

The Human Support Group Limited

Human Support Group Limited - Durham

Inspection report

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18 August 2023

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Ratings

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

Summary of findings

Overall summary

About the service

Human Support Services is an enablement agency that provides care and support to people in their own homes. Supporting adults to become independent in their own home by providing a six-week enablement service. At the time of the inspection the service provided care and support for 89 people. All staff were directly employed by Human Support Group.

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 and what we found

Overall people shared positive feedback with us about their experience of Human Support Services. They felt the staff enabled them to keep safe. Accidents and incidents were managed and recorded effectively. Recruitment was carried out effectively with the right safety checks and records in place.

Risk assessments and relevant care plans were in place to ensure all the details needed to manage risk and support people safely was current. Care plans were person-centred and ensured people's preferences were clear to guide staff on how to meet people's individual needs.

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 place supported this practice.

Rating at last inspection and update

The last rating for this service was good (published 11 September 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

Good ●

The service was 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.

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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 and an 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 an enablement agency. It provides personal care to people who live in their own home that require support to regain independence. The agency provides a six-week enablement service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities. A registered manager is a person who has registered with the Care Quality Commission 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 not a registered manager. The manager in post was in the process of registering with CQC.

Notice of inspection

the 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 16 August 2023 and ended on 18 August 2023. We visited the office location on 16 August 2023 and made telephone calls to people who use the service and

their relatives on 18 August 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 5 relatives about their experience of the care provided. We spoke with and got feedback from 10 members of staff including the care managers, area manager and care workers.

We reviewed a range of records. This included people's care records and medicines records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 remains the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed, recorded, and administered safely.
- The provider had appropriate systems in place making administration of medicines and creams safe for people. People received their medicines as prescribed, at the right time.
- Where people were prescribed 'as and when required' medicines. Specific guidance for staff to follow was in place.
- Recorded medication errors were investigated by the provider as per their policy to ensure risks to people were managed and reduced.

Assessing risk, safety monitoring and management; systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong.

- Potential risks to people were assessed, monitored, or mitigated.
- The provider had systems in place to record and monitor accidents, incidents, and safeguarding concerns.
- Records of incidents and accidents were effective, and any outcomes or lessons learnt from them were shared with staff and the appropriate bodies.

Preventing and controlling infection

- Staff were trained in infection prevention and control.
- Procedures were in place to follow to ensure safe practices were carried out by staff. To reduce the risk of infections.
- The provider made sure staff had supplies of PPE (personal protection equipment)

Staffing and recruitment

- Recruitment checks were completed to help make sure suitable staff were employed.
- Records for staff were effective and held details regarding the recruitment process.

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 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). 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Policies and procedures were in place and staff had appropriate training and understood the principles of MCA.

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. At this inspection the rating remains the same. 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.

- The provider had systems to check the safety and quality of the service provided.
- Audits were carried out regularly by the manager and were able to identify and address any issues effectively.
- Staff documented care given on the electronic system provided, and the manager audited this regularly.

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

- The manager encouraged people and staff to be open with each other.
- Staff felt supported by their colleagues and the manager. Staff could approach them for support at any time. One staff member told us, "Since the manager started there's a big difference and we get feedback, and it helps our morale and they're very involved. I have spoken to the manager about issues, and they have been great."

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 provider understood their responsibilities around duty of candour. Evidence was recorded as to how concerns were dealt with by the provider.

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

- The provider regularly sent out questionnaires to people and their families. Responses were reviewed to identify actions needed to improve the service. One person told us, "I find them very well organised. I have completed a survey. They are great, I cannot fault them."
- The service communicated well with people's social workers and worked in partnership with district nurses and GPs.
- The manager held meetings for the staff team to discuss relevant information.