prior to our inspection visit. We visited two people in their own homes during the inspection. We spoke to the regional manager, registered manager, team leader and two support workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We looked at training data and quality assurance records. We reviewed additional information shared by the provider.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had all received safeguarding training and had access to a whistleblowing policy. Staff knew how to safeguard people from abuse and were confident to raise any concerns they had.
- There was a safeguarding policy and procedure in place.
- One person told us; "Since I have lived here with staff support available 24-hours a day my daughter has had peace of mind that I am safe." Another person told us; "Staff respond immediately when I use my call alarm."

Assessing risk, safety monitoring and management

- People had individual risk assessments in place that reflected their specific needs. These gave clear guidance to staff to minimise or mitigate risk.
- Risks to people were regularly reviewed and updated when any changes occurred.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were consistently undertaken.
- People were supported by a small team of regular staff.
- Staff knew people well and had a good understanding of their individual needs and routines.

Using medicines safely

- Medication was administered by trained and competent staff.
- Staff had access to policies and procedures, as well as good practice guidance to support them when administering medicines.
- Medication administration records (MARS) were in place and had been fully completed. Regular medication audits were undertaken to ensure people receive their medicines safely. Areas identified for development and improvement were promptly addressed and actioned.

Preventing and controlling infection

- Systems were in place to safely manage and control the prevention of infection being spread.
- All staff had received infection control training and had access to personal protective equipment (PPE).

Learning lessons when things go wrong

- There were effective systems in place for the recording of accidents and incidents at the service.
- Accidents and incidents regular reviewed by the registered manager and provider to identify any trends or patterns within the service. Analysis was undertaken to minimise future risks and occurrences.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good; This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed, taking into account their physical, mental and social needs prior to being supported by the service.
- People, relatives of their choice, as well as health and social care professionals were fully involved in the assessment and planning of people's care.
- Care plans reflected people's individual needs, preferences and personal choices. They included clear guidance for staff to follow.

Staff support: induction, training, skills and experience

- All staff had completed a full induction at the start of their employment.
- Staff had the necessary knowledge, skills and experience to undertake their roles. They received appropriate training and regular refresher updates.
- Staff received an appropriate amount of support and supervision for their role.
- People's comments included; "I believe all the staff are well trained and very professional with a considerate manner and are attentive to all my care needs", "They (staff) are friendly and informative and always explain things well to me" and "Staff have a very good understanding of my needs and are fully able to meet them."

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

- People's food and drink needs were assessed along with their preferences.
- People were supported to plan their meals, shop for their own foods and prepare food and drink wherever possible.
- Staff had a good understanding of people's food and drink, likes and dislikes. Staff were also aware of people's allergies and these were clearly recorded.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us that staff would contact their GP or district nurse as and when required. Comments from relatives included; "Staff always let us know promptly if there is a medical emergency" and "Staff always act quickly to call in the district nurse or GP if they have any concerns at all this is really reassuring."
- People received the care and support they needed. The service referred people to health and social care professionals where appropriate.



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.

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.

- Staff had received training in the MCA and assumed people had capacity to make decisions, unless assessed as otherwise.
- People were involved and consulted on all decisions about their care and support. Consent was recorded within people's care plan files.
- The service was not supporting anybody under a Court of Protection deprivation of liberty order.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives had developed positive relationships with staff. Comments from people included; "Everyone without exception is approachable and I find this reassuring" and "Care staff are brilliant, they are all really nice and demonstrate so much patience."
- People and their relatives described the staff as considerate, dedicated, good, kind, reliable and professional. Staff were also described as polite and courteous.
- Relatives comments included; "My dad is able to lead a semi-independent life, he can do a few things for himself but it is reassuring to know that he has daily staff support when needed" and "[Name] enjoys being supported by any of the staff as they are all equally lovely, have great values and are very accepting."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were fully involved in all decisions about their care and support.
- People told us they were regularly asked for their feedback. They said the manager, team leaders and support staff all regularly asked if they were happy with the service.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. One person commented; "I'm treated well, respectfully and with dignity and I also enjoy my independence."
- Staff assured people's confidentiality was maintained. Personal information was securely stored and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- People's independence was promoted where ever possible. Staff were considerate and offered assistance in a discreet manner. People told us that staff always explained what they were about to do before they started any intervention.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care and support from staff that knew them well. People told us they had regular staff, so they had continuity and consistency. One person commented; "All the staff work together which is really good", "All staff encourage me to make my own choices including what I'm going to wear, what I'd like to drink or where I'd like to sit."
- Care plans were detailed and held sufficient information and guidance for staff to be able to meet people's preferred needs. People told us their care plans were regularly reviewed and updated when any changes occurred.
- The staff that supported people understood their likes, dislikes and preferred routines.

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.

- Staff understood how people communicated and used appropriate methods when communicating with them.
- Information was available and easy read and large print formats.

Improving care quality in response to complaints or concerns

- The registered provider had a complaint policy and procedure available in different formats.
- People and relatives told us they knew how to raise a complaint and felt confident any concerns they had would be listened to and acted upon by the management team.
- Complaints were investigated and responded to in line with the complaints policy. The provider analysed any complaints received and used them to improve the quality of the service.

End of life care and support

- At the time of our inspection nobody was being supported with end of life care.
- Staff described how they would support people at the end of their life to be comfortable and have a pain-free and dignified death.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management and staff team had developed positive relationships with the people they supported and their relatives. There was a clear strategy in place to promote person-centred care and support and to achieve positive outcomes for people.
- The registered manager showed a commitment to providing good quality care by engaging with everyone supported by the service, their relatives, staff and other stakeholders.
- The registered manager and staff team understood their responsibilities for ensuring that risks were promptly identified and mitigated. People's health, safety and well-being were effectively managed through the ongoing review and monitoring of the service.
- Effective quality assurance systems and processes were in place. Audits were consistently completed by the registered provider and manager. Where areas for development and improvement were highlighted, these were promptly addressed through action plans.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their responsibilities and understood about the regulatory requirements of their role. They had notified the CQC when required for events and incidents that had occurred at the service.
- People and relatives felt assured that they could raise any queries or concerns with the staff team or registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People spoke positively about the staff and management team. Comments included; "Everyone is approachable including the team leader and manager", "This is a good service, with staff are helpful and kind", "I would definitely recommend this service to others" and "I like the way they keep me informed and updated about my dad's daily care."
- People, relatives and staff were regularly asked for feedback about the service. This information was used to further develop the service. Many compliments had been received.
- Staff attended regular team meetings and told us their views were sought, listened to and acted upon by the management team.

#### Continuous learning and improving care

- The staff and management team received regular training and support relevant to their roles. This ensured their practice remained up-to-date and safe.
- Accidents and incidents were reviewed and analysed. Learning was highlighted, and actions were taken to minimise or mitigate future risk.
- The provider had full oversight of the service through its governance processes

#### Working in partnership with others

- The registered manager and staff work closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals and commissioners so that people receive person centred care and support to meet their individual needs.