

# The Human Support Group Limited

## Human Support Group Limited - Manchester

### 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

### About the service

Human Support Group Limited – Manchester is a domiciliary care provider. It provides personal care to adults and older people in their own homes. 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. At the time of our inspection the service supported 109 people with personal care.

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

Human Support Group Manchester were providing a good standard of care. The feedback we received from people and their families was overwhelmingly positive.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes ensured the service met people's assessed needs.

People received safe care and support. Staff understood how to safeguard people and when to raise concerns. Staff were recruited safely. Risks associated with people's care were assessed and monitored. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection. People's needs were met and staff were motivated and well trained to carry out their roles effectively.

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).

### Rating at last inspection

The last rating for this service was good (published 3 October 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 - Manchester

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector and 2 Experts 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 registered manager would be in the office to support the inspection.

Inspection activity started on 21 November and ended on 30 November. We visited the location's office on 21 and 22 November.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 10 members of staff, including the registered manager, the area manager, 2 office coordinators and 6 care staff. We spoke to 6 service users and 10 family members. We received feedback from 3 health and social care professionals. We reviewed a range of records, including 5 people's care records and 5 medicines records. We looked at 2 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including quality assurance 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt safe. They said, "Yes, because [staff] take their time and make sure [relative] is safe around his surroundings" and "I feel safe. I have got to know the [staff] over a few years. I trust them."
- Staff completed regular safeguarding and whistleblowing training. They knew how to identify and report any concerns.
- There was an open and transparent culture within the service. Staff were confident the registered manager would respond appropriately to any concerns.
- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care plans and risk assessments identified key risks involved in delivering care to people and gave clear guidance on how to reduce the risk of avoidable harm.
- There were clear systems in place to respond to incidents affecting people's safety. Good oversight was in place from senior management to ensure they were dealt with correctly and any lessons learned were shared.
- An assessment of the environmental risks within each home was completed, for example, lighting and access to the property.

Staffing and recruitment

- Staffing levels were safe. Agency staff were not required.
- People were positive about punctuality and communication. They told us, "[Staff] are very good for timekeeping, and [staff] ring if they have been held up" and "Lateness very rarely happens. If there is a valid reason, [staff] let me know."
- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.
- The registered manager had a clear focus on values-based recruitment and this was reflected in the feedback we received about the quality of care provided.

Using medicines safely

- Medicines were managed safely.
- There were clear systems and processes in place with good oversight from the registered manager.
- Staff who administered medicines had been trained to do so and the registered manager completed

regular competency checks to ensure procedures were followed.

#### Preventing and controlling infection

- Staff had received training in how to prevent and control infection.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Staff completed an assessment of people's needs to determine if their needs could be met before they accepted a care package. This involved a home visit to meet people in person.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- A structured induction ensured staff had the support they required.
- Regular supervision, appraisals and 6 monthly spot checks to assess staff performance were in place.
- Mandatory training and annual refresher training, had to be up to date, before staff could be included on the rota.
- All the staff we spoke to were positive about the support they received and told us they felt valued.

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

- People and their families were positive about the support they received. They told us, "There is always a drink left in reach when [staff] leave, and they prepare sandwiches for [relative] to eat at lunch time. [Staff] has discussed nutritional matters with me" and "Between us we have achieved improved health for [relative], with better nutrition and reduced use of medication."
- Staff received training in food safety and hygiene.

