

The Human Support Group Limited

# Human Support Group Limited - Cheshire West

## 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 was undertaken on the 16 and 18 July 2018 was unannounced on the first day and announced on the second day. This was the first rated inspection at the service.

Human Support Group Limited - Cheshire West is registered to provide personal care and support to people who live in their own homes. The office is based in Winsford, Cheshire. The service provides support to people with complex health needs, older people and people with a physical disability, mental health difficulties or sensory impairment. At the time of our inspection the service supported 88 people and employed 46 staff.

The service has a registered manager. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff recruitment systems were robust and this helped to ensure that only staff suitable to work with vulnerable people were employed. All staff had undertaken a thorough induction process that had included completing shadow shifts at the start of their employment. Staff had all completed mandatory training for their role and refresher updates as required. There were enough staff employed to meet the needs of the people supported.

All Staff had regular supervision as well as observations undertaken to monitor the quality of their work. Staff attended team meetings and told us they felt well supported in their roles.

The registered provider had systems in place to protect people from abuse. Staff had all completed safeguarding training and demonstrated they had a good understanding of what abuse may look like, how they would raise a safeguarding concern and they believed this would be promptly acted upon. Staff were familiar with the safeguarding policies and procedures in place and knew how to access them.

Assessments were undertaken prior to a person receiving support from the service. This information was used to create risk assessments and person centred care plans. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process. These documents gave clear guidance to staff to ensure people's individual needs were met.

Medicines management systems were in place and staff followed best practice guidelines. Staff had all undertaken medicines training and had their competency regularly assessed. People told us they received their medicines correctly and on time.

People told us that staff supported them with their food and drink needs. They described being offered

choice and we saw clear guidance was in place for staff to follow for people had specific dietary needs.

People had developed positive relationships with the staff that supported them. Staff knew people well and treated them with patients and kindness. People appeared to genuinely enjoy spending time with their regular staff. People told us that their dignity and privacy was respected and their independence was promoted where possible.

Complaints policy and procedure was readily available for people and their relatives. They told us they felt confident about raising a complaint thought any concerns would be listened to and responded to promptly.

The Care Quality Commission as required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw that the registered provider had policies and guidance in place the staff in relation to the MCA. Staff had received training in relation to the MCA and demonstrated a basic understanding of it.

The registered provider had quality monitoring systems in place that were followed by the management team. Audit systems were regularly undertaken and areas for development and improvement were identified.

Up-to-date policies and procedures were available that were regularly reviewed and updated. These gave staff guidance in areas of their work role and employment.

## 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.

The registered provider had robust recruitment procedures in place and employed sufficient staff numbers to meet the needs of the people supported.

Risk assessments were in place identified and mitigated the risks to people's safety and well-being.

There were systems in place to reduce the risk of abuse. The registered provider had a policy and procedure in place safeguarding people from abuse which staff understood.

### Is the service effective?

Good 

The service was Effective.

People's rights were protected by staff who had knowledge of the Mental Capacity Act 2005.

People received appropriate support to meet their individual food and drink requirements.

Staff had received up-to-date training to ensure they had the right knowledge and skills to meet people's needs.

### Is the service caring?

Good 

The service was Caring.

People were supported by staff that were kind, caring and patient.

Positive relationships had been developed between staff and the people they supported.

People's privacy and dignity was respected and promoted.

### Is the service responsive?

Good ●

The service was Responsive.

People had care plans in place that reflected their individual needs and included clear guidance the staff.

The registered provider had a clear complaints policy and procedure that was available in a selection of formats that included Braille and easy read.

People's care records were reviewed on a regular basis to ensure that they remained up-to-date and reflected people's current health and care needs.

### Is the service well-led?

Good ●

The service was Well Led.

The registered provider regularly sought feedback from the people who used the service and their relatives.

Audit and monitoring systems were in place that were consistently completed and identified areas for development and improvement.

The registered provider had up-to-date policies and procedures in place to support and guide staff.

# Human Support Group Limited - Cheshire West

## **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 the service under the Care Act 2014.

This inspection took place on the 16 and 18 July 2018 and was unannounced on the first day and announced on the second day.

