The Human Support Group Limited

Human Support Group Limited - Sale

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 took place on 23, 24, 25 and 28 November 2016. The Human Support Group Limited is a domiciliary care service which provides personal care and support to people in their own home.

The service also offers re-ablement services which provide short intervention care for up to six weeks. The majority of people using the service had been discharged from hospital and the aim of the re-ablement team was to help them to regain and maximise their previous level of independence.

At the time of our inspection a service was being provided to 200 people living within the Trafford borough of Greater Manchester. In addition, 25 people were being supported through the SAMS service.

The service had been without a registered manager for over six months and the area manager had applied for registration with the Care Quality Commission until a suitable candidate was recruited. 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.

People were very satisfied with all aspects of the service provided and spoke highly of both staff and managers. People who used the service told us they were treated with compassion and kindness and that their privacy and dignity were respected.

People who used the service and relatives we spoke with told us they felt staff provided safe and effective care. Staff we spoke with had a good understanding of the various types of harm and their roles and responsibilities in reporting any safeguarding concerns. Staff had also received safeguarding adults training.

We saw staff had received Mental Capacity Act and DoLS training as part of the induction training that was provided by the organisation's training department.

People's care plans reflected their individual needs and personal wishes. Most people told us they were involved in the development of their care plans and were enabled to express their views on an on-going basis.

Staff were carefully recruited and were required to undergo a number of background checks prior to starting their employment. This helped to ensure that only people with the required skills and of suitable character were employed.

On the fourth day of our inspection, we visited three people in their own homes. They told us they felt their dignity and privacy were respected by staff. One person said, "I have staff that know me, this matters to me

as I have built up good relationships with them and I trust them."

People told us they received their medication as prescribed. Medicines administration records (MAR) checked confirmed this.

Staff received regular supervisions and annual appraisals and were able to reflect on the care and support they delivered and identified further training requirements. The management team encouraged feedback from all people involved with the service.

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.

There were systems in place to manage risks, safeguarding matters, staff recruitment and medicines and this ensured people's safety.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely.

Is the service effective?

Good

The service was effective

People were involved in the assessment of their needs and goal settings. Care plans reflected people's current individual needs, choices and preferences.

Staff had the right skills and knowledge to meet people's assessed needs.

People's health needs were met by external professionals who were involved in people's care as appropriate.

Is the service caring?

Good

The service was caring.

There were safeguards in place to ensure staff understood how to respect people's privacy, dignity and human rights.

Staff knew the people they were caring for and supporting, including their personal preferences and likes and dislikes.

People told us they were treated with kindness and their privacy and dignity was always respected.

Is the service responsive?

Good

The service was responsive.

People were supported by staff that recognised and responded

to their changing needs.

People's feedback was used to make improvements to the service.

People felt able to raise concerns and had confidence in staff and the management team to deal with these effectively.

Is the service well-led?

Good

The service was well-led

A quality assurance system operated a help to develop and drive improvement.

The service worked in partnership with key organisations, including commissioners, specialist health and social care professionals.

All the conditions of registration with the Care Quality Commission were being met.

Human Support Group Limited - Sale

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 for the service under the Care Act 2014.

This inspection took place on 23, 24, 25 and 28 November 2016.

The inspection was carried out by an adult social care inspector who visited the office and met with people in their own homes to obtain their feedback about the service and to check care records were up to date, and two experts by experience who contacted people who used the service, their families and staff members by telephone to ascertain their views. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited, we checked the information we held about this service; this included, inspection history, safeguarding notifications and complaints. We had received information of concern in relation to missed visits which had compromised the safety of people using the service.

Before the inspection, the provider 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 the information contained in the PIR to assist us with our planning.

We also contacted professionals involved with people who used the service, including commissioners of services and local authority safeguarding staff. No concerns were raised by any of these professionals.

Prior to the inspection we also contacted the local Healthwatch and no concerns had been raised with them

about the service. Healthwatch is the local consumer champion for health and social care services. They give people a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection, we spoke with fourteen people who used the service and fifteen relatives. We reviewed five people's care records held in the office, and with people's permission, we looked at three people's records held in the person's own home.

We spoke with four office staff, the area manager, the manager of the re-ablement services and five care staff via telephone. We looked at five staff recruitment files and checked staff supervision records and reviewed other documents relating to the running of the service.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe receiving care from Human Support Group. People told us that knowing who would be coming to see them was a significant factor in feeling safe.

We had received information of concern that calls had been missed which had resulted in people being unsupported at key times; this had impacted on their health and wellbeing. We spoke with the area manager about these incidents and they were able to provide us with a full report they had done outlining the safeguarding investigations which had taken place and the disciplinary action which had been taken as a result. We found the provider had acted appropriately in managing these incidents but we needed to check the systems in place were sufficient to ensure people were kept safe and to avoid reoccurrences.

