The Human Support Group Limited

Human Support Group Limited - Middlesbrough

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 9 October 2018 and was announced.

Human Support Group is a domiciliary care agency that provides care and support to people in their own homes. At the time of the inspection the service provided care and support to 41 people.

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

At the last inspection in February 2016, the service was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The provider had arrangements in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely and in line with their agreed care visits. A number of recruitment checks were carried out before staff were employed to ensure they were suitable.There were arrangements in place to protect people from risks associated with the management of medicines and the spread of infection.

We have made a recommendation about the timings of medicine administration.

Care and support were based on detailed assessments and care plans, which were reviewed and kept up to date. Staff received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs. 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. Where appropriate, people were supported to eat and drink enough to maintain their health and welfare. People were supported to access healthcare services, such as GPs and occupational health.

Care workers had developed caring relationships with people they supported and knew people well. 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.

People's care and support considered people's abilities, needs and preferences, and reflected their physical, emotional and social needs. People were kept aware of the provider's complaints procedure which would come into place if any complaints were received.

Effective management systems were in place to monitor the quality of care provided and to promote people's safety and welfare.

We have made a recommendation about collecting feedback from people who use 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? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

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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 9 October 2018 and was announced. The provider was given 48 hours' notice because the location was a service for people who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector and an expert by experience who made telephone calls to people and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. Before the inspection, we also contacted the local authority commissioners for the service and the local authority safeguarding team to gain their views of the service provided.

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 improvements they plan to make. We used this information to support the inspection planning.

During the inspection we looked at four care records for people who used the service. We examined three sets of staff files which covered recruitment, supervision and training records and various records about how the service was managed.

We spoke to seven people who used the service and two relatives over the telephone, the regional director,

registered manager and four staff members. We provided staff who could not visit the office on the day a questionnaire and we received three back.

Good

Is the service safe?

Our findings

All the people we spoke with said the service was safe. Comments included, "Yes I am safe, I have no complaints", "I feel safe, the girls are pretty regular, odd one is new or came a long time ago" and "Yes I am safe, they are lovely people, they do all you ask, if I run out of something, they will say do you want me to go to the shop."

The provider continued to identify and assess risks to people's safety and wellbeing. These included risks associated with their home environment. The provider used checklists to identify risks affecting the safety of both people and their care workers. Where necessary there was guidance in place for care workers to manage and reduce the risks. Staff explained how they protected people's key safe whilst removing and replacing the key, one staff member said, "We are constantly on the look out to make sure no one is watching and stand in front of the other care worker, so no one can see the number."

Risk assessments were in place for individual risks such as those associated with people's medical conditions, moving and positioning people, and risk to pressure sores. Where people were at risk of falls, the risk had been assessed, and there was appropriate guidance for staff in the person's care plan. For example, one person at risk of falls had an assessment and now used a stand aid with the support of two care workers.

There were sufficient numbers of suitable staff to meet people's needs. All staff we spoke with said there were enough staff. However, staff did say that sickness on a weekend could sometimes be an issue. One relatives we spoke with said, "Staff are off sick a lot. " We passed all the comments onto the provider. The provider had a continual recruitment programme in place to make sure the staffing levels could match the care needs of people joining the service.

The provider maintained an effective recruitment process ensuring staff employed by the service had been appropriately checked and had the right skills to support people. This included undertaking Disclosure and Barring Service checks (DBS). DBS checks help employers make safer decisions and help to prevent unsuitable people from working with vulnerable adults.

The provider had a safeguarding policy in place and staff had a good understanding of safeguarding and whistleblowing [telling someone] and said they would not hesitate to report any concerns.

The provider had a business continuity plan in place to ensure people would continue to receive care following an emergency.

We found appropriate arrangements were in place for the safe administration of medicines. People's medicines administration records were checked on a monthly basis. Where necessary, concerns were followed up with the individual care worker and action taken, such as additional training or supervision.

However, we found that some time critical medicines such as Paracetamol where you have to wait four

hours between each dosage was not always checked on audits to make sure staff adhered to this. A once a week tablet that had special administration instructions could not be adhered to due to the timings set up by the local authority

We recommend the provider reviews NICE guidance on medicines within domiciliary care.

