

The Human Support Group Limited

Human Support Group Limited - Stoke on Trent

Inspection report

Marcus House
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Date of inspection visit:
13 March 2017

Date of publication:
21 April 2017

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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

We inspected this service on 13 March 2017. This was an announced inspection and we telephoned three days' prior to our inspection in order to arrange telephone interviews with people. The service provides care and domiciliary support for older people and people with a learning disability who live in their own home in and around Stoke on Trent. There were 105 people using the service at the time of our inspection.

Our last inspection took place in November 2015 and the service was given an overall rating of Requires Improvement. Improvements were required within our questions of Safe and Well-led as some care records did not show how risks relating to people's care was managed and effective systems to monitor the quality of the service were not in place. On this inspection we saw improvements had been made in these areas.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found improvements had been made with how incidents had been investigated. Where incidents had occurred, these had been reviewed and the provider had taken necessary action to make changes to ensure improvements were made. Quality assurance systems had been developed to monitor how the service was delivered and people were able to comment on the quality of the service. Where people raised concerns these were addressed and changes made to people's satisfaction.

People felt safe and staff were trained in safeguarding adults and understood how to protect people from abuse. Where risks had been identified, measures were taken to reduce or prevent potential risks to people. Recruitment checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service.

Staff sought people's consent before they provided care and support and people were involved in the planning and reviewing of their care. People were treated with dignity and respect by staff who understood the importance of this. People had support to take their medicines at the right time and staff knew how to act if medicines were missed. Where assistance was required, people received support to prepare and eat their meals and had access to food and drink between support visits.

The staff were kind and caring and had the right skills and experience to provide the care and support they required. People benefitted from receiving a service from staff who worked in an open and friendly culture and were happy in their work and supported by senior staff. Staff received supervision to ensure they were competent in their role. There were enough suitably trained staff to deliver safe and effective care to people. People had consistent staff to provide their care and who stayed the agreed length of time and changes were being made to ensure the times suited people.

People knew how to make a complaint if they needed to. People were confident they could raise any concerns or issues with staff in the office and the registered manager, knowing they would be listened to and acted on.

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.

People were protected from abuse as staff understood how to identify risks. Staff took appropriate action to protect people from avoidable harm. Checks were carried out to ensure staff employed were suitable to work with people who used the service. There were sufficient numbers of staff available to provide the support people wanted and to receive their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent when providing care and staff knew how to support people to make best interest decisions if they no longer had capacity. Staff knew people well and had completed training so they could provide the support they wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were caring and respectful and knew them well. People's rights to dignity and privacy were respected and they were supported to be as independent as possible and to choose how they wanted to be supported.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised and they benefitted from staff who had knowledge and

understanding of their individual needs. Where people's support needs changed, this was recognised and care was reviewed. People knew how to raise concerns and confirmed they were listened to and taken seriously if they did.

Is the service well-led?

Good ●

The service was well-led.

Staff felt supported by the registered manager and given help to do their job well. People were given opportunities to comment on the quality of the service and felt their views were listened to. Quality assurance systems were in place to monitor the service and drive improvements.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 13 March 2017 and was announced. The provider was given three days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal knowledge of this type of service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We reviewed information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We used a range of different methods to help us understand people's experience. We made telephone calls to 11 people and two relatives. We sent out questionnaires to people who used the service and staff and received 10 completed forms. We spoke with four care staff, the registered manager, the quality monitoring officer, the area manager and received feedback from commissioners of the service. We used this information to make a judgement about the service.

We looked at five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

On our last inspection we found improvements were needed as management plans did not identify how risks to people's care were managed. On this inspection we saw improvements had been made. Risks to people's safety had been assessed and staff knew how to provide support to reduce the risk of harm. Where people needed support to move, or had sore skin, the staff knew how to support them to move to prevent further harm. One person told us, "They use the hoist and they help me stand. They've got it spot-on." Another person told us, "I have four main staff and they're good people. I use a standing hoist and they're very safety conscious." A relative told us, "[Person who used the service] is happy with all of the staff and they're all safe to be with." Care records included information to ensure staff knew how to provide care for people. One member of staff told us, "The care records are very good and tell us what we need to know and are available in everyone's home." Another member of staff told us, "We have training so we know what to do and keep people safe. If there was any new equipment, we would have more training so we could use it properly. We have to check all equipment before we use it and see if the maintenance check is within date and it's safe for us to use."

People felt safe when they received care and were satisfied with the security arrangements for their home. Some people had an entry code so staff could enter their home as they were unable to move to the door to open it. Where codes and information was recorded, staff knew the importance of keeping this information safe and one member of staff told us, "We are told verbally what the code and don't write it down against people's address when we are out."

Staff knew people well and described how they may recognise possible abuse or neglect. Staff had a clear understanding of what may constitute abuse and what to do if they had any concerns. One member of staff told us, "I know I would report my concerns to the manager and it would be acted on. I also have the number to call the safeguarding team if I was worried about anything. I know I can go directly to them." The staff were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been identified the registered manager had informed appropriate agencies to make sure people were protected and informed us of incidents that had taken place.

