

The Human Support Group Limited

Human Support Group - Rotherham

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 – Rotherham is a domiciliary care agency providing support for people in their own homes. The service was supporting around 40 people at the time of the inspection.

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

People spoke positively about their experience of receiving care from this provider. One said: "The girls [care workers] are lovely, couldn't wish for better." This was borne out by the provider's own surveys of people using the service where the responses were overwhelmingly positive. However, both staff and people using the service and their relatives told us the service was not always well organised, citing poorly organised visit plans. One person's relative told us care visits were not always geographically close together, which caused visits to be late. A member of staff confirmed this. The registered manager explained that at times this occurred as they were a relatively small service and they did not always have people using the service who lived close by each other and therefore it was not always possible for care visits to be close together.

The registered manager carried out regular audits of the service, and these identified where there were any shortfalls so that there was continuous improvement. Most of the staff we spoke with told us the management team were accessible and supportive. Where incidents had occurred, the provider had made the legally required notifications to CQC.

Medicines were managed safely, with regular reviews of people's medication taking place, as well as management audits.

The provider took steps to involve people in their care, and we saw evidence of this within people's care records. One person's relative had contacted CQC prior to the inspection to raise concerns about their relative's care; we saw the registered manager had taken steps to meet with this person's relatives to explore where things had gone wrong, and taken appropriate action.

Care took place in accordance with people's consent, and where people lacked the capacity to consent to their care, appropriate alternative arrangements had been implemented.

People told us they felt safe when receiving care, and said they would feel confident to raise concerns. Where concerns had been raised, the provider had conducted appropriate investigations.

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 in June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection in line with CQC's inspection programme.

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 - Rotherham

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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. A registered manager 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 short notice of the inspection. This was because we needed to be sure the manager would be in the office to support the inspection.

Inspection activity started on 2 March 2022 and ended on 11 March 2022. We visited the office location on 7 March 2022 and made telephone calls to people using the service, their relatives and staff after this visit.

What we did before the inspection

We reviewed information we had received about the service since it was registered. 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. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, five members of staff, three people using the service, and two people's relatives or friends.

We reviewed a range of records. This included four people's care records. We looked at four staff files. We reviewed a variety of records relating to the management of the service, including audits, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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.

Using medicines safely

- People's medicines were managed safely.
- Records of medication administered were accurately maintained.
- Where changes were required to people's medication, these changes were recorded in detail, with explanations for the changes.

Systems and processes to safeguard people from the risk of abuse

- People using the service told us they felt safe when receiving care, and told us they had no concerns in this regard.
- Staff knew the procedures for reporting any concerns they had and records showed they had received training relating to safeguarding.
- Where suspected safeguarding incidents had occurred, the provider had made the appropriate notifications to CQC.

Assessing risk, safety monitoring and management

- Risks, such as falls, malnutrition and personal safety were identified during the initial assessment of a person's needs, and appropriate risk assessments were put in place. These were detailed and personalised. They were regularly reviewed and updated.
- The registered manager kept records of risk and safety incidents so they could maintain an oversight of where people were vulnerable to risk.

Preventing and controlling infection

- The provider's records showed staff had received training regarding infection control, and staff we asked told us this training was useful to them.
- Personal protective equipment (PPE) was available for staff to use and staff confirmed it was plentiful.
- People using the service told us staff always used PPE when providing care. One said: "I tell them they don't need to wear it, but they still keep it on, they know the rules."
- Staff told us they had access to regular testing for COVID-19 during the ongoing pandemic.

Staffing and recruitment

- Staff were safely recruited.
- Appropriate background checks had been carried out before people started work.
- Staff we spoke with told us the recruitment process had been thorough.
- The registered manager told us they had experienced some difficulty in recruiting or retaining staff, but new initiatives had been introduced to improve this.

Learning lessons when things go wrong

- Staff told us they would report any incidents or accidents directly to the registered manager.
- Records showed changes were implemented following incidents or accidents.

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.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had systems in place for obtaining people's consent, or acting in their best interests, although best interest records lacked detail.
- The registered manager understood their responsibilities in relation to consent and capacity, and all legal requirements were adhered to.
- We identified that where people's relatives had told the provider they had Power of Attorney for a person using the service, the provider acted accordingly.

