

# The Human Support Group Limited

# Human Support Group Limited - Doncaster

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Human Support Group Limited - Doncaster is a domiciliary care agency, providing personal care to people living in their own homes. At the time of the inspection 70 people were using the service. 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

Risks posed to people were assessed and mitigated. Staff completed daily records, which evidenced support was provided to people safely. People told us they felt safe. Systems and processes were in place to protect people from the risk of abuse and harm. Medicines were safely managed. Staff were recruited safely and pre-employment checks were in place. Accidents and incidents were monitored, with lessons learned to mitigate risks posed to people.

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.

### Right Care

Care plans were person centred and staff had access to these via an online system. However, some care records required updating to reflect people's current needs and preferences. Staff were trained and knowledgeable about people's support needs. Systems in place to effectively manage complaints or concerns were not always robust. Some people and some staff told us care calls were rushed, this was raised with the registered manager and not effectively resolved. Quality assurance systems were in place. Feedback was sought from people using the service and records evidenced an overall positive experience for people. People and relatives told us staff were kind and caring.

### Right Culture

The registered manager and staff team understood their roles and responsibilities. People and relatives told us the service was well led and they could contact the office staff if they required support. Staff told us they felt supported by the registered manager. Staff received regular supervisions, attended regular meetings and staff initiatives were in place. Audit systems were in place, which included staff spot checks, staff

interactions with people, infection control, medicines and safeguarding. The provider had overarching governance systems in place and quality checks showed high levels of compliance.

For more details, please see the full report which is on the Care Quality Commission (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 23 November 2017).

#### Why we inspected

We undertook this focused inspection as part of a random selection of services rated Good and Outstanding. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Human Support Group Limited - Doncaster on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Recommendations

We have made a recommendation the provider reviews their systems for auditing and updating care records.

#### 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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Human Support Group Limited - Doncaster

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by 1 inspector 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.

#### 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 72 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 29 September 2023 and ended on 4 October 2023.

### What we did before the inspection

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 sought feedback from the local authority who work with the service and reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

### During the inspection

We spoke with 5 people, 6 relatives and 5 staff. We reviewed 4 care records, 4 medicines records, 3 recruitment records and a range of records in relation to the management of the service.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

# 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

- Systems were in place to protect people from the risk abuse. Staff were trained in relation to safeguarding and understood their roles and responsibilities to keep people safe. Whistle blowing policies were in place and discussed during team meetings.
- Staff told us they felt comfortable to report concerns. One staff said, "Whistle blowing means speaking out if I notice anything that may cause harm to service user."
- The registered manager worked well with external agencies and reported notifiable incidents where necessary.

Assessing risk, safety monitoring and management

- Risks to people were assessed and mitigated. Staff completed daily records, which evidenced support was provided to people safely. Some risk assessment records required reviewing to ensure they were up to date to reflect people's current needs. We have made a recommendation about this in the responsive section of this report.
- Staff received information in relation to recognising and monitoring risks posed to people's health. For example, staff received information about how to spot signs of Sepsis and how to safely support people during periods of hot weather.
- People, relatives and staff told us people were safe. A relative said "[Relative] is definitely safe. I have seen staff when they are here. I feel I can trust them. They do things by the book", and one person said, "They [staff] are all very good. I feel a lot safer when they are here rather when they are not."

Staffing and recruitment

- Staff were recruited safely. Pre employment checks, including references and criminal records checks were in place to ensure staff were suitable to work with vulnerable people. On going recruitment was undertaken, with recruitment initiatives in place to assist with any recruitment challenges, such as 'refer a friend scheme'.
- Staff received an induction, ongoing training, and regular competency checks, to monitor performance and interactions with people they support. Staff received 'handbooks' as guidance, which detailed policies and procedures and the service's core values.
- Call times were monitored via an online system, staff logged in and out of visits electronically. Records showed people had received visits, with no missed calls. However, some people and staff told us call times were often rushed. Please see the responsive section of this report.
- People told us staff were kind. One person said, "They [staff] are nice people. They do what you ask them to do. They are really flexible. They are caring when they are here and you have a good laugh with them

which brightens up my day."