People were supported to take their medicines and had creams applied where this was needed. One person told us, "They seem to know what they're doing. If I didn't like what they did, I'd tell them." Another person told us, "They give me the tablets and they get them out for me and I have them at the same time." Staff had received training for safe administration of medicines and if there were medicine errors, the staff contacted the senior staff and sought medical guidance to ensure people stayed well. We heard staff discuss concerns that one person had not received their medicines when being supported by another agency. Prompt action was taken to investigate whether they needed any missed medicines and checks carried out to ensure they were well. A medicine administration record was completed after medicines had been given and recorded any concerns in the daily notes. Information about the support people needed with medicines was recorded in people's care records and matched what staff had told us.

When new staff started working in the service, the staff confirmed that recruitment checks were completed to ensure they were suitable to work with people. Recruitment checks were managed from centrally from the Provider's main office and staff told us the provider had taken out appropriate references and had confirmed their identity. Other checks included, requesting and checking references of the staffs' characters and completing a police check to ensure they were suitable to work with people.

There were sufficient staff to provide people with the agreed level of support and people told us that the staff were reliable and provided them with support they needed. Systems were in place which identified whether people received their visit at the agreed time. Where people wanted their support visit at a different time, we saw this was arranged with commissioners of the service. People were able to contact the office throughout the day and night if there were any concerns as there was also an on call system which operated out of office hours. One person told us the office telephone number was written in large letters in order that it was clear to read due to their visual impairment. They told us, "I can see the numbers as they are large and black." This meant consideration had been given to how this information was provided for people.

Is the service effective?

Our findings

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.

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff told us that people were able to make decisions about their care and people confirmed that consent was sought and they signed their care records to evidence this. One relative told us, "They know their routine, but they still ask them what they can do; they don't just do it." Where people may lack capacity, new care records had been developed to enable other people to record how they may make decisions in their best interests. Staff had received training to understand MCA within their induction and knew that when people no longer had capacity, decisions could be made in their best interests. One member of staff told us, "Everyone I support is able to make a decision about how they want their care but if this changed, I'd let the manager know so we could carry on supporting them how they wanted this."

New staff received an induction into the service and this included training to meet the specific support people would need. One member of staff told us, "When I started here I did training for the first week which covered learning about a range of different hoists and learning about how to deal with people's emotions. The one thing that was stressed is that we must always be polite no matter what we experience and this has stuck with me." New staff completed the care certificate and the registered manager told us, "We've just introduced this and all the new staff are starting on this and then all the existing staff including me, will do this." A member of staff told us, "I like the fact that all the staff do the training so we all know what to do and all do the same thing. This works really well." The care certificate sets out common induction standards for social care staff. It has been introduced to help new staff develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff were observed carrying out care and support in people's home as part of the supervision and appraisal system. One member of staff told us, "The senior staff will come out and check we are doing things the right way. We have a competency check when we first start working here and then throughout the year. They just want to know we are safe and people are receiving the care they should have and have understood the training." We saw these competency checks included whether staff wore their uniform, assisted correctly with personal care and gave people their medication as required. Health and safety checks were carried out on the spot checks and this included checking that staff maintained infection control standards and had personal protective equipment to wear.

People retained responsibility for managing their health care and staff maintained relationships with other

healthcare professionals. We saw that people were asked if they needed support with making routine appointments with their doctor and for their permission before staff were able to liaise on their behalf. One person told us, "If the staff aren't happy, they ring my daughter who rings the doctor. They rang them recently and I ended up having medical treatment."

Some people needed support to prepare their meals and they told us staff offered them a choice of food and staff prepared their meal in accordance with how they wanted this. One person told us, "The staff always make sure I have everything by me when they leave. My family do the shopping so it's just a case of getting everything ready for me." Another person told us, "I've got a care plan and it's got everything on it, but the staff do more than what's on the care plan and my kitchen is always spotless." People's food and drink preferences were recorded in their care plans. One member of staff told us, "We always ask people what they want. If they are on a special diet, this would be recorded in the care plan so we know how to prepare any food or drink." The information from the staff corresponded to information we read in the person's care plan which demonstrated that staff had a good understanding of people's food likes and dislikes.

Is the service caring?

Our findings

People were happy with the way staff supported them and told us the staff were kind and compassionate. One person told us, "I've been pleasantly surprised and I can't fault the staff, they're brilliant. We chat about things." Other people said, "So far, all of the girls are very good. They go over and above what they are supposed to do." "They're all approachable I've been amazed as you see people on television, and through talking, who aren't treated right." "Yes, they are likeable people; I like seeing them."

People commented that staff were polite and respected their privacy and dignity and when staff needed to offer personal care they enabled people to retain their independence. One person told us, "They don't try and do everything for me; they say 'Watch you don't fall'. They don't hold onto me but they help me in the shower to sit on the stool." One relative told us, "They're respectful and they're kind. They help with personal care and they are very dignified and friendly." One member of staff said, "You've got to give people dignity and this is always reinforced in all the training that we do." Staff were aware of people's abilities and care records highlighted what people were able to do for themselves and where they needed help.