Staff support: induction, training, skills and experience

- Staff told us they had received relevant training, and said it was effective and plentiful. One staff member, who had worked for similar providers, told us they considered the training they had received at Human Support Group – Rotherham to be the best they had received.
- Most staff we spoke with told us they found the support they received to be good, although this was not every staff member's experience. The registered manager described initiatives they would be implementing to address this.
- The provider's training records showed a wide range of training was offered across relevant areas.

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

- Assessments of people's needs were undertaken before they began to receive care. These assessments were used to develop care plans.
- Records showed the management team monitored care to ensure it was in line with current guidance.

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

- There were details in each person's care file showing that their needs in relation to nutrition and hydration had been assessed.
- People's care records showed where staff were required to provide them with food and drink, it reflected their personal preferences.
- People told us staff cooked food they liked, with one saying: "They know what I like to eat, it's in my records, and that's what they do."

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they knew when to contact outside assistance. People's care records showed evidence of this.
- Where external professionals were involved in people's care, their guidance and advice was incorporated into people's care plans.

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.

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

- People had been involved in their care, and told us they valued this.
- People's views and decisions about care were incorporated in their initial assessments, and their feedback was regularly sought to ensure their needs and preferences were being met.

Ensuring people are well treated and supported; equality and diversity

- People using the service, and their relatives, told us staff treated them well. One person said; "They are all kind, I've no grumbles with the carers." A person's relative said: "They are all good, they do care."
- Care assessments we checked showed information about people's cultural needs.
- Staff told us it was important to them to treat people with respect. One said: "That's important, letting them know we are not just there to do a job."

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with told us they understood the importance of treating people with dignity and respecting them. One staff member said: "In the induction that was stressed, and it's important, I think, it's what you'd want for your own family."
- Care records contained information about how people's privacy and dignity should be upheld.
- When feedback sessions were carried out, checks were undertaken in relation to whether people felt their dignity was respected; when people using the service responded to a recent survey, 90% said they felt staff were polite and courteous, and that their privacy was protected.

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 requires good.

This meant people's needs were met through good organisation and delivery.

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.

- The provider had copies available of their service user guide in an easy read format.
- The registered manager told us that currently no one using the service required information in alternate format, but described how they were familiar with the requirement and had provided this information when required in the past.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at held detailed information about people's preferences.
- Staff told us they checked people's preferences each time they provided care. One staff member said: "We read the care plans on our phone before visits, but we still check this is right with the client."
- One person using the service told us: "They do things the way I like them, and I would definitely tell them if they didn't." However, some people's relatives raised concerns about some domestic tasks not always being completed to a good standard. We fed this back to the registered manager who said they would monitor this.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear.
- Where complaints had been received, the provider took appropriate action and written responses were provided setting out what, if any, changes would be made.
- People using the service told us they would feel confident to complain if they needed to.

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.

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

- Governance arrangements within the service were robust enough to ensure good quality care.
- Some people and their relatives told us care visits were often later than expected, and felt this was due to poorly organised rotas. The registered manager told us some problems had been caused by a shortness of staff related to the ongoing COVID-19 pandemic, however, they had introduced a range of recruitment incentives to address this.
- The registered manager told us that visit times and punctuality were a constant focus and subject to monitoring as well as discussed in team meetings and supervision sessions, and said they would enhance this following our feedback.
- We checked care notes, and found they were clear and evidenced the care provided to people, although at times lacked detail. The notes supported the feedback we had received from some people and their relatives about unreliable visit times.
- We checked records of incidents, and found CQC had been notified, as required by law, of any notifiable incidents.
- Staff told us they understood their roles, and knew what was expected of them. Staff demonstrated a pride in their work.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- People we spoke with told us their care met their needs and said they were enabled to achieve the outcomes they wanted, although they said they would appreciate more reliable visit times.
- Staff told us that on the whole they found the culture supportive, although there was a minority who said this was not their experience. The registered manager assured us they would take action to address this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Some staff told us they did not always feel supported by management; some people using the service and their relatives were also critical of leadership within the service, telling us they felt communication could be improved.
- The registered manager told us they regularly contacted people using the service to obtain their feedback and involve them in their care. They told us they would introduce further systems following our feedback to

ensure communication was more effective.