This inspection was carried out by one adult social care inspector.

Prior to the inspection the provider had completed 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 any improvements they plan to make. We used this information as part of our inspection planning and throughout the inspection process.

We checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. A notification is information about important events which the provider is required to send us by law.

During our inspection we visited five people and their relatives within their homes. We spoke with five support workers and the registered manager.

We spent time looking at records, including five care plan and risk assessment files, five staff recruitment and training files, medication administration records (MAR), daily records, complaints and other records that related to the management of the service.

# Is the service safe?

## Our findings

People told us they received support from staff to take their medicines. Their comments included, "Staff remind me when to take my medicines and this is reassuring for me and my family", "Staff are very good at making sure I take my medicines at the right time each day" and "Staff make sure I have a drink available while I take my medicines, they don't rush me and they make sure I've swallowed them okay."

All staff had undertaken medicines training and had their competency assessed before they supported people with managing their medicines. The registered provider had a medicines policy and procedure in place that staff were familiar with and met good practice guidelines. A medication risk assessment was in place along with in consent agreement for staff to support people with their medicines. A medicines support plan was in place that included clear guidance for staff to follow to meet people's individual requirements. We reviewed the electronic medication administration records (MARs) and found they were consistently completed. Medicines administration reports were reviewed daily by the management team to promptly identify any missing signatures or administration errors. This meant people received their medicines as prescribed.

Risk assessments were in place that included their environment as well as risks that related to people's individual needs and health conditions. These documents clearly identified the risks and included interventions staff needed to follow to ensure any risks were minimised or mitigated. For example, one person was at risk of choking and clear guidance was in place for the positioning of their bed at a 75° angle for the purposes of them having food and drink safely. All risk assessments were up-to-date and regularly reviewed. This ensured staff were able to provide the correct level of support specific to the individual to promote safe care.

The registered provider had policies and procedures in place to safeguard people from abuse. Staff had all undertaken safeguarding training and received regular updates. Staff were able to describe the signs and symptoms they needed to be aware of and the procedure they would follow for reporting any concerns they had. Staff felt confident that any concerns they raised would be acted upon promptly. Staff understood the importance of keeping people safe and were also aware of managing their own safety when working in the community. The CQC had sent questionnaires to a selection of people at the service and 100% of people responded that they felt safe from abuse and or harm from the support staff.

People's care plan files held essential contact details for relatives, GP and other health and social care professionals to be contacted in the event of an emergency. Staff confirmed they had access to a member of the management team through an 'on-call' process outside office hours. This meant that in the event of an emergency, or when staff needed support or guidance an appropriate person was available to contact without delay.

The registered provider had a robust recruitment process in place. All staff had completed an application form with any gaps in employment explained. Interview records were in place as well as two employment references which included one from the most up-to-date employer. Disclosure and barring (DBS) checks had

been undertaken for each person employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children. Right to work information was in place. All staff had an ID badge which held a photo of the staff member. When staff used their own vehicles as part of their role, the registered provider held up-to-date copies of their driving licence, car insurance, and MOT certificate.

We reviewed staff rosters and the electronic call monitoring that was in place. Visits to people were mostly on time and travel time was consistently allocated to allow staff to remain for the full visit time with each person.

Staff told us they had access to personal protective equipment (PPE). Equipment available included gloves and aprons that were used by staff when undertaking personal care tasks. People we spoke to confirmed staff regularly used gloves and aprons when working with them. One relative said, "Staff always wear gloves and aprons when working with [Relative]. Questionnaire responses stated 100% of support workers used PPE to prevent and control infection. Staff described the importance of washing their hands between tasks to reduce the risk of infection being spread.

Staff completed accidents and incidents forms as required. The documents included the person's name, location, dates and time, details of the accident or incident, details of any injuries along with the body map. These documents were reviewed by the providers representative for Health and Safety who analysed these documents to identify service and organisational trends. Areas for development or improvement were identified following the review of these documents.



