

# The Human Support Group Limited

# Human Support Group Limited - Hazelmere

## Inspection report

Hazelmere  
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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

Hazelmere is an extra care service and people using the service live in their own self-contained apartments. The service supported 17 people at the time of our inspection. 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

Everyone told us they felt safe receiving care from the staff. Most people safely managed their own medications, staff assisted some people to apply creams. Staff were recruited safely and followed infection control procedures. Risk assessments were in place and reviewed regularly or when needed.

People told us they were supported with their meals, and most people ate together in the restaurant. Staff were trained and supervised. 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.

Documentation was stored securely, and people's independence and choice was promoted within their care plans. People commented on the caring nature of the staff, and we spent time talking to people, talking to staff and observing engagement where possible.

People were supported in a person centred way. People's background and preferences for support were well documented in their care plans and staff knew people well. People told us they knew how to complain. Staff were trained in end of life care and support.

There was a registered manager in place and people spoke positively about them. The registered manager was aware of their roles and responsibilities. People had been engaged with and asked for their feedback, and there was good partnership working between The Human Support Group and the housing provider. Audits took place and action plans were developed and allocated.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us in December 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 - Hazelmere

## **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.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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.

### 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 did not request a 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 all of this information to plan our inspection.

### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager and the head of extra care.

We spent time in communal areas talking to people at length and asking them about their care and support. We also observed staff interaction and relationships with people. We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 service since there was a change of legal entity. 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

- Staff had attended training in safeguarding adults. Information was displayed in communal areas which described what safeguarding was and how people could report this.
- Our conversations with staff evidenced they understood their role with regards to safeguarding people and explained which actions they would take to report actual or potential abuse.
- The information in communal areas was available in different formats to support people's understanding.

Assessing risk, safety monitoring and management

- Risk assessments were in place where needed. Everyone we spoke with said they felt safe. Environmental risk assessments took place in people's apartments.
- Comments from people around their safety included, "It is very safe here." "There is always staff around." Also, "I never feel at risk here."
- The information in risk assessments provided clear and accurate directions for staff to follow in order to keep the person safe. These were reviewed regularly or when people's needs changed.
- The environmental risk assessment took into account any factors in the person's home such as trip hazards, pets, or lack of floor space.

Staffing and recruitment

- Staff were recruited and selected safely. There were enough staff to support people safely.
- Each staff member was only offered a role following a robust recruitment and selection procedure which included a Disclosure and Barring Service Check and references.
- People we spoke with and staff told us they had enough time to visit people in the scheme and were never rushed or pressured.

Using medicines safely

- Medication were administered by trained staff in a safe way.
- Most people did not require support with medication administration. Where they did, staff gave medication at the correct time and signed people's Medication Administration Record (MAR).
- Two people required staff to administer topical medication (creams). There was a diagram in place within the MAR which highlighted where on the person's body the cream was to be applied.
- People stored their medications in their own apartments.

Preventing and controlling infection

- Staff had attended infection control training and had access to gloves, aprons and hand gel.

- There was information in the communal areas reminding people of infection control procedures such as the spreading of flu or other viruses.

#### Learning lessons when things go wrong

- Incidents and accidents were clearly recorded and analysed. The registered manager demonstrated they had learnt lessons from any past safeguarding's. This included more robust training for staff with regard to moving and handling, and how to use some of the equipment, such as the assisted bath.

# 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 the service since there was a change of legal entity. 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

- Each person had been assessed before moving into Hazelmere by the registered manager and housing manager. People's choices and preferences for support were discussed.
- These assessments were used to discuss people's choices around care and develop the person's care plan.
- People had signed their care plans and other associated documentation before their care packages began.

Staff support: induction, training, skills and experience

- Staff were all trained in accordance with the registered providers training policy. Staff were inducted into their roles. Practical competency tests were in place.
- Before staff started working with people, they were subject to an induction process which was aligned to the principles of the Care Certificate.
- For training such as medication and moving and handling, as well as completing the E-learning course, staff completed a practical competency test.
- Staff we spoke with said they felt well trained, and they could always request additional support if they felt they required it.

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

- Everyone who lived at the scheme had their own kitchens in their apartments at mostly prepared their meals.
- There was a restaurant within Hazelmere, and most people chose to eat their meals together in the restaurant.

