

The Human Support Group Limited

# Human Support Group Limited - The Windings

## Inspection report

The Windings  
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WA6 0FP

Tel: 01925648004

Date of inspection visit:  
14 September 2021  
15 September 2021

Date of publication:  
15 October 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Human Support Group Limited - The Windings is an extra care housing setting providing personal care to 26 people who lived in their own apartments at the time of the 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 and what we found

Medicines were not always managed safely. Staffing pressures and a lack of registered manager in post had impacted on the capacity for the remaining management team to undertake quality audits which would have identified issues much sooner. Plans were in place to address this. New staff had been recruited and a new manager had come into post during our inspection. This person had yet to register with the Care Quality Commission.

Other areas of people's care were safe. Risk assessments and appropriate care plans had been developed to meet people's needs. Staff were also recruited safely.

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. People were involved in developing their care plans which were person-centred and changes were made as people's needs changed.

People received a caring service. People told us they were treated with respect and staff upheld their dignity during care visits. People were supported by staff who knew them well.

The provider worked with other professionals and organisations to ensure positive health outcomes were achieved for people.

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 21 October 2020).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering

what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe management of medicines and effective oversight at this inspection.

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

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Human Support Group Limited - The Windings

## **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

This inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The registered manager had recently left the service and the provider was in the process of recruiting a replacement. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people at home to speak with us. We also needed to be sure that a manager would be in the office to support the inspection.

Inspection activity started on 13 September 2021 and ended on 21 September 2021. We visited the office

location on 14 and 15 September 2021.

#### 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 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.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with the regional manager, the team leader and another manager who was supporting the service whilst a new manager was recruited. We also spoke with two carers who worked at the service.

We reviewed a range of records. This included six 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 were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Learning lessons when things go wrong

- Medicines were not always safely managed. We found examples where records were unclear, inaccurate or incomplete. This meant we weren't assured people had always received all their medicines as prescribed.
- Medicines were stored in people's apartments. In some apartments, current medicines were mixed up with medicines which were no longer prescribed or out of date. Because some MAR sheets were incomplete, we were unable to establish what medicines should have been administered to people.
- There was a lack of guidance for staff to follow when administering 'as required' medicines or prescribed creams.
- Staff had failed to raise concerns or record actions taken when people had run out of medicines.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe administration of medicines was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed a full review of every person's medicines would be undertaken. They also confirmed additional training and supervision was planned for all staff working at the service.

- Systems were in place to record and review accidents and reported incidents. This enabled trends to be identified and a review of lessons learnt.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they started employment.
- We received mixed feedback about staffing levels. We were told, "There are enough staff, they do a great job," "More or less, staff are on time. If late, they always apologise" and, "I can use my pendant if I need help. Staff come quickly." However, staff working at the service described being short staffed in recent weeks which had caused some pressures within the team.
- We discussed staffing levels and recruitment with the management team who explained there had been some changes in recent weeks. In response, a number of new staff had been recruited and were due to undertake an induction to work at the service.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Staff received training and understood the actions they must take if they felt someone was being harmed or abused.
- Referrals had been made to the local authority safeguarding team when abuse had been suspected and investigations had been completed.

Assessing risk, safety monitoring and management

- People's needs were appropriately assessed; care plans had been developed to minimise any risk to people's health and wellbeing.
- Risk assessments were also in place for people's home environments; indicating potential hazards to others. For example, risks associated with people smoking.

Preventing and controlling infection

- Systems were in place to protect people from the risk of infections. Staff used personal protective equipment (PPE) such as gloves, aprons and facemasks when providing personal care.
- Staff told us they had access to adequate supplies of PPE and were able to explain when and how this was used. We were told, "We have enough PPE [and] have stocks in apartments."
- Staff had also completed training and received regular guidance from the provider to ensure safe practices during the COVID-19 pandemic.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 assessed before they received a service. This information was used to develop risk assessments and care plans which reflected best practice guidance.

Staff support: induction, training, skills and experience

- Staff completed an induction and received the training they needed to support people.
- Staff received support from their line managers through supervision and observations of their practice.
- People told us they felt staff were well trained. One person said, "I always find the staff are really good and I feel comfortable. The staff know what they are doing."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Staff worked with other agencies to ensure people received consistent, effective and timely care. People had the equipment they needed and professional guidance was reflected in people's care plans.
- People confirmed they were supported to access their GP and other health services when they needed.
- Staff were aware of people's nutritional needs and information was clear within care plans. This included where people needed to consider risks to their diet caused by medical conditions such as diabetes or when at risk of weight loss due to poor physical health.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. When appropriate, capacity had been assessed;

people had signed their care plans to confirm they agreed with the care they received.

