

The Human Support Group Limited

Human Support Group Limited - St Andrews House

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

St Andrews House is based within the community of Nottingham. People using the service live in flats within the extra care setting. (Extra care scheme is purpose-built accommodation in which varying amounts of care and support can be offered, and where some services and facilities are shared enabling older people to live independently in their own homes) The building was managed by an independent organization. The service supported 13 people and employed nine staff at the time of our inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care.

People's experience of using this service and what we found

We inspected the service to ensure systems were in place to protect people from avoidable harm.

The process for submitting notifications needed to be more robust. Risks were assessed and monitored to reduce risks for people and staff managed any risk effectively. Relevant checks were in place to ensure the right staff were employed. People received their medicines as prescribed and in a safe way. Infection control legislation was adhered to and Lessons were learned when things went wrong.

People's needs were assessed to ensure they received effective care. Staff were supported to attend training and develop their skills and knowledge.

Where required people were supported to have a balanced diet and the service was supported by healthcare professionals and worked well with them to provide consistent care and support.

The provider demonstrated an understanding of the principles of the Mental Capacity Act. 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.

Staff were kind, considerate and treated people respectfully. The service promoted independence and encouraged people to do things for themselves. Staff and management worked with passion and dedication and the people who used the service always came first. The registered manager and staff worked well with external healthcare professionals to ensure people received good care and support.

We have made a recommendation about the safeguarding reporting system.

Why we inspected

This service was registered with us on 02/11/2018 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 - St Andrews House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

This service provides care and support to people living in their own flats within this 'extra care setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that 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

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 19 December 2019.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. We reviewed information received from other agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with three people and one relative about their experience of the care provided. We spoke with two care staff, one team leader, the registered manager and the provider's representative. We looked at the relevant parts of the care records of three people who used the service. We also looked at four staff recruitment files and other records relating to the management of the home. This included audits, policies and incident records.

After the inspection.

We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at training data and quality assurance records. We also contacted the commissioners of care for feedback.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 ensure people were kept safe from avoidable harm. However, they were not sufficiently effective. This had been identified by the provider's representative who told us they had set up a tracker system to ensure the monitoring of safeguards and incidents would be more robust and effective.
- People expressed satisfaction with the safety of the staff and the service they provided. One person told us they felt very safe. They said, "It is the best care company I have had." Another person and their family member told us they were happy and safe with the service provided.
- The provider investigated any Safeguarding concerns and took action to keep people safe. Staff confirmed they understood how to raise safeguarding concerns and had completed safeguarding training. We reviewed safeguarding incidents during the inspection and found although they had been appropriately reported to the local authority two safeguarding concerns had not been submitted to CQC. We saw this was an oversight.

We recommend the provider ensures a thorough review and documentation of safeguarding incidents in future. Then they should take action to update their practice accordingly.

Assessing risk, safety monitoring and management

- Risks were assessed and monitored to reduce risks for people where needed. Risk assessments had detailed instructions to ensure staff managed risks effectively. For example, people at risk of choking had measures in place to ensure they were safe. Staff made sure all food prepared was cut up small and extra liquid applied.
- Risks to people were regularly reviewed and updated when any changes occurred.
- Risks associated with the safety of the environment and equipment were identified and managed. Fire exits were identified in relation to each flat. There was a fire alarm in place and each person had a personal evacuation plan in case of fire.

Staffing and recruitment

- Recruitment procedures were safe. Systems were in place to make sure that the right staff were employed to support people to stay safe. Pre-employment checks were consistently undertaken.
- People we spoke with told us that they felt there were enough staff available. One person said, "They were always staff around to help."
- Staff confirmed there were enough staff and that they were a good team who all worked well together.
- Staff completed relevant safety checks before they started work to ensure they were safe to work with people at the service. This included checks on staff identity, employment history and disclosure and barring

service (DBS) criminal record checks and references were requested prior to employment.

Using medicines safely

- People received their medicines as prescribed and were given them by trained staff who ensured medicines were administered on time. The provider used an electronic recording system to mitigate risk of errors.
- Medicines were administered in line with the provider's medicine policy and procedures. Staff had received medicine training and their competency observations had been completed. Staff we spoke with confirmed this.
- We observed people receiving their medicines during our visit. For example, one person received their medicine while having their lunch. The member of staff gained consent from the person how they wanted to receive their medicines and waited while the person took their medicines.