# Is the service effective?

## Our findings

People and their relatives spoke very positively about the staff team. Comments from people included, "The staff are absolutely A1", "The staff know what they are doing", "Staff help me, I do what I can for myself and they encourage me" and "Staff always stay the full time and do what needs to be done." Comments and relatives included, "Regular staff are amazing and go above and beyond", "They are outstanding. They do everything that's asked of them and more besides" and "Staff are skilled and knowledgeable."

Staff all completed an induction and undertook shadow shifts with an experienced member of staff. This gave staff the opportunity to understand all the requirements of their role and to get to know the needs of the people they would be supporting. Staff told us the induction had been thorough and fully prepared them for their role. The induction met the requirements of the Skills the Care, care certificate which is a nationally recognised qualification based on a minimum set of standards, that social care and health workers following their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. Staff had all completed classroom-based or e-learning mandatory training in topics that included moving and handling, health and safety, fire safety and emergency aid. Refresher training was undertaken as required in accordance with good practice guidelines. 100% of people and relatives that had completed CQC questionnaires stated the support workers had the right skills and knowledge for the role. This meant people received support from staff that had up-to-date knowledge and skills.

Staff told us they received regular supervision and an annual appraisal. The management team invited staff to discuss areas of their performance that they would like to improve, areas of their performance they were very pleased with, asked if they felt supported in the workplace and if they had good work/life balance. Staff described the management team as supportive and understanding. Staff also told us the any concerns they had were acted upon promptly. Observations and spot checks of staff were regularly undertaken to highlight areas of good practice and identify areas for development and improvement.

Staff had access to clear guidance within the care plans to meet people's individual food and drink requirements. People told us that they always chose their own meals and staff supported them with the preparation of these. One person required thickener in their drinks, as they were at risk of choking and clear guidance was in place for staff for the preparation of this. This person also required staff to follow very specific instructions when they were being fed to ensure staff went at the person's own pace and they watched and listened as each swallow took place. This meant people's food and drink needs were met safely by staff that had appropriate guidance available for them to follow.

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 or are helped to do so when required. 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 2005. People who normally live in their own homes can only

be deprived of their liberty through a Court of Protection order (CoP). There were not any people on a CoP order at the time of our inspection.

We checked whether the service was working within the principles of the MCA and found that it was. The registered manager and staff team had a basic understanding of the Mental Capacity Act and had all completed training. The registered manager told us they worked alongside family members as well as health and social care professionals if a person did not have the mental capacity to make their own decisions and records confirmed this.

## Is the service caring?

### Our findings

People and their relatives spoke positively about the staff that supported them. Their comments included, "Staff are kind and caring", "Staff are brilliant", "All the girls [staff] are lovely." 100% of people, relatives and health and social care professionals that completed the CQC questionnaire thought the support workers were kind and caring. 100% of health and social care professionals that completed the CQC questionnaire thought people were treated with respect and dignity by staff.

The service had received many compliments from people and their relatives. Some of the comments from these included, "Thank you for looking after mum, enabling her to be cared for with dignity, respect and compassion", "Your carers [staff] are exceptional, who go beyond the call of duty to bring humour and dignity to a job only very dedicated personnel can handle", "Thank you for your hard work, kindness and compassion" and "Without your help Mum wouldn't have been granted her dearest wish, to stay in own home."

Staff demonstrated a good understanding of the people they supported. They were very knowledgeable about people's histories and individual needs. Staff interactions were comfortable and appeared very natural. People spoke positively about the staff that supported them particularly the regular staff that visited them frequently. Staff told us they had been able to develop positive relationships with people and this helped them to fully understand how to meet people's individual needs. We saw that people were happy and relaxed with the staff that supported them.

Staff described to us the importance of protecting people's privacy and dignity. They included examples of keeping a person's bedroom curtains closed when dressing or undressing them. People told us that staff did not rush them when tasks were being undertaken and that staff worked at their pace. This meant that staff promoted people's privacy and dignity.