We found there was an effective system in place to monitor calls in the reablement part of the service. This was done by smartphones which were used by the care staff to log in and out of people's home. This could then be electronically monitored from the office via a computer system. Staff told us that they had never missed a call in the year they had been operating. People we spoke with who currently used the service told us that this was the case. When we spoke with staff, they said they could manage all their visits in a timely manner. Staff told us they never felt rushed.

However on the domiciliary side of the service, there was no call monitoring which meant people were potentially at risk of missed calls. We spoke with fourteen people to ascertain their views, whether this had impacted on them and to check whether this was part of a bigger problem within the service.

All of the people we spoke with told us they had not experienced any missed calls recently. They explained that the care staff were occasionally fairly late or fairly early, but there was a flexible half hour either way. One person told us that, "a couple of issues had been reported to social services and the agency, and it had been resolved; this was four to five months ago." Another person told us about, "one instance when they [care staff] came early and they failed to come back." This person told us the care staff had arrived approximately 1¼ hours early for the evening visit, and their relative had not eaten their meal. They told us that [person] told the care staff it was too early, and that their relative needed to eat first, and asked them to come back later. The staff failed to return. The person said they had reported it to the office and spoke with one of the supervisors who agreed it was unacceptable and agreed not to send that care staff back. They also told us this was four to five months ago. The area manager explained that at this time there had been a lack of leadership and management within the branch which had led to some missed calls and late visits. The manager told us this had now been rectified, some people no longer worked for the service and the area manager was applying for registration with the CQC to provide continuity and consistency as well as meet their statutory requirements.

When we asked about late calls people told us, "Yes. It varies; they [staff] can be held up, but they are never usually really late. Half an hour at most. And, "They stay the allocated time; they don't rush. They are in no hurry to go; they never rush. It takes a bit longer in the morning and evening, but lunch time it's more like 20-25 minutes which is all I need. "

We found that on the whole people were satisfied with the reliability of staff. Most people told us staff arrived within the allotted time and they were informed if staff were running late. Staff we spoke with told us the staffing levels were good at the moment. They said that the Sale team was long established and the staff turnover was low. One staff member said having more staff who could drive would be an advantage but, "apart from that we're a good team".

One staff said two of the Sale team had been there 10 years and several others for a number of years. They said, "We don't change clients unless the client wants to. All clients need routine, which is better for us and better for the client. Continuity is very important." We spoke with the manager who told us that the previous few months had been challenging as there had been a high rate of staff sickness and poor leadership in relation to care co-ordination within the branch. The manager told us they had quickly identified the problem and improvement had already been made because the the area manager would now be based entirely at the branch, and would become the registered manager until a permanent registered manager was recruited. We will check progress of this at the next inspection.

A safeguarding policy was in place and staff we spoke with were knowledgeable about signs of potential abuse and their responsibility to report this. They had completed training in safeguarding of vulnerable adults and could tell us what they would do if they suspected that a person was being abused. Staff told us that they would be confident to raise any issues, concerns or make suggestions about people's safety. One staff member said they had raised a safeguarding concern in the past to the managers which had resulted in a strategy meeting being held. They said the office was proactive at dealing with concerns from staff. Another staff member said, "All carers risk assess every day and if there is a problem we report to the office." This helped ensure people were protected from the risk of harm or abuse.

Staff had a good understanding of the whistle blowing policy and said they would use it if necessary. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

We looked at the care files of eight people who used the service and saw a variety of risk assessments in place. These contained clear information about the type of risk and how to minimise this. Staff told us they looked at these before providing care and received an alert of any changes by text message from the office. This meant that the service had up to date information about risk and how to minimise this.

The service carried out appropriate background checks on staff. We looked at the recruitment records of five staff and found that references had been sought and identity checked using documents including passports, driving licenses and birth certificates. Checks had been made with the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records and persons who are barred from working with vulnerable people. This helps employers make safer recruitment decisions. Staff undertook a detailed induction programme during which they shadowed visits and received regular supervision from senior staff.

Appropriate policies and procedures were in place for the safe handling and administration of medicines. We saw arrangements were in place in relation to the recording of medicines. We looked at people's plans of care to see how staff were helping people take their medicines.

People were being supported safely with their medication. Staff had medication training as part of their induction and their competency had been assessed before they were able to support people with their medication. The manager and co-ordinators carried out regular spot checks throughout the year on staff supporting people with their medication. We saw that the service had guidelines for staff to follow when

administering both regular and 'as required' medication.

There was a business continuity plan in place for use in the event of a major failure in the water, gas or electricity supplies which may affect the running of the service. This should ensure that people's care and support would continue should an emergency occur.