Preventing and controlling infection

- Staff followed policy and procedures related to infection control legislation. People were mainly responsible for their own cleaning of their own homes, but when this was part of staff's tasks they followed cleaning schedules which ensured people's homes were clean and odour free.
- People and their relatives told us staff wore personal protective equipment (PPE) such as, gloves and aprons when providing personal care or serving food. We observed when staff wore this equipment they removed the apron and gloves in between tasks to reduce the risk of cross-infection.
- Staff told us they had completed infection control training and were knowledgeable of how to follow infection control protocols. This was to ensure people were protected from risks associated with the spread of infection and unsafe food hygiene practice.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Accident and incidents were managed, and staff were informed of any incidents that had occurred. The registered manager analysed information for themes and trends. Corrective action was taken when incidents happened.
- The team leader gave examples of lessons learnt. We saw relevant action had been taken to ensure people were kept safe.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care was delivered in line with recognised standards based on needs and preferences. For example, one person had been assessed as needing a new wheelchair. We saw an assessment had been completed in November 2019 and it was documented when the chair arrived. This had a positive impact for the person.
- People had discussions about their care needs before they started using the service. One person said, "Staff came to see me in hospital before I came here."
- For people whose preference was to stay in their flat, staff encouraged them to socialise and spend time downstairs during the day in communal areas to avoid isolation.

Staff support: induction, training, skills and experience

- People told us they felt they were supported by very well-trained staff. One person said, "They are passionate about care and pay more attention to you."
- Staff told us they had the right training to support their role. One member of staff said, "The online training is very good." Another member of staff told us they had shadowed other more experienced staff as part of the induction process. Staff records we looked at confirmed training staff had attended and certificates they had gained including the care certificate. (Care Certificate is a national recognised qualification for the social care sector.)
- Regular supervision, spot checks and observations were completed by the provider to ensure staff were meeting the standard required by the provider.

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

- People received a balanced diet. One person said, "You can have what you want to eat and drink, you only have to ask." Another person said, "There are different menus and something to choose from every day. If you do not like what is on offer they would prepare something else."
- People could prepare food and drink for themselves if they wanted to in their own flat. There was also a cook on site who was knowledgeable and supportive to people's dietary needs.
- Care plans had details about people's likes and dislikes with regards to food and drink. Where people required specific needs with their nutrition this was documented in their care plans. For example, if people required a soft or special diet.

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

- Records showed us that different health professionals had visited and supported people. Where professionals had given advice, this was clearly documented, and staff followed recommendations when the

need arose.

- Staff worked collaboratively with other health and social care professionals to understand and meet people's needs. Staff made referrals to health care professionals if a person became unwell. For example, it was recognised that one person's anxiety was more intense at a certain time of the day. Staff spoke with the GP and the person's medication was changed to this specific time of day. This meant the person was calmer for longer periods.

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.

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.

- People told us staff respected their choices and gained consent when supporting them.
- The provider demonstrated an understanding of the need to consider people's mental capacity in terms of making specific decisions and that any made on their behalf should be made in their best interests.
- Staff were aware of the principles of MCA and gave people choices to make decisions for themselves when deemed they had capacity to do so.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary about the staff. One person said, "They are the best care company I have ever had." Another person said, "I am very happy with the care and support I receive."
- A relative told us staff were very respectful towards their family member.
- People were supported by staff who knew them well and had a good knowledge about things that were important to them. Staff described people's likes and dislikes, and they also had a good understanding of people's care needs.
- We observed staff being respectful and treating people well. We saw staff and people having a joke and laughing together in a friendly manner in the communal lounge while playing a game of dominoes. Staff were also having general chats with people about everyday things. This helped people feel included and valued.

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

- People were encouraged to share their views and be involved in decisions about their care. One person was a customer feedback champion. This was a representative who helped other people to voice their views and opinions. They told us they meet with all new people to make sure they settle in well and have no concerns as well as being the go to person for others who use the service.
- Staff spent time with people. One staff said, "We get time to get to know people, so they get a better bond with us." Another member of staff said, "People feel relaxed and come to us if they want help."
- The provider organised resident meetings for people, however, there was an open-door policy and people could visit the registered managers office onsite at any time.
- People had access to advocacy services if they needed guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Respecting and promoting people's privacy, dignity and independence

- The service promoted independence by encouraging people to do as much as possible for themselves. People moved at their own pace, with staff giving them clear instructions so they could walk or do tasks independently.
- Staff gave good examples about how they treated people with dignity, such as giving people private time when they needed it. This meant staff respected people's wishes.
- People's records were stored securely to ensure their confidentiality. The registered manager told us they had processes in place that ensured all records were managed in line with regulations.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People had personalised care plans that promoted their independence and focused on their individual care needs. One person's care plan stated aims for the future, for example, "I feel safe that I can live independently, but help will always be there if required or needed."
- People and their relatives felt involved in their care and the review process. One person told us, "Care is relevant to my needs and I am involved in decisions about my care."
- We saw care plans were written from the point of view of the person being supported. There was detail about people's likes and dislikes, who and what was important to them and how to respect their choices and wishes.

