The Human Support Group Limited

Human Support Group Limited - Nottingham

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an announced inspection of the service on 23 October 2018. Human Support Group - Nottingham is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older and younger adults. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the inspection, 91 people received some element of support with their personal care. This was the service's first inspection under its current registration.

People felt safe when staff supported them. Staff understood how to identify and act on allegations of abuse and neglect. There were enough staff in place to ensure that most calls were carried out on time. The risks to people's safety were appropriately assessed and acted on. Robust staff recruitment procedures were in place. People's medicines were managed safely and staff understood how to reduce the risk of the spread of infection. The provider had processes in place to investigate accidents and incidents and to learn from mistakes.

More work was needed to ensure people were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible; the policies and systems in the service support this practice. People's care was provided in line with current legislation and best practice guidelines. However, further guidance was needed in some care planning records for people with diabetes.

People felt staff were well trained and in the majority of cases understood how to support them. Where needed, people received effective support from staff with their meals. People had access to other health and social care agencies when professional input was needed.

People liked the staff. They were treated with kindness, respect and dignity and people felt they had a caring approach. People could speak with staff and tell them how they wanted to be supported. Independence was widely encouraged and people's records were stored safely and in line with data protection legislation.

People were assessed before joining the service to ensure their needs could be met. People's care records were person centred and people received the support they wanted. People's diverse needs were discussed with them and respected. People had not felt the need to make a formal complaint, however processes were in place to respond to complaints appropriately. End of life care was not currently provided.

Overall, the service was well-led. The registered manager had the support they needed to manage the service well and to ensure people received high quality care and support. Staff felt valued and enjoyed their role. People's views were requested about the how the service could improve and action was taken where needed. Quality assurance processes were in place to address any areas for improvement and development.

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.

People felt safe with staff. Risk assessments were in place which addressed concerns to people's safety. Staff attended most calls on time. Staff could identify and act on any allegations of abuse or neglect. People's medicines were managed safely and staff knew how to reduce the risk of the spread of infection. Accidents and incidents were investigated and acted on appropriately.

Is the service effective?

Requires Improvement

The service was not consistently effective.

More was needed to be done to ensure people's rights under the Mental Capacity Act (2005) were always respected. People's care was provided in line with current legislation and best practice guidelines, although diabetes care planning needed more detail. Staff were well trained and had their practice monitored. People were supported with their meals where needed. Other health and social care agencies were involved where further support was needed for people.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and compassionate. People liked the staff and found they listened to them. People were treated with dignity and respect.
Independence was encouraged and people could give their views about their own care. People's records were stored in line with data protection legislation.

Is the service responsive?

Good

The service was responsive.

People's health needs were assessed before joining the service. Care was provided in accordance with people's preferences. Processes were in place to ensure people's complaints were responded to appropriately. People's diverse needs were

discussed with them and respected.

Is the service well-led?

Good

The service was well led.

The registered manager was well liked and they were supported to carry out their role effectively. Staff felt valued and enjoyed their role. People could give their views about how the service could be improved. Auditing processes were in place to identify areas for improvement and development.

Human Support Group Limited - Nottingham

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 checked 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 for the service under the Care Act 2014.

This comprehensive inspection took place on 23 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be available.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We reviewed information we held about the service, including notifications of incidents that had occurred in the service, which the provider is required to send us by law. We contacted commissioners, responsible for funding some of the people using the service, to gain their views about the care provided.

The inspection team consisted of two inspectors 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. They carried out telephone interviews with people prior to the office-based inspection. They attempted to contact 32 people and spoke with seven and two relatives. The inspectors visited the office location to see the registered manager, office staff and to speak with care staff.

During the inspection, we spoke with three members of the care staff, care co-ordinator, business branch manager, registered manager and regional director.

We looked at records relating to six people who used the service as well as three staff recruitment records.

We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

We asked the registered manager to send us copies of various policies and procedures after the inspection. They did this within the requested timeframe.

Good

Is the service safe?

Our findings

People felt safe when staff supported them. One person said, "The staff make sure I use my grab rails in the bathroom and put the mat down, so I don't slip. They check the water temperature for me and stay in the bathroom with me." Another person said, "They keep me safe especially in the bathroom. I couldn't manage without them."

