

The Human Support Group Limited

Human Support Group Limited - Appleton Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Human Support Group Limited - Appleton Lodge is an Extra Care service supporting people to live independently in their own flats. The service was providing personal care and support to 15 people 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

People told us they received a good service and felt safe with the support they received from staff. Accidents and incidents were recorded and investigated, and risk assessments were in place. The registered manager and staff understood their responsibilities about safeguarding. Arrangements were in place to protect people from the risks associated with the management of medicines and the spread of infection.

Effective recruitment procedures were in place and there were enough staff on duty to meet people's needs. Staff received appropriate training and supervision to maintain and develop their skills and knowledge to care for people in a person-centred way.

People's care and support was based on detailed assessments and care plans which were regularly reviewed and updated. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff had developed caring relationships with people they supported. People were supported to take part in decisions about their care and treatment and their views were listened to. Staff respected people's independence, privacy and dignity.

Effective management systems were in place to monitor the quality of the care provided and to promote people's safety and welfare. People were kept aware of the provider's complaints procedure.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 05/06/2018 and this is the first inspection.

Why we inspected

We inspected the service in line with our scheduled programme of inspections.

Follow up

We will continue to monitor the service through the information we receive and discussions with partner agencies.

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 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 well-led.

Details are in our well-Led findings below.

Good ●

Human Support Group Limited - Appleton Lodge

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection was carried out by one inspector and one expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Service and service type

Human Support Group Limited - Appleton Lodge 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 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 service had a manager registered with the Care Quality Commission (CQC). They and the provider are 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 48 hours' notice of the inspection visit to ensure someone would be available to speak with us and show us records.

Inspection activity started on 5 June 2019 and ended on 10 June 2019. We visited the office location on 6 June 2019.

What we did before inspection

We checked the information we held about this location and the provider, for example, inspection history, statutory notifications and complaints.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding officers and social workers. 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 consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

During the inspection

We spoke with five people who used the service and five relatives. We spoke with the registered manager, deputy manager, regional director, head of compliance, four care staff and an activities co-ordinator.

We reviewed a range of records. This included three people's care and medicine records. We looked at the personnel files for three staff and records related to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The registered manager and provider sent us various information requested in a timely manner.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at Appleton Lodge. Comments included, "I feel safe with the carers. They are good here" and "The carers make me feel safe."
- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse.

Assessing risk, safety monitoring and management

- Risks were well managed. Individual risks to people were assessed and contained explanations of the control measures for staff to follow to keep people safe. Records were kept under review.
- The provider had a business continuity plan in place to cover any emergency situations, so people would continue to receive safe and effective care.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff.
- There were enough staff on duty to meet people's needs.

Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of medicines.
- People were happy with the support they received to take their medicines.
- Staff were knowledgeable about people's medicines. Staff who administered medicines were suitably trained.
- Medicine administration records were accurate, and audits were completed regularly.

Preventing and controlling infection

- Staff followed good infection control practices. Personal protective equipment (PPE) to help prevent the spread of healthcare related infections was in use. Checks were carried out to ensure people lived in a clean and safe environment.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and reviewed to identify any lessons that could be learned.

Is the service effective?

Our findings

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

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 in line with best practice guidelines. They were continually evaluated to develop their support plans.
- Staff applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

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 with appropriate legal authority. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- The registered manager had a good understanding of their legal responsibilities about the MCA. Staff had received appropriate training.
- Staff ensured people were involved in decisions about their care. They knew what was needed to make sure decisions were taken in people's best interests.
- People confirmed staff sought their consent before providing personal care. There was signed consent in people's support plans.

Staff support: induction, training, skills and experience

- People were cared for by staff who were suitably skilled, trained and supported.
- Staff had completed a comprehensive induction and training programme.
- Staff were supported in their role and received regular supervision and appraisal.
- People and relatives were confident the staff knew what they were doing when they were caring and supporting them. One person told us, "I've no problem with staff. They know what they're doing."

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

- People were supported to eat and drink enough to maintain their health and wellbeing.
- People were encouraged to help prepare their own meals. One person told us, "I can do a meal if I want one."
- Support plans included information about people's dietary requirements and preferences.

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

- Staff supported people to access healthcare services, when needed. One person told us, "Staff are good. If I don't feel very well, they stay a bit longer to make sure I am okay."

Is the service caring?