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

- Staff supported people to make appointments with other health professionals such as GPs or dentists where needed.
- People we spoke with said the staff always arrived promptly at their apartments to provide care. One person said, "They will always call up to me if they are running behind."

Adapting service, design, decoration to meet people's needs

- People had purchased or rented their own apartments independently, therefore they had adapted them

to suit themselves.

- There were communal lounges, and other facilities such a gym and a shop in Hazelmere. There was a varied programme of activities on offer in the scheme, and people used these for opportunities to socialise.

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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was no one receiving care and treatment under DoLS.
- This was because had capacity to make their own decisions and choices, and they had signed their own care plans and consent forms themselves.

# 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 under the new legal entity. 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

- Our conversations with people evidenced staff were kind, respectful and mindful of their dignity and choices.
- One person said, "The staff are just lovely, I have no complaints at all." Another person said, "They always knock on my door and I buzz them in." someone else said, "They are more like friends really, we have nice conversations."
- People told us their dignity was respected because staff always closed doors and windows before providing personal care. Staff told us they protected people's privacy by not discussion personal information in communal areas.
- There was a separate room in the scheme to enable people to discuss any concerns with the registered manager privately.

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

- There were signatures on people's care plans and regular reviews had taken place.
- Our conversations with people in their apartments evidenced that they were in control of the care they received, and staff took lead from them.

Respecting and promoting people's privacy, dignity and independence

- People told us they were not asked whether they preferred a male or female carer, but everyone said it made no difference anyway.
- Care plans were respectfully written, and language such as 'always ask me first' and 'encourage me to do some tasks for myself' were part of people's preferences and routines.
- Records were stored securely in the office, which was fob accessed. The service was moving to an electronic recording system in the near future.

# 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 since the service changed legal entity. 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

- Each person received care that was right for them which was in line with their choices and planned and delivered in line with their preferences. We spent time talking to people and asking them about their care and preferences for support.
- People told us they had control over their care package, and staff 'Took [the] lead from them.'
- We observed staff engaging in conversations with people which were relaxed, friendly and person centred.

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.

- We spoke with the registered manager who told us they would make information available in different languages for people who required it.
- We saw that some information was available in large print for people to support their understanding.

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

- Even though people could choose to live independently at the scheme, there was a large emphasis on social inclusions and friendships.
- Meal times were an example of this, and we saw people sitting and chatting in the restaurant with their friends.
- The communal lounges had cinema experiences, so people could watch films together. People sat together and chatted throughout the duration of our inspection, in the restaurants, cinema room and around the building in general.
- The service arranged for external activities to take place. The local community often came into the scheme and the local school attended regularly.

Improving care quality in response to complaints or concerns

- There were no formal recorded complaints.
- There was information which was visible around the scheme which described the process of how to complain, and who people should speak to.

- Everyone we spoke with on the day of our inspection said they did not have cause to complain.

#### End of life care and support

- Staff were trained in end of life care and support.
- Most people had been supported to remain in their apartments as long as possible if this was their wish. Last wishes were discussed with 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 since there was a change of legal entity. 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

- Everyone we spoke with, staff and people receiving a service, said they liked the registered manager and they felt they were friendly, efficient, and approachable.
- All of the staff told us they enjoyed working at the scheme and they would recommend working there to others.

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

- There was a registered manager in place who was supported by the head of extra care. Managers and support staff followed policies and procedures in line with their roles. Audits were undertaken, and routine feedback was acted upon.
- The registered manager was clear with regards to their role and remit and had notified CQC of all reportable incidents.
- The registered manager discussed improvements they had made following audits, such as working jointly with the housing provider around staff induction to ensure staff could act appropriately if there was an emergency in one of the apartments.
- The completed audits were shared with the senior staff and any remedial actions for improvement were carried out.

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

- Questionnaires were sent out every year to ask for feedback about the service.
- We looked at the results from the December feedback. Nobody raised any concerns and all were satisfied or highly satisfied with the care they were receiving.
- Staff meetings took place every month. Staff told us worked well together.

Continuous learning and improving care; Working in partnership with others

- The registered manager discussed how they had changed some training to ensure staff completed competencies, particularly around using assisted equipment such as the bath.
- The registered manager worked closely with the housing provider to ensure the building was maintained to a high standard.