Staff had access to plenty of personal protective equipment (PPE) such disposable gloves, aprons.

Good

Is the service effective?

Our findings

We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. Where training was not up to date this was booked in. Staff received training to support them in their role. We saw training specific to people's needs took place. For example, one person had a percutaneous endoscopic gastrostomy (PEG) tube in place and staff had received training on this. A PEG is a procedure to place a feeding tube into the stomach to give the nutrients and fluids a person needs.

Staff completed an induction programme that incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. Staff completed at least two hours of shadowing before working alone. Staff confirmed they could have longer shadowing hours if they still did not feel confident.

One relative we spoke with said, "They [staff] no what they are doing." One person who used the service said, "The odd one is inexperienced."

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. At the time of this inspection the service was not supporting anyone who lacked capacity. We saw evidence of signed consent in people's care files.

People had their needs assessed by the local authority and these were shared with the service. The service then visited the person and a care plan was developed.

The service worked with health and social care external professionals such as occupation therapists team to ensure people were provided with the best possible care and support and had the equipment to enable independence. For example, one person's mobility was deteriorating and the service supported them to be assessed for a stand aid.

People were supported to meet their nutritional needs where necessary. Staff explained that they had time to do this. Comments from staff included, "I make sausage and mash, meat and veg whatever the person wants, more often than not it is microwave meals" and "I have one person who likes a bacon sandwich every day, they don't like it too crispy but I must cut all the fat off and the crusts off the bread, they now like mushrooms adding to it."

People we spoke with said, "I have ready meals, or they [staff]sometimes make me a meal, I have no complaints they do it properly" and "They [staff] will say, have you had your breakfast, if not they will make it for me." A relative we spoke with said, "They [staff] do the meals properly, they always ask what [named person] wants."

Good

Is the service caring?

Our findings

People we spoke with said staff were kind, caring and friendly. Comments included, "They [staff] make time, sit down and have a few words", "They listen to me" and "[Carer] did me a big favour, I had ordered something which was delivered to the town, they said I am going to town, I will get it for you, there was no need to go out of their way."

One relative we spoke with said, "They [staff] are kind, it's just the way they treat people, they are nice, they say goodnight, God bless, they have a little chat, I usually read the book [daily log book] and they ring me if my [person] is not well."

Staff we spoke with valued people's wellbeing and happiness. Staff were knowledgeable about people's likes and dislikes, interests and the people important to them. We saw all this information was documented in the care plans. People we spoke with said, " The three ladies [staff] who come all know what to do, I don't have to tell them, they first thing they say is, have you had anything to eat?", "I just let them get on with it, I leave a message on the side, three/half spoons of sugar, 1 slice of toast, half a banana, marmalade, it's very rare they need to ask me. I have always been fanatical about things, it must be right" and "They [staff] are marvellous, I couldn't do without them, a lady came from the office yesterday, she was checking the carer's work, she looked through the file."

People's choices were respected. They had been asked whether they would prefer male or female staff to support them and included in every day choices. Staff explained how they ask people to choose what they want and when they want to eat, what they want to wear and where they would like to spend their day. One person liked to have a lie down after the lunchtime call and get back up at the tea time call.

People's independence was promoted. Staff told us they encouraged people to do as much as they could themselves and supported people to help with preparing meals. People we spoke with said, "My theory is whatever your age, keep the brain working and keep active", "They [staff] encourage me to do things for myself, like a bit of washing up, I do my own meals" and "I dress myself, potter round the house and go shopping." A relative we spoke with said, "They [staff] ask [named person] things, to see if [named person] can do it, we can't believe how [named person] has come on."

Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views and wishes. Staff explained how they supported people whilst respecting the persons privacy and dignity. Comments included, "We always closed doors, curtains and keep them covered", "We leave the person alone if they want us to" and "We don't talk about confidential things in front of the person and we always explain what we are going to do."

The service has taken steps to meet people's information and communication needs, complying with the Accessible Information Standard. For one person whose first language was not English staff easily explained how they communicated with this person. Where possible, staff who spoke the same language supported this person. One staff member explained how they had learned to say hello and goodbye in the person's

language, they had also tried the talking app on a phone but found the person was not keen on this.