Our findings

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

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

- People and relatives were complimentary about the care provided. Comments included, "I feel looked after here. This is my home and I feel like a person. I can't praise staff enough. They are so good" and "I'm amazed at how well [Name] is doing. She's happy and likes living here."
- People were treated with kindness and were positive about the staff's caring attitude. People's comments included, "The staff are very good. Kind and caring" and "Staff go that extra mile for people who live here."
- Staff spent time to get to know people's preference and used this knowledge to care for them in the way they liked. One person told us, "They [staff] make me feel wanted."
- Where people were unable to express their needs and choices, staff understood their way of communicating. One person told us, "They [staff] seem to do a good job and communicate very well."

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

- Staff supported people to make decisions about their care. They sought external professional help to support decision making for people, when needed. One person told us, "Staff I've seen seem well trained. Managers have helped me to complete huge amounts of paperwork and carers seem to do their tasks competently. I trust them."
- Staff directed people and their relatives to sources of advice, support or advocacy. They provided advisors or advocates with information after getting permission from people. One relative said, "I have always been involved in planning [Name]'s care."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. One relative told us, "They [staff] always give her options, say what they are going to do and then gain her consent."
- Staff treated people with dignity and provided compassionate support in an individualised way. One person said, "Staff are brilliant. I can be in a bad mood and they get me out of it."
- People were supported to maintain and develop relationships with those close to them, social networks and the community. One relative told us, "[Name] is so much more sociable now. She takes part in all the activities and communal eating. Carers enable her to do things she would never have done at home."
- Staff promoted people's independence. People told us, "Staff help me live independently but still support me," and "Staff treat me as an individual."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

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 were empowered to make choices and have as much control in the delivery of their care, as possible.
- People's care records were person-centred and regularly reviewed. Records included important information about the person, such as personal history, diagnosis and contact details for health and social care professionals involved in their care.
- Support plans described people's abilities, needs and preferences, and reflected their physical, emotional and social needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were protected from social isolation. Records described people's interests and the support they needed to access the community, maintain and develop relationships alongside participating in hobbies or activities of their choice. One person told us, "I like sewing and do that here sometimes. I go to the lounge, play cards, watch films in the cinema room and we had a good sing song in the garden room today." One relative said, "Staff are really good at getting [Name] involved and entertained. Activities are really good."

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.

- Care plans contained information about people's communication requirements.
- Most people using the service were able communicate their needs to staff without support.
- Where people had difficulties with communication, information could be made available in different formats.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint should they need to. One person said, "I know if I have a problem, I can talk to carers and we sort things out."
- No formal complaints had been recorded at the service, but the provider had a complaints policy and procedure in place to ensure complaints were acknowledged, investigated and responded to.

End of life care and support

- The registered manager explained how people would be supported to make decisions about their

preferences for end of life care. Professionals would be involved, as appropriate, to ensure people were comfortable and pain free.

- There was no one receiving end of life care at the time of the inspection. Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff understood their roles and responsibilities.
- People and relatives were complimentary about the registered manager and staff. Comments included, "The manager and staff are very good. I can talk to them and I'm treated nicely" and "I think it is well managed. Everything works very smoothly here."
- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities.
- The management team completed a series of quality audits and safety checks. They undertook regular 'spot checks' to monitor the quality of the service delivered by staff.
- The service had submitted the required statutory notifications to CQC following significant events at the service. There were suitable policies and procedures in place. Records were stored securely.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and 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 service had a positive culture that was person-centred, open and inclusive.
- The registered manager and the culture they created effectively supported the delivery of person-centred care. They were responsive to concerns identified and quick to put things right.
- Staff told us they worked well as a team to deliver high quality care.
- The provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service involved people and their relatives in day to day discussions about their care.
- People and relatives knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- Staff told us they felt listened to and the registered manager was approachable and supportive. Comments included, "I love my job" and "Appleton has a pleasant atmosphere."
- The provider and registered manager positively encouraged feedback and acted on it to continuously improve the service. Relatives told us, "[Name] gets a very good service from staff" and "I think the service [Name] receives is excellent."

- The registered manager was responsive to people's needs. They demonstrated a positive approach to learning and development and was proactive in cascading changes in practice to staff.

Working in partnership with others

- The service had good links with the local community and worked with other agencies and key organisations, reflecting the needs and preferences of people it supported. People achieved positive outcomes because the relationships between the organisations were strong and effective.