Staff treated people with respect and kindness. One person told us, "The main carer is a guardian angel." Another person told us, "The staff do listen to me, definitely. I couldn't do without it them." Staff supported people to talk about what was important to them and listened to what they had to say and wanted. One person told us, "They do encourage me to talk if my emotions are a bit down. I have mood swings." Another person told us, "If I don't feel well I just say leave me. But they make sure I'm comfortable."

Staff enjoyed their job and told us it was important to them to make a difference to people's lives. One member of staff told us, "I feel lucky to work for this company because they do care. I enjoy visiting the people and it's lovely when we hear what a difference we can make. The people are very special to me." People's preferences for how they received their care were reflected in their support plans and one relative said, "We can see that the support for [Person who used the service] is written down and we are happy with how this is carried out."

Is the service responsive?

Our findings

People had agreed how they wanted to be supported and had a copy of their care records and support agreement in their home. People told us the support had been agreed with them when they started using the service and during any review. One person told us, "We all change and if the care doesn't fit, I let them know so they come out and see me and make the changes. I have the same few girls and they all know what I want." The support plans were being reviewed and now contained more personal information about people. One member of staff told us, "The new plans are better. It matters that we know what we are doing, but it's also important to know the smaller stuff like how many sugars people want in their drink." We saw the care records included relevant information about how people wanted to be supported.

People were asked their preferences about how they would like their care provided, this included whether they wanted a male or female member of staff to support them. Their preferences were recorded in their care plans and where possible the provider tried to accommodate them. One person told us, "I only want female staff to help me wash. I'm sure some people don't mind but I do. I've always had this respected." One relative told us, "It's nice that they have men working here too as it's good for the gentleman and I know [Person who used the service] appreciates it."

People usually received their care at the times expected and staff stayed long enough to complete all the tasks required. People had a regular team of staff who visited them. People were not provided with a copy of their rota but told us they knew who was providing the care and if anything changed, they would be contacted by the office staff. One person told us, "We used to have five people and they've cut it down to one staff in the morning and one at night and we manage quite well. They're the same people now for a long, long time, not different people."

People knew how to raise concerns and complaints and were confident that they would be responded to and their concerns would be taken seriously. One person told us, "I feel comfortable talking to staff and I think the service is running really well. I wouldn't be frightened of telling them about any problem. Another person told us, "Occasionally things happen, but everything is put right." Other people told us, "There's nothing to improve for me. I'm quite happy with what I've got." And "They seem to know what they're doing. If I didn't like what they do, I'd tell them." People had a copy of the service's complaints policy which provided information on how to make a complaint. Where concerns had been raised, we saw the registered manager had considered the information and responded to them, identifying any outcome or improvement to be made.

Is the service well-led?

Our findings

On our last inspection we identified that improvements were needed, as systems to monitor the quality of services provided needed to be improved and to ensure that lessons were learnt following incidents. On this inspection we saw improvements had been made.

Quality checks monitored the service people received. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their support plans. Where incidents had occurred, these were investigated to ensure improvements could be made. A system was in place to record whether people received their support on time and for the agreed length. We saw that the support plans were being reviewed and people were changing the time of their support visit to ensure the staff arrived at a more suitable time. This meant checks concentrated on the ensuring people received the correct length of call whilst the commissioners of the service had made these approvals.

People were asked for their views and opinions about the service during reviews and telephone calls. One person told us, "The office staff came out to see me and we went through everything and the staff asked me how things were and if everything was how I wanted it." Some people remembered receiving an annual satisfaction questionnaire asking about their views of the service. All people knew who to contact if they needed to. We saw the last quality satisfaction survey had been reviewed and where concerns were identified, the registered manager contacted them individually to make improvements. We saw comments included, 'The carers are very pleasant and are good at what they do.' 'They do anything you ask them to like take rubbish out or make something to eat and drink. Very good.' 'Carers are very sociable and I wouldn't like to be without them.' and 'They ensure I am clean and tidy and safe and have my meals provided before medication administered.'

The staff felt well supported by the registered manager and staff in the office. One member of staff told us, "It doesn't matter what the problem is, the manager will always try and help and sort things out." Staff were provided with opportunities to meet with the registered manager through staff supervision and within staff meetings. A member of staff told us, "I enjoy the staff meetings as it's an opportunity for us to get together. You don't always see other staff as you are working alone. It's a time to talk and also say what you want. I'm happy with how these are run." Staff were aware of the whistle blowing procedure and confident about reporting any concerns or poor practice to their managers.

Staff kept records of the care provided during each visit, so that the next member of staff would be alerted to anything new. Staff had contact details for each other and was able to support each other when needed; they felt this was a positive measure so they did not feel isolated. The registered manager and the staff enjoyed their work and told us they were proud of the service they provided.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be

informed of our judgments. We found the provider had conspicuously displayed their rating and report within their office.