Some people told us staff arrived on time for their calls, whilst others said there were inconsistencies with arrival times. We noted the provider's most recent service user questionnaire stated that 87% of people felt their calls were carried out by staff at the time they wanted.

The care co-ordinator showed us how they planned their rotas and showed us how they informed people who would be attending. Most of the people we spoke with told us that the staff member(s) who attended their homes were the staff they expected. The regional director told us that they acknowledged that recently there had been some difficulties in ensuring all calls were carried out on time. This was due to a change in contract arrangements, which has meant the service has taken on a number of new clients and new staff in the past eight weeks. They told us they were confident that this unsettled period was now over and all calls would now return to being carried out at the agreed time.

People had been provided with the information they needed if they wished to contact someone in an emergency. A centralised out of office team was available if people needed to speak with someone urgently outside of normal office hours. This ensured people could speak with someone 24 hours a day if they had any concerns about their safety.

Staff understood how to identify the signs of abuse and could explain the process for reporting any concerns. Staff had received safeguarding training and a safeguarding policy was in place. The provider had the systems in place to ensure the relevant authorities such as the CQC or the local authority 'safeguarding team,' were notified of any allegations of abuse or neglect.

The risks to people's safety were assessed before they started to use the service. More detailed risk assessments were then put in place to guide staff on how best to support people. We saw assessments were in place for several areas including people's home environment, moving and handling and medicines. We did note that home environment risk assessment did not include guidance for staff on how to make people safe during an emergency at their home. The registered manager told us they would amend these assessments to include reference to this procedure.

Robust recruitment procedures were in place that ensured people were protected from unsuitable staff. Checks were carried out on new staff member's identity, their work history and whether they had a criminal record that would prohibit them from working with vulnerable people. These check enabled the provider to assure themselves that the person was of suitable character to work with vulnerable people

Many of the people supported by service could manage their own medicines or had relatives to support

them. The people we spoke with told us they did not need support from staff with their medicines.

In each of the care records we looked at there was clear guidance provided for staff how each person preferred staff to support them with their medicines. It was clearly recorded if people could administer their own medications, if they needed prompting or supervising from staff, or if staff were to administer them. The registered manager showed us the system that was used for recording when people's medicines were administered. This was an electronic recording system, which was updated when staff were in people's homes. If people had not received their medicines then an alert was sent to the office and this allowed the registered manager to rectify the error immediately with the staff member. We saw evidence of errors being discussed with staff to help with further learning and development. Records also showed that staff received competency assessments to ensure they administered medicines in line with the provider's medicine policy. These processes ensured that people received their medicine safely.

Staff had received training on how to reduce the risk of the spread of infection. People spoken with did not raise any concerns in way staff supported them in their homes. A home environment risk assessment was completed for all people. These recorded whether there were any issues that could affect the control of the spread of infection in people's homes.

The provider had ensured processes were in place to investigate and act on any accidents or incidents that could influence people's health and wellbeing. The registered manager told us they had regular input from their regional director who offered advice and guidance with a key focus on learning from any errors or mistakes made.

Requires Improvement

Is the service effective?

Our findings

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.

We found the provider had not always ensured the principles of the MCA were followed when decisions were made for people. We were told that most people who used the service could make decisions for themselves. However, we did note that the records for one person stated that due to their dementia they would not understand how to manage their own medicines. However, a MCA assessment had not been taken to determine what action to take in this person's best interest. The registered manager and regional director acknowledged that more work was needed to ensure that people's rights were always protected.

We noted all staff had completed Mental Capacity Act training in the last 18 months. We spoke with three members of the care staff during the inspection and asked them how they ensured they got people's consent before providing care and support. They could explain how they did this in relation to key care and support areas such as medicines and personal care. However, for two of the three staff their knowledge of the key principles of the Mental Capacity Act was limited and they did not understand that assessments of people's ability to make decisions must be carried out before decisions can be made for them.