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 had varied support with social activities, and the management of the building provided some activities that focused on improving people's wellbeing and reducing their isolation. We observed people engaged in various activities during the inspection, such as dominos, reading and general discussions about family and friends. There was a real camaraderie between staff and people. We were shown pictures where people enjoyed a quiz and people attending a memory café. This helped to stimulate people's memory.
- There were facilitated discussions and meetings about possible activities with the customer service representative. People were then encouraged and supported to attend and arrange activities for themselves. The registered manager told us they encouraged more people who used the service to participate in the role of customer service representatives as it had become a valued role and encouraged people to engage more with each other.

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.

- Peoples communication needs were identified and included those relating to protected equality characteristics, such as dementia or sensory loss. People had access to audio books and computerised technology. One person was regularly in touch with their family through skype.
- Where required people had access to information in different formats, such as large print.
- Staff were aware of people's different communication needs. One staff said they would adapt to accommodate the person when required. For example, one person uses a picture to buy food items at the

shop.

Improving care quality in response to complaints or concerns

- People received a copy of the providers complaint procedure,
- The complaints policy and procedure were on display around the building. People and relatives told us they were aware how to raise a concern or complaint. If they wished to raise a complaint, they felt this would be dealt with in a positive way.
- The registered manager told us there had been no complaints in the last 12 months. We found no complaints had been raised formally, but one person told us they had raised a concern and it had been dealt with immediately. They said they were satisfied with the outcome.

End of life care and support

- No-one was receiving end of life care at the time of the inspection however, records included people's preferences, culture and spiritual needs.
- There had been a flexible approach to discussions on what care people wanted at the end of their life and person centred to ensure their wishes were adhered to.
- The provider and registered manager had a good links and relationships with healthcare professionals, such as a district nurse if and when they needed to provide end of life care for people.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 using the service, their relatives, staff within the service and externally, all spoke highly of the management team.
- The service was well-led. We received overwhelmingly positive comments about the management of the service. Our own observations showed us that care was being delivered by a skilled management team, and their staff.
- The provider's representative told us they had made improvements to the service to empower people to live in a positive environment and achieve good outcomes. For example, the provider had focused on providing quality time for people and ensured they received the care contracted to them as this had not always been the case

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 provider is required by law to notify CQC of reportable incidents. This enables the CQC to monitor the service and ensure they are following regulatory requirements. The provider was not always meeting their responsibility to report incidents to CQC. However, we found this was an oversight for two incidents and systems had now been put in place to ensure this did not happen in future.

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

- The management team had a good oversight of the service. They demonstrated a thorough knowledge about the people who used the service.
- There was a strong accountability for the registered manager to monitor the service and staff performance. Themes and trends were clearly identified when monitoring accident and incidents. There were clear records of incidents that had taken place, action taken and how they minimised future risks for people.
- The management team made a consistent effort to learn from mistakes, they took a proactive approach to address issues and concerns. The registered manager undertook investigations and kept staff informed of any changes that could affect people's care. They led by example, and staff felt the registered manager and the management team was visible and approachable.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- The service fully considered people's equality characteristics, by supporting individuals to be involved in the service and to feedback on how the service was run. For example, service questionnaires, regular meetings with people who used the service and the use of a customer representative. This was a person who used the service and supported people to settle in and use the service provisions. The customer representative also had regular meetings with people who used the service and helped them voice their opinions.
- Staff told us the management team were open and approachable and listened to them. One staff said, "We are fully supported by the management team."

Working in partnership with others

- The service worked with other care professionals to share best practice. The registered manager told us how they regularly communicated with external professionals with regards to people using the service and also new packages of care. For example, meetings with the local authority, monthly conference meetings with the provider and sharing best practice across the organisation.
- The provider worked well with the managers of the building to ensure it was well maintained and safe environment for people to live.