The service had processes in place to ensure people were supported to gain access to advocacy services. At the time of the inspection no one was using an advocate.

Staff had received training on equality and diversity and staff explained that all people have different needs. One staff member said, "Everyone is different, and we respect that."

Good

Is the service responsive?

Our findings

Care plans were personalised with information about people's preferences and the routines they liked to follow in their daily lives. This information included information for staff to follow, for example how people preferred their personal care to be delivered and any mobility equipment required to ensure people remained safe.

Care plans included the person's preferred name, preferred method of access (into their home), the person's life history such as where they had worked and likes and dislikes.

One person said, "They [staff] came out to do an assessment, they are cheerful and friendly."

A relative we spoke with said, "They [staff] always write down what has been done that visit."

One staff member said, "On the night call for one person, they like to be made comfy in bed and have a table next to them with their tissues, phone and drink set out how they like it, then we leave a lamp on and their bedroom door open, we do everything exactly as the person wants."

Staff we spoke with said they have a consistent rota that enabled them to see the same people who used the service each week. This supported carers to identify any changes in people's needs or abilities so care plans could be updated. The service made sure, if a person asked for certain staff members this was provided. One person said, "They [staff] are like friends coming, they bring me a bit of wool for my knitting, like friends."

Organisations that provide adult social care must follow the Accessible Information Standard [AIS]. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information explained how to report any issues of concern or raise a complaint. The provider was compliant with the AIS. We saw that people's communication needs were identified and recorded in people's care plans with guidance on how to meet those needs.

The service had a complaints policy in place which they followed if a complaint came in. The service had received no complaints since the last inspection.

People we spoke with said they knew how to complain if needed. Comments included, "I would ring you [CQC], but I have never had cause to complain" and "I would phone the office, the number is in the book, to complain. I have only rung once when they were late, they were smashing on the phone."

Good

Is the service well-led?

Our findings

At the time of this inspection there was a registered manager in post. 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.

We saw there were some systems in place to monitor the quality of the service. Feedback was sought about the service via six monthly surveys. The last one had taken place in July 2018 and the results were being compiled at the time of the inspection. The previous survey which took place in January 2018 was fully analysed with an action plan for where improvements could be made but it was overall positive.

Feedback to ask how each individual person was feeling was not consistent. For example, in the care plans we looked at, only one person had a review to check what their thoughts were on the service being provided. The medicine audit needed to be more in depth, so it looked to see if people were receiving their medicines as prescribed.

We recommend the provider consults people more frequently to ensure they are providing a good service and completes a more in-depth medicine audit which follows NICE guidelines.

We asked people what their thoughts were of the service. Comments included, "They come when they say, it is well managed, if I go away I ring the office, they are polite", "I praise them all the time", "I would have more visits if I could afford it because they are really good, if everyone get what I am getting they will be doing well" and "The staff who come out are good, you can rely on them."

Staff said the management team were very supportive. Comments included, "I feel supported they are always at the end of the phone if we need them", "The manager is supportive, if I ever have a problem or need advice I can just call" and "Any issues I may have they [registered manager] sees what they can do to support."

One relative we spoke with said, "I don't know the managers name, but we have the numbers, we can contact them, they will do anything that [named person] asks for."

Staff we spoke with told us they loved their jobs and the people that they worked with. Staff's comments were, "I love my job, I love being out in the community, meeting different people", "I enjoy my job" and "I am happy with everything."

Meetings for staff took place four times a year, at the last meeting as raffle was held and food supplied. Topics discussed were training, any recent changes, policies and procedures and a recent fund-raising event with ideas for the next one. One staff member said, "We all get together and have chance to put our points across, it's a good way to communicate."

The provider discussed their values at staff meetings. Staff we spoke with said, "Our values are to support people to live independently in their own home", "We value people's decisions and their choices" and "The support we [staff] get makes us feel valued."

The registered manager had recently held a fund-raising event and raised a large sum for Dementia Friends. People who used the service and from the local community came for tea and cake. The registered manager said, "It was a really good day, we are planning one for Halloween and all getting dressed up."

The registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.