People received their care in line with the protected characteristics of the Equality Act which protected them from discrimination. People's health needs had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation. We did note that some people had health conditions that had been referred to in their initial assessment but this was not always reflected in people's more detailed care plans. For example, we noted that some people had Type 1 diabetes, but there was limited guidance in place for staff on how to support this person if they had a seizure due to too high or low blood pressure. There was sufficient dietary information included in the care records to support a healthy diabetic diet, but the registered manager told us these care plans would be reviewed to reflect the need for further detailed guidance. This will help to ensure people continued to receive effective care and support.

People told us overall, they were happy with the way staff supported them and that they understood their needs. One person said, "They are all ok and get on with the job but the odd one has to be directed more than others." Another person said, "They look after me well. I think they work alongside more experienced staff when they first start."

Staff felt well trained and told us they felt supported by the registered manager to develop their roles and careers. Records showed staff received supervision of their role approximately every six months as well as other less formal meetings to discuss the staff member's progress. A staff member said, "The manager is very approachable. They have always been very supportive, and I know if I raise any concerns that they get acted

on straight away."

Records showed staff training was up to date. Staff were encouraged to undertake professionally recognised qualifications such as diplomas (previously known as NVQs) in adult social care. Staff also received an induction designed to equip them with the skills needed to support people safely and effectively.

Most people we spoke with did not require support from staff with their meals. However, those that did were happy with the support they received. One person said, "They do my breakfast and will help me get my lunch ready. They will do whatever I want; sometimes we do things from scratch or maybe a ready meal, it all depends on what I want. Sometimes they will do a sandwich for later." Another person said, "I have the same breakfast each day and the carers will make me a sandwich for later. They will leave me a drink out. They do anything I want."

People's care records showed clear guidance on how they wished to be supported with their daily meals and drinks, when needed. People's preferred breakfast, lunch and evening meals and preferred times for having their meals were recorded. Daily records were updated to show what people had eaten and how much (if appropriate). These reflected people's preferences. This showed that people had been involved in their meal planning and choices.

People's daily health and wellbeing was recorded in their running records and there was evidence of appropriate referral to health and social care services when needed. Any areas of concern were reported immediately by staff to the registered manager or senior care staff. Staff told us that they knew how to identify when people needed intervention from a health or social care team. For example, one person had required a referral for a continence products review, the care plan showed that this had been actioned and updated following the review from the nursing team. This showed that the service was working effectively with partner agencies.

Good

Is the service caring?

Our findings

People told us they found staff to be kind and caring. One person said, "They are caring staff they chat as we go along, and we sometimes have a giggle." Another person said, "They look after me really well. They are really lovely staff." A relative said, "All the carers are kind and treat [family member] with respect, although some staff stand out as doing more than others."

Staff could explain how they ensured people were treated with respect and dignity. This included ensuring people were covered during personal care. Some people told us they were asked if they wanted a male or female member of staff during personal care. This helped to make people feel respected. Staff had also received dementia awareness training. This, alongside guidance in care records, gave staff the skills needed to communicate effectively with people living with dementia.

People could contribute to decisions about their care needs. One person said, "I have a red book, a lady came and filled it all in. I have had two staff come to see to me a couple of times (to discuss their care needs). They are very nice people and very good at looking after me." Another person said, "My care plan is up to date although it is due a review in about a month. I am not sure it gets altered in between but for me there is very little change anyway."

We saw examples in people's records where people had signed to say they agreed with the decisions made about their care. Advocacy information was available for people if they wished to speak with an independent person for advice on making a decision. Advocates also offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf.

People could lead their lives in they wanted to and their independence was encouraged wherever possible. People's care records included guidance for staff on the level of support people needed and wanted when staff supported them. One person said, "They [staff] are always at the side of me when I am moving about in case I tumble. They are there if I need them, they don't take over." Another person said, "I can do a lot for myself, so I shower myself, but they stay outside if I need them. I will ask them to do my back."

The registered manager had ensured that people's religious beliefs, cultural background and preferences were considered when care was planned for them. This helped to ensure people were not discriminated against because of their diverse needs and choices.

People's care records were treated appropriately to ensure confidentiality both within people's homes and within the service's office. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

Good

Is the service responsive?

Our findings

Prior to people using the service, an assessment was carried out to ensure their needs could be met by staff. The information gathered from these assessments was then transferred to individualised, person centred care plans. We noted these care plans included detailed information about the areas of support people required such as; personal care, medication and support with their meals and food preparation.