People's communication needs were considered throughout the care plan documents. This included details about any sensory loss and gave guidance to staff about how each person's needs could be met. Staff were able to describe people's individual communication needs and how they supported them with these. For example, one person required support for their hearing aid to be put in place. Staff described the importance of checking the battery and that it was in full working order before they left the call each day. Another had poor hearing in one ear so it was important that staff spoke clearly into their good hearing ear.

Information about advocacy services was available to people supported by the service. Information was available in different formats to meet people's individual needs. People were supported to access this service as required.

People's records were stored securely in a locked office to maintain the confidentiality. Computers within the office were password protected and only accessed by specified staff.

## Is the service responsive?

### Our findings

People's needs were assessed before they were supported by the service. Staff that undertook the assessments had received appropriate training for them to be competent at this task. The information from the assessment formed the details of the care plans and risk assessments. People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. These needs included age, disability, religion and other protected characteristics. People and their chosen relatives told us they were included in the creation of their care plans.

People's care plans included clear descriptions of their likes, dislikes and preferred daily routines. This ensured that staff had clear guidance available when they supported people. Information held within the care plans reflected people's individual needs and included information such as medical history, hobbies and interests, daily routines and goals each person would like to achieve. For example, one person liked to talk about their garden and another person enjoyed listening to the radio. One person living with dementia enjoyed singing with staff and responded very positively to this. Their relative told us that staff had undertaken dementia friends training and understood [Names] needs very well.

Care plan files also included documents entitled How best to support me? and What is important to me? Examples within these heading included; I like to always be warm, I enjoy watching the television and am able to say what programmes I would like to watch, my family is important to me, I need staff to support me to ensure that I wear my lifeline pendant around my neck at all times when I am alone. People's care plans were reviewed on a regular basis to ensure that they remained up-to-date and reflected people's current health and care needs.

Daily records were consistently completed and included information about personal care, medicines and diet. Repositioning charts and other records required to meet individuals assessed needs were in place.

The registered provider had a complaints policy and procedure in place that was available to people and their relatives. The registered manager told us that this would be made available in different formats to meet individual needs. These included easy read, Braille, a recorded version, any language and pictorial formats. People told us that they knew how to raise a complaint and felt confident any concerns would be listened to and acted upon. Comments from people included, "I know to contact the office if I have any concerns", "I know how to complain but I've never had to" and "Any little hiccups are sorted out there and then."

We reviewed comments that had been received within the satisfaction surveys undertaken by the registered provider in March 2018 with people and their relatives. These included, "Staff carry out all required tasks to a high standard", "It is a pleasure to have the staff in our home" and "Overall I think the service is outstanding."

## Is the service well-led?

### Our findings

Staff spoke positively about the management team and described them as approachable and understanding. They stated that they felt listened to and supported and many positive examples were shared of support that had been given. The staff and management team spoke positively about their roles and demonstrated enthusiasm about ensuring people have the best quality of life possible. They spoke about opportunities for development and learning that were offered by the registered provider.

The service had a registered manager who had been registered with the Care Quality Commission since September 2015. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Satisfaction surveys were regularly undertaken and the registered provider undertook an analysis of the results. During the most recent survey undertaken in March 2018, 100% of people and their relatives stated they would recommend the service, 92% of people and their relatives said that staff arrived within 15 minutes of their specified visit time, 94% of people and their relatives stated they had regular care staff and 97% of people and their relatives stated that staff completed all required tasks. The registered provider used this information for developing and improving the service.

The registered provider had quality assurance systems in place that were consistently completed to assess and monitor all areas of the service. These included audits undertaken by the office staff and registered manager. The providers centralised quality team and Regional Director also undertook regular quality audits.. This included the areas of care plans, medicines, staff training and supervision, safeguarding, accidents and incidents and daily records. Action plans were created following the audits and these were signed off when actions had been completed.

Staff meetings were undertaken where the registered manager discussed key topics that included reviewing areas of learning, organisational systems and the importance of documentation completion. Staff told us they felt listened to, their ideas were welcomed and any concerns were acted upon.

The registered provider had up-to-date policies and procedures in place that gave clear guidance to staff in all areas of their work role and employment.

Registered providers are required by law to inform the Care Quality Commission of certain incidents and events that happen within the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.