#### Using medicines safely

- Medicines were safely managed. People and relatives told us staff administered their medicines correctly.
- Staff completed medicines administration records (MAR's) via an online system and the management team completed regular audits of medicines, to ensure people received their medicines as prescribed.
- Staff received training and competency checks, prior to administering medicines. Where people received 'as required' medicines, information was provided to staff about how and when these should be given.

#### Preventing and controlling infection

- Systems were in place to protect people from the spread of infection. Staff had received training regarding infection, prevention, and control.
- Staff wore personal protective equipment (PPE) in line with current guidelines. One staff said, "We have had full PPE training, online training and also received information leaflets."

#### Learning lessons when things go wrong

- Accidents and incidents were investigated and monitored by the registered manager, with action taken to learn lessons and mitigate risks to people.



# 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 requires improvement. At this inspection the rating has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and formulated with relevant people during the pre-assessment stage. Whilst we found no impact to people, some care records did not accurately reflect people's current needs. For example, one person's record did not contain up to date information about how staff assisted them to mobilise. Another person's record did not detail the current call times.
- Systems in place to audit care records were not effective. Audits did not review all records and covered a selection people using the service. This meant some people's records were not updated in line with the service's own policy and procedures.
- Some people told us they did not have a choice of staff, to suit their preferences. Whilst others told us they chose their staff. A relative said, "They keep sending male staff, [relative] won't have personal care when it is a male, but they keep sending them," whilst another person said, "I have regular staff who I have chosen, this helps with my anxiety."

We have made a recommendation the provider reviews their auditing systems. To ensure all care records reflect people's current needs and preferences.

- Staff had access to care plans via an online system, which they accessed on a handheld device. Staff recorded support provided to people, daily records evidenced people received support to meet their needs and keep them safe.

Improving care quality in response to complaints or concerns

- Formal complaints were recorded, investigated and responded to. However, concerns were not always dealt with effectively.
- Some people told us staff were rushed and they had raised this with the management team. People told us this was not appropriately addressed. Comments included, "I have asked staff to come later, they come too early, I keep asking for this but it doesn't change," and, "I feel like when I raise a concern about the call times, nothing is done."
- Staff told us they felt supported in their roles, however some staff told us morale was low within the team. This was due to staff not having enough time between calls. Staff said, "We don't always have time to give extra support if needed, as we are rushing" another said, "We don't have travel time between calls, so we are rushing about. I have raised this with the office, but nothing changes."
- The registered manager had identified these staffing time concerns and was planning to review staff rota's as part of an ongoing improvement plan.
- The service had a complaints policy in place and people and their relatives were aware of how to make a

complaint.

#### 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.

- Peoples individual communication needs and preferences were recorded in their care plans. People told us staff communicated with them well. A relative said, "Staff chat to [name], they treat them like their own family."

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

- The service supported some people to access the community and attend activities. Staff supported people with activities of their choosing, such as shopping and visits to a café.

# 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. At this inspection 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

- People and relatives were positive about the culture of the service and told us the service was well managed. One person said, "I am happy I have got the service." A relative said, "I can't praise them enough, I would recommend them to anyone."
- Staff told us they felt supported in their roles and they felt able to raise concerns. Comments included, "It a good place to work. I enjoy the service users and my job. I have support and know should I need help, I can talk to office staff," and, "The manager is approachable, I am supported."
- Staff received regular supervisions and attended regular team meetings. Staff initiatives were in place, such as 'care awards' and newsletters, to celebrate good practice.

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 understood their roles and responsibilities to be open and honest. The provider reported notifiable incidents to external agencies, such as CQC and the local authority where required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager had good oversight of the service. Recent internal quality and external commissioner compliance reports were positive.
- Audit systems were in place to monitor the safety and quality of the service. This included medicines, safeguarding, infection control, staff competencies and records. Some improvements were required to record audits.
- The provider had overarching governance systems in place. Regular compliance checks were undertaken, to ensure the service operated effectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others. Continuous learning and improving care

- The service engaged with people, relatives and staff to improve care. People were provided with the opportunity to provide feedback. Recent surveys evidenced an overall positive experience for people.
- Staff worked closely with external professionals to meet people's needs. This included district nurses, occupational therapists, social workers and GP's. A relative said, "I have seen staff working with the occupational therapists, staff were learning how to use new equipment."

- Ongoing improvement plans were in place, these recognised shortfalls and action was ongoing to continuously progress.