Good

Is the service effective?

Our findings

We asked all the people we spoke with if they felt staff were appropriately trained to carry out their roles. Everybody we asked said they felt confident that the staff were competent. Comments included, "Yes. There's one in charge all the time, and there is another one equally as experienced. Three (care staff) have worked quite a number of years and two 18 months who are always with the more experienced carers when they come." And, "Yes, I think they could do anything; these carers, they are brilliant."

Staff we spoke with said their induction prepared them for their role. For new staff this included completing the Care Certificate. The care certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff had received opportunities to meet on a one to one basis with their manager to review their work, training and development needs. These were referred to as supervision or appraisal meetings. Team meetings were held on a regular basis. In addition spot checks were carried out
by senior staff to observe how staff supported people in their own homes. These checks looked at whether the staff arrived on time were wearing their uniform and identity badges and how well they worked with the people they were supporting.

One person using the re-ablement service told us they were happy with the support they received from the support workers. Their comments included, "They provide me with a very good service. I will soon be back to my normal self as I am feeling more confident getting out and about now; they have been a God send."

The manager explained that if people's health and wellbeing had improved the package of care would gradually be reduced so by the end of the six week period, people would be fully independent and no longer require any support. This meant that the people using the service were assured that Human Support Group could meet their enabling needs appropriately.

The people we spoke with told us their support workers sought their permission before providing any care and support which gave them confidence that the staff respected them and considered their wellbeing when providing care and support.

When we looked at the staff training files, we saw a range of mandatory training was undertaken in safe working practices such as moving and handling, food hygiene, nutrition, safeguarding, health and safety, and infection control. This training was refreshed on a rolling programme to keep staff updated with current legislation and practice.

There was a schedule and matrix in place to deliver supervision to all staff four times a year followed up with an annual appraisal. We found records of supervision and appraisal helped to ensure that staff were consistently supported.

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 checked whether the service was working within the principles of the MCA. Most of the staff we spoke with had a good understanding of the MCA. Staff told us they would seek advice from management about MCA. We saw training had been completed as part of the staff induction.

The manager was able to give us an accurate understanding of MCA and Deprivation of Liberty Safeguards (DoLS). 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. The manager confirmed that no people receiving support from the service was being deprived of their liberty. In the care plans we looked at we saw evidence that people had consented to care and treatment.

Alongside this some relatives had Lasting Power of Attorneys (LPA) in place that meant designated family members were able to make best interest decisions about their family member's support and finances. All relatives we spoke with had no concerns about the service provided and spoke highly of the quality of care received by their relative.

Good

Is the service caring?

Our findings

We asked people who used the service and their families if they felt the staff were caring and respected people's privacy and dignity. Comments included, "Absolutely fabulous. I can't ask for a better team. They are very respectful", "They say to my [relative], 'Call us when you are ready'; They don't rush (them), and they say to (them) 'don't rush'. My [relative] is delighted with them" and "Oh, yes, they are lovely. Friendly and nice."

One person said they felt staff did rush and another person told us, "I feel like I would like them to stay longer, but they do what they are meant to do and they go; but I have no complaints about them."

We then asked other people if they felt rushed. They said, "They don't appear to rush. They don't hurry me in any way. If I want to change the times, I tell the team leader and I have (their) number if needs be." One family member told us, "I don't think [person's] rushed; the staff are very warm, friendly, approachable, and have a good chat. They treat my [relative] with a lot of respect. I am very, very happy. It's peace of mind for me because I work. I don't have any concerns about (their) care when I am at work." Another person told us, "The staff are very caring and we have a bit of a laugh. There is enough time and my [relative] is listened to. Another person said, "They do everything they are supposed to. We never feel rushed. They [staff] are fairly flexible; they will do whatever they are asked. They are very good, very kind and really friendly. They are great, fantastic, brilliant."

Staff were knowledgeable about the support needs of people they cared for. One staff member was able to tell us about a person they supported. They were able to easily describe the person's care needs and things that were of interest to them. People were encouraged to maintain their independence and were supported to do as much as they were comfortable with.

We saw that the care plans were person-centred and contained information regarding people's life history and their preferences. We noted a service user guide for people using the service was in place and contained information for people on what they should expect from the service. It also contained information about independent organisations that people could contact for support, and for independent advocacy. Independent advocates represent people's wishes and what is in their best
interest without giving their personal opinion and without representing the views of the service, NHS or the local authority.

The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner. Relatives confirmed they always found staff polite and that they treated their loved ones with respect and in a kind and caring way. One family member said, "They are lovely, my [relative] loves them to bits; I hear them laughing in the bathroom, I'd put their wages up. They are part of the family".