Most of the people we spoke with told us staff provided care and support for them in their preferred way. People's care plans contained detailed information about their preferred daily routines. For example, one person liked their morning call to be early, as they attended a day centre three times a week. There was evidence in the daily records and feedback that this had been happening. We noted people's preferences with regards to other elements of their care and support were also followed by staff.

The staff we spoke with told us that the care plans were helpful when understanding how to provide appropriate care and support for people. Staff felt that it was important to support people to remain as independent as possible, and to listen and respond to their needs and requirements. They gave good examples such as, encouraging people to attend day centres or to access the community; and on occasions taking people out on day trips to places they had an interest in, such as garden centres or railway museums.

The registered manager understood the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. We did note that little action had yet been taken to adhere to this standard. However, the registered manager told us they could provide documentation for people in larger formats and different fonts if needed. They told us this would now form part of their initial assessment process when people started with the service and if people needed documents to be provided in different formats, then they would be made available. This is important to ensure that people are empowered, treated fairly and without discrimination.

People told us they were aware of the complaints process but had not felt the need to make a formal complaint. However, when people had contacted the provider's office to discuss any concerns, they felt confident that they would be acted on. Ninety-four percent of people who responded to the provider's recent satisfaction survey stated, when they contacted the office they received a satisfactory outcome. One person said, "I would know who to speak to if I had any concerns. I have in the past brought up issues and they have been sorted out no problem." Another person said, "It depends on what the problem is I suppose. If it's about a carer I can't get on with I would ring the office. If it was about the company I would ring Social Services." A third person said, "I've never needed to complain. I have a folder with the telephone number and I would ring them if I needed to."

The registered manager told us that they had not received any formal complaints, but they had processes in place to ensure that if they did, they would be dealt with in line with the providers formal complaints policy. Records viewed confirmed this.

End of life care was not currently provided at this service. Efforts had been made to discuss the care people wanted when they neared the end of their life although this had not always translated into detailed end of life care plans.

Good

Is the service well-led?

Our findings

Some of the people we spoke with could recall being asked for their views about the quality of the overall care and support provided. One person said, "I think I've had a survey a couple of times over the years from head office." Another person said, "I see a lot of [the registered manager], so I can always give feedback when I wish."
Records showed the provider had recently conducted a survey where they asked people for their views on a wide variety of areas of the service provided. The responses were largely positive. One hundred percent of those who responded felt staff supported independence, 96% felt staff did all required tasks during calls, 91% felt staff understood their preferences, and 95% would recommend the service to others.

Many of the people we spoke with also told us they would recommend this service to others. One person said, "I certainly would recommend them as a company." Another person said, "I am happy overall and would probably recommend them. I think it depends on the staffing levels as to what quality you get." A third person said, "I would recommend them, I am quite happy with them."

The regional director told us there was work to be done to ensure that people continued to receive a good standard of care, but they were confident they had the right management team in place to do this. The service currently has one registered manager, but a second manager has also joined the service and will soon be registered with the CQC. They have clearly assigned roles with one focusing on the business development and the other, overseeing of the care provided for people. The regional director told us this new structure, would allow the service to grow and develop without it impacting on the quality of care.

Staff told us that they felt the registered manager and the management team were all approachable, and they felt that the service was run by a supportive team. They told us they felt valued and their opinions mattered. One member of staff said, "This is the best place I have ever worked, I can always talk to the manager."
Quality assurance processes were in place. These processes ensured that people could give their feedback about the quality of the service provided and helped to develop and improve the service. We saw evidence in the care plans of regular reviews and discussions with people who used the service and their relatives.
People were supported by staff who understood the whistleblowing process that was in place. A whistle-blower is a person who raises a concern about poor practice in their workplace or social care setting. The staff we spoke with all felt able to report concerns they had to the registered manager and that these concerns would be acted upon.

The registered manager was aware of their responsibility to ensure the CQC were always informed of all notifiable events that occurred at the service. These can include when a person had experienced a serious injury or if an allegation of abuse had been made against staff. This ensured there was an open and transparent approach to providing people with high quality care and support.