- People told us staff sought consent. One person commented, "Staff are really good, they ask for my consent and offer me choices." We also observed staff seeking the consent of people before accessing apartments to deliver care.
- Where people had put legal arrangements in place such as power of attorney, this was clearly documented in care plans.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- We observed warm and friendly interactions between people. Staff spoke to people in a respectful manner.
- People spoke positively about the care they received. We were told, "Staff are helpful, very nice. The staff look after me," and, "I think the world of the [staff] and look forward to them coming in."
- Staff considered characteristics protected under the Equality Act 2010. Religious and cultural needs were identified when developing care plans.

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

- Records demonstrated people were fully involved in decisions about their care. Where appropriate, family members were also involved.
- People confirmed they were involved in making decisions. One person told us, "If I wanted to change my care, I could ask and let them know."

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to do as much as they could for themselves. One person confirmed this and said, "I like to do what I can." Another person told us, "Staff let me take my time. I am not rushed."
- People's privacy and dignity was also respected. One person told us, "Staff use their fob to come in. They ring the door bell first."
- Personal information was kept secure and confidential at all times.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 personalised care which reflected their needs and preferences. Care plans were person centred and people confirmed they had been able to discuss their care needs and wishes. We were told, "They did chat with me when I came and asked how I wanted my care."
- Care plans were reviewed on a regular basis in response to changes in need.

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.

- The communication needs of people were assessed and reflected in care plans. This included when people experienced a sensory impairment. Care plans described ways of supporting effective communication.
- Information about services people could access was displayed in the reception area of the service.

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

- Social and cultural interests of people were considered when developing care plans. People described some of the activities they enjoyed including shopping and going out for a meal with family and friends.
- On-site activities had been limited as a result of national restrictions imposed during the COVID-19 pandemic. People told us they were looking forward to facilities such as the bistro opening in the coming week as this was an opportunity for people to socialise with other people.

Improving care quality in response to complaints or concerns

- There was a system in place for responding to complaints which was made available to people in the service user guide.
- People confirmed they were aware of who to speak with if they needed to raise a complaint.

End of life care and support

- At the time of the inspection, nobody was being cared for at the end of their life. Where appropriate, care plans contained information about people's wishes and feelings in respect of this aspect of their care.

# Is the service well-led?

## Our findings

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

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

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

- Systems to monitor the quality of care being delivered were not always effective. Although audit processes were in place, they had not been completed in a timely manner. This meant actions had not always been taken to identify and address the issues we found in relation to the safe management of medicines.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate sufficient oversight of records and of the care being delivered. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had recently left the service and interim management arrangements were in place. A new manager had recently been recruited. We were told they would be applying to register straightaway.
- The provider understood their responsibility for notifying the Care Quality Commission of events that occurred within the service.
- The last CQC rating was displayed in the reception of the service as well as on the provider's website.

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

- Most people told us they received a person-centred service; however, one person did express some dissatisfaction. We discussed their issues with the management team who told us they were aware of the person's concerns and were working with the person and relevant professionals to address their issues.
- Staff were committed to providing a high standard of care. One told us, "I love working here." However, due to recent management changes, some staff had felt unsupported in recent weeks. We were told, "Only since [name] left I don't feel supported. I think this will be better now we have a new manager as someone will be there [to support us]." We discussed this feedback with the management team who confirmed the new manager was now in position.
- The provider demonstrated an understanding of their responsibilities under duty of candour.
- During the inspection the management team were open and transparent and shared information about

the improvements they had identified and how they would be addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People confirmed that they were encouraged to offer feedback about the service through regular contact and quality reviews.
- Team meetings were held with staff to share information and gather feedback about the service.
- The service worked closely with the on-site housing provider and external professionals to ensure good outcomes were achieved for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or robust enough to demonstrate safe administration of medicines was effectively managed.</p> <p>Regulation 12 (1) (2) (f) (g).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust enough to demonstrate sufficient oversight of records and of the care being delivered.</p> <p>Regulation 17 (1) (2) (a) (b) (c).</p>