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

- Staff were responsive to people's needs. People and their families told us, "[Staff] are good at spotting the early signs of possible infections, so the GP can be contacted quickly, this has led to successful antibiotic prescriptions more than once" and "The office staff were marvellous keeping me informed when [relative] was in hospital. [Relative] had lost [relative] personal alarm pendant and [staff] organised getting it replaced. I've been invited from the start to contact the office whenever necessary, and [staff] periodically ring me to check we are satisfied with the service."
- Health and social care professionals provided positive feedback about the care provided. One described the staff and management as 'outstanding'.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA.
- Care plans contained information about consent, capacity and decision making.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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; Supporting people to express their views and be involved in making decisions about their care

- The feedback we received from people and their families was overwhelmingly positive. They told us, "[Relative] has regular care staff and [relative] is really happy with them, I've seen "[relative] confidence generally grow as a result" and "All the staff are friendly people and the level of respect shown is excellent. One of my regular carers is just outstanding."
- Staff received equality and diversity training. Staff delivered care and support in a non-discriminatory way and upheld people's rights.
- All the staff we spoke to told us they would be happy for their family to use the service if needed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and people and their families talked about the positive impact the carers had on their lives. They told us, "I have seen how [staff] ensure [relative's] privacy and dignity are upheld as far as possible despite the very intimate care necessary. The company and moral support have proved equally as important as the physical care" and "We have seen the quality of working relationships and what they [staff] have achieved for [relative]. The staff all know about the things [relative] likes and are able to engage [relative] about many subjects, they are also sensitive in allowing [relative] to be in control of the care they give."
- People told us their independence was promoted, "They have a good appreciation of how much I can do for myself, and their assistance fits with that" and "[Staff] let him do what he can do. They don't do everything."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 and their families reported a high level of satisfaction with the service. They told us, "The staff are very skilful in establishing a rapport and getting to know [relative] as a person. [Staff] know all about [relative] and family members and talk about things that are important to [relative]. When [staff] have time, they will often use [relative] photograph albums as prompts for talking and [relative] loves that" and "Staff show they have a good understanding of dementia and how to care in response to it. I regard it as a partnership between [staff] and me in meeting [relative's] needs."
- Care plans identified key routines and support needs for each person. Plans were in place to make care plans more person centred.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service followed the five steps of the accessible information standard.
- Care plans documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with people. This ensured people had access to information in a form that met their assessed needs.

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

- An action plan was in place prior to the inspection to improve knowledge of the local community and what was available. This will help staff to be more proactive in future, to ensure people are being signposted to other resources, when required.

Improving care quality in response to complaints or concerns

- A complaints policy was widely available.
- People and families felt able to raise concerns if they had any. There had been a low level of complaints and the registered manager was quick to respond to any concerns.

End of life care and support

- At the time of the inspection the service was not supporting anybody who was at the end of their life.
- Care planning gave people and their relatives the choice to explore this area if required.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had made a significant impact. The management support had been inconsistent before their arrival and had impacted on the quality of care provided. Staff told us, "It's great to work here, I enjoy it. It has improved massively since the new registered manager. There are no tensions in the office anymore. It is a good working environment. The staff are caring, they are well trained" and "It is much better since the new registered manager. Before the office support was poor, now they are really good. If we raise issues now, they are quick to respond."
- The service received excellent feedback from people, families and staff through regular surveys and reviews of care.
- The responses we received from people and families were positive. These included, "If I ring the office [staff] know me and want to help with any queries I may have. I've never had any complaint but if I did, I'm confident it would be taken seriously and resolved" and "I am very satisfied with my care and I have written to the office to thank them for what the [staff] do for me. [Staff] do ask me from time to time whether I am satisfied. I would recommend them to anyone needing care."

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

- The registered manager received good support from the wider organisation and there was a clear focus on improving the service.
- Governance processes were effective. A system of regular scheduled audits was in place. Actions were identified for any shortfalls found.
- The staff team had the skills, knowledge and experience to perform their roles.
- The registered manager understood and demonstrated compliance with regulatory and legislative requirements.

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 registered manager was fully aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

#### Working in partnership with others

- The service worked collaboratively with other local community health services.
- We received positive feedback from health and social care professionals. They told us, "I have found Human Support Group to be very approachable and contactable. They are a proactive team and caring from my experience. I do not have any concerns about their standards" and "I have no concerns with Human support Group, they've been an amazing team and company to work with."