Good

Is the service responsive?

Our findings

Care workers were required to complete a record of the care and support provided at each visit. These records were kept with the care plan in the person's own home in order to ensure all staff had the information they needed about the care provided and any recurring difficulties. A duplicate copy of each person's care plan was also stored securely at the office.

We saw that care plans were reviewed every six months or when the needs of the person changed. This meant that care workers had up to date information about the help and support people required. Care plans were person centred in place to identify people's care and support needs in relation to the activities of daily living. These provided information about the person's preferences and had been reviewed regularly. A staff member said, "If we raise a concern or need to change someone's care plan, management and the co-ordinators are good at being responsive to people's needs."

During the inspection we observed care staff ringing the co-ordinators to feedback concerns they had if a person was not feeling well or they felt they may be at risk. We then noted how the co-ordinators would seek advice and make a referral to the GP's and health care professional to ensure their needs were met and they were kept safe. For example, at the time of the inspection the care staff had reported that they noted that during their visits one person had not eaten properly for a number of days. This was because their fridge was broken; food could not be stored safely and they had no more money for food. The co-ordinators in the office raised a safeguarding alert with the local safeguarding team and liaised with a local charity for a new fridge and a food parcel to be delivered. This meant that the service worked proactively to ensure people were kept safe and was a good example of responsive care and support.

We asked people who used the service if they had ever needed to complain and if they had whether they were satisfied with the response. They told us, "There is a number for the office. I would complain if I was not happy. Two months ago I had a couple of girls; one was talking on her phone when she was supposed to be helping my [relative] but they did not come back, so I did not make a complaint" and "No complaints. I have a folder with numbers to ring, who to ring and in what circumstances, emergency number, etcetera, all in a pamphlet. The carers are extremely good. My daughter teaches nursing and thinks they are extremely good carers."

Other people told us they knew who to contact but had not really needed to complain. We spoke with the manager who showed us some complaints they had dealt with. We found the manager had responded appropriately to the complainants and in a timely manner. This meant the service operated an effective system for managing complaints ensuring that all complaints were investigated and appropriate actions taken as required

The provider also had a befriending service located within the office. This was a separate service which relied on volunteers to visit people who were lonely or vulnerable in the local area. At the time of our inspection over 100 people were using the service and it was an excellent example of how the provider had

identified and responded to a need within the local community.

Good

Is the service well-led?

Our findings

Arrangements were in place for all aspects of the service to be regularly monitored. We saw audits which included, staff recruitment procedures, training, safeguarding, the arrangements in place to ensure that sufficient numbers of staff were employed, staff supervisions and that staff meetings took place regularly.

Regular staff meetings took place. A member of staff said at "Staff meetings I can give my opinions; I feel I am listened to." Another member of staff then said, "They do listen and make a record of what you have said." The manager was keen on supporting staff to continually learn and improve the delivery of care provided. People were supported by staff that received ongoing support and direction from the manager. Staff told us they felt supported by the manager and the co-ordinators. They said that they could share with them any suggestions or ideas they had and that they would be listened to.

Half the people we spoke with who used the service said they had regular contact with the office and they had competed questionnaires and surveys in the last few months about the quality of care they received. Others told us, "I have had somebody once wanting to know about the care I received, but that was only once. They came to the house and asked me certain questions a few months ago; this year I think" and "I have done a telephone survey with their office. They have phoned a couple of times in the last few months to see if everything is all right." We asked this person if anything had changed because of their views and they told us, "No, because I have not had any issues. The level of care is excellent and I haven't asked them to change anything or do anything different."

The majority of people we spoke with had no suggestions to make to improve the service as they were satisfied with the care provided and were confident in the management team and happy with the staff. The service carried out regular spot checks on staff whilst supporting people and kept in contact with people who used the service through these spot checks and through reviews. Staff told us several of the managers also worked shifts at the weekends if there was a staff shortage and so provided the direct support. This meant all staff across the service knew about and understood the needs of the people they supported and were able to respond to changes in care quickly and efficiently.

There were systems in place to ensure policies were in place and up to date and available to all staff. There were processes in place to oversee adverse incidents such as safeguarding concerns, complaints or accidents. These records were regularly analysed and when needed action was taken to improve quality of the service.

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We saw that all conditions of registration with the CQC were being met. The area manager had applied to the CQC to become the registered manager until a suitable manager could be found. We had received notifications of the incidents that the provider was required by law to tell us about. This included allegations of harm and any serious accidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

The manager was able to account for all the issues in relation to missed visits and provide us with full comprehensive reports when we requested them. We saw that the service worked in an open and transparent way and was able to account for incidents which had occurred and demonstrate the action they had taken to prevent reoccurrence and minimise or eliminate the risk of harm.