The Human Support Group Limited

Human Support Group Limited - Whitehaven

Inspection report

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16 May 2023

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Human Support Group Limited- Whitehaven is a domiciliary care service providing personal care to people with a range of care needs, including older people, younger adults, people living dementia and people living with physical disabilities. At the time of our inspection there were 65 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (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.

At the time of the inspection, the location supported one person with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People felt safe and confident with the staff supporting them. Staff responded appropriately when incidents occurred or people experienced changes in their health needs. Information about people's health conditions and risks associated with these was not always recorded in detail to ensure staff would know how to respond if issues arose. We have made a recommendation about risk assessment and management plans.

People were supported by staff who had been recruited safely and had received training to support them. We have made a recommendation about learning disability and autism training to support staff knowledge and skills.

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.

The provider had quality assurance systems established to monitor the quality of care provided at the service and any areas for improvement. The registered manager and provider were committed to making improvements. People were encouraged to give feedback on the service, which was used to drive change.

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

Rating at last inspection
The last rating for this service was good (published 30 March 2018).

Why we inspected
This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has stayed as good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Human Support Group Limited- Whitehaven on our website at www.cqc.org.uk.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Human Support Group Limited - Whitehaven

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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by one inspector and one 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 homes.

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 CQC 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
This inspection was announced. We gave the service 24 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 27 April and ended on 16 May 2023. We visited the location's office on 27 April 2023.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 used all this information to plan our inspection.

During the inspection
We spoke with 8 people who use the service and 3 relatives about their experiences of the care provided. We spoke with 10 members of staff including the regional manager, registered manager, deputy manager, administrator and care staff.

We reviewed a range of records. This included 8 people's care records and multiple medicines records. We looked at 3 staff recruitment files. A variety or records relating to the management of the service, including a sample of the provider's policies and procedures, training information, audits, meeting minutes and people's feedback were reviewed. We spoke with 2 health and social care professionals who regularly work alongside the service.

Requires Improvement

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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
- People were at increased risk as care records were not always sufficiently detailed or up to date.
- Staff were knowledgeable about risks to people, although information about risks associated with people's health conditions was not always well recorded to identify when concerns may occur and guide staff in how to respond. For example, where people experienced conditions such as diabetes, epilepsy and swallowing difficulties.
- People were protected and had not experienced harm because staff identified when they were unwell or at increased risk and followed the provider's processes to ensure appropriate action was taken.
- People's care records were not always reviewed and updated following changes in their needs, support arrangements or other incidents. The registered manager was aware work was needed in this area and was addressing this.
- People and their relatives told us they felt safe with the support provided by the service. Comments included, "I trust them all, they are good with me" and "There's not one of them I don't feel safe with, they are all good."

We recommend that the provider reviews and updates their risk assessment and management records.

Staffing and recruitment
- Staffing levels were sufficient to ensure people received the care they needed to meet their needs safely. One person said, "They talk to me and they stay the full time [of the care visit]."
- People were supported by care staff who had been recruited following safe recruitment processes to help ensure their suitability for their roles.
- The registered manager was aware people's care visit times were not always suited to their preferences and was reviewing this.
- Staff had received training to provide people with safe, appropriate care.
- Staff had not always received comprehensive training in learning disabilities and autism to prepare them for providing this support should they be supporting people with these care and support needs.

We recommend that the provider ensures staff have received training in learning disabilities and autisms at a level appropriate for their role.

Using medicines safely
- Medicines were not always managed safely.

● People's medicines support arrangements were not always accurately recorded to show how the provider was supporting people with their medicines management.
● We were not always assured that people's medicines were being administered as prescribed. For example, where people needed medicines to be given prior to or with food. The registered manager explained this was a recording issue and planned to carry out staff training to address this.
● The majority of people we spoke to were satisfied with the support they received with their medicines, one relative said, "They make sure [person] gets what's required." One person said "I won't take tablets on an empty stomach" and described their care visits not always being organised to fit with this.
● The provider had identified some areas for development to improve medicines records.

Preventing and controlling infection
● People were protected against the risk of healthcare acquired infections because the provider had
● Systems were in place to ensure staff followed the provider's infection prevention and control practices.
● Staff wore PPE to protect people against the risk of infection. One person said, "They wear mask, apron and gloves, they come in then put the stuff on."
● The provider was aware of people that were at increased risk of infection, although this was not always recorded to reduce risks to people.

Systems and processes to safeguard people from the risk of abuse
● People were safeguarded against the risk of abuse because the provider had established systems for identifying and raising any concerns, which staff understood.
● The registered manager worked with the local authority to support them in considering and investigating any safeguarding concerns. One social care professional said, "On the occasions I have dealt with management I feel they have been supportive of safeguarding enquiries."

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 MCA 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 Mental Capacity Act (MCA). In community settings, this is usually through MCA application procedures called the Deprivation of Liberty Safeguard (DoL).

● We found the service was working within the principles of the MCA.

Learning lessons when things go wrong
● People were supported appropriately when accidents and incidents occurred to keep them safe.
● Staff told us they did not always receive updates when they raised concerns about people to inform their practice and development. The registered manager told us they would address this.
● When things went wrong, the registered manager investigated these events and identified lessons learnt.
● Lessons were learnt and communicated across the staff team to support improvement and learning from safety incidents.

Good

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. 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

- Staff were passionate about supporting people to be independent and continue to live in their own homes. One care worker said, "I absolutely love it, it's so lovely to see people thriving at home."
- People were positive about the support they received and how it was providing by the staff. One person said, "I have every confidence in them, they talk to me and you feel at home with them, very comfortable."
- The registered manager monitored staff practice to ensure the provider's approaches to providing high quality care were followed.

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

- The provider had established systems in place to support the ongoing monitoring of the service and making improvements.
- The registered manager and provider were committed to improving the service and quality of care provided to people. Work was underway to make improvements, including to medicines, care visit times and care records.
- The registered manager was responsive to feedback during the inspection about ways they could continue to develop and improve the service.
- Staff were clear about their roles and responsibilities in meeting people's care and support needs.

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 responsibility to be open and honest with people and apologise if something went wrong.
- The provider met their responsibility to submit notifications to CQC and was transparent about incidents that occurred at the service.

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

- The provider involved people and their relatives in a meaningful way.
- Managers or senior care staff met with people and their relatives to discuss their care and how it could be improved regularly. This approach encouraged people to feel empowered to speak about the outcomes they wanted to achieve from their care.

● Feedback from people and their relatives was used to support the service to develop and progress.
● Staff felt able to give feedback on the service to support improvements. One care worker said, "The managers are approachable, I would be able to give feedback, I can tell them if I have any problems."
● Staff meetings helped staff keep up to date and reminded of good practice.

Working in partnership with others
● The service worked transparently and collaboratively with other organisations.
● The service worked with other professionals to keep people safe and meet their needs. One care worker told us, "We work together as a team effort."
● The registered manager worked with partner organisations to share information and provide people with high quality care and support for their health and care needs.