The Human Support Group Limited

Human Support Group Limited - Stoke on Trent

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

We inspected the Human Support Group Limited, Stoke-on-Trent on 5 November 2015. This service is also known as Home Care Support – Stoke. The provider is a domiciliary care service, registered to provide personal care to people living their own homes. At the time of our inspection, 101 people used the service.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

Summary of findings

The location was registered with us in June 2013 and had never been inspected before.

People were at risk of unsafe care because care records did not always provide clear guidance to staff on how care should be delivered. Risk management plans were not always in place to guide staff on how to provide safe care.

The provider had systems in place to regularly monitor the quality of services provided. However, care support staff did not always receive feedback of quality to monitoring audits from the main office, so lessons were not always shared and learned. The registered manager did not always notify us of events which they are required to notify us about.

All the people we spoke with told us they felt safe and protected from harm. They were confident that staff would take appropriate action if they were at risk of harm or the staff member suspected abuse. Staff understood what constituted abuse and knew what actions to take if abuse was suspected.

There were appropriate numbers of staff employed to meet people's needs. People's care needs were planned and reviewed regularly to meet their needs.

People were assessed before they started using the service to identify if their needs could be met by the provider. Staff had the knowledge and skills for caring and supporting people.

Legal requirements of the Mental Capacity Act 2005 (MCA) were followed when people were unable to make certain decisions about their care. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.

People told us the staff supported them to eat and drink sufficient amounts if they needed support. They told us that staff took appropriate action if they had concerns that they were not eating and drinking well. Other health and social care professionals were contacted when staff had concerns about people's health and wellbeing.

People were involved in the care planning process and in decisions about their care and treatment. They told us, and we saw that staff were kind and treated them with dignity and respect.

Care was tailored to meet people's individual needs. Care plans detailed how people wished to be supported. There were systems in place to support people if they wished to complain or raise concerns about the service.

We saw that the registered manager was accessible and people felt free to approach them if they had any concerns. The registered manager understood their responsibilities And supported staff in their roles.

Summary of findings

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 not consistently safe.

People were at risk of unsafe care because their risk assessments did not always provide clear guidance to staff on how people's identified risks to their care and treatment will be managed. People told us they felt safe and protected from harm. Staff recognised abuse and knew what actions to take when it was suspected. There were adequate numbers of staff to meet people's needs. People's medicines were managed safely.

Requires improvement

Is the service effective?
The service was effective.

People were cared for by staff who knew them and had the skills and knowledge to provide care. People's liberties were not restricted and staff supported people to make choices about their care. Staff had an understanding of the Mental Capacity Act (2005) and supported people to make choices in how they wished to receive care and support. People were supported to eat and drink sufficient amounts to remain healthy and other healthcare professionals were involved if the provider had concerns about people's health.

Good

Is the service caring?
The service was caring.

People told us that staff were kind and caring when they supported them. Staff knew people's needs, likes and dislikes and provided care in line with people's wishes. People were treated with dignity and respect and were supported to express their views about their care. Their views were listened to and acted upon.

Good

Is the service responsive?
The service was responsive.

People were encouraged and supported to be involved in activities and hobbies of their interest. The provider had a system in place to respond to concerns and complaints about the service.

Good

Is the service well-led?
The service was not consistently well-led.

People's care records were not detailed and did not always indicate the level of support people needed or provide guidance to support staff on how people should be cared and supported. The provider did not have effective systems in

Requires improvement

Summary of findings

place to monitor the quality of the service provided. The provider promoted an open culture within the service and supported staff to carry on their roles effectively. The registered manager was available and people told us they were approachable.

Human Support Group Limited - Stoke on Trent

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 was planned to check whether the provider was 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.

The inspection was carried on 5 November 2015 and was announced. We gave 48 hours' notice prior to the inspection because the service because we needed to be sure that the registered manager would be in.

The 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.

We reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding team and local commissioners of the service.

The provider had 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.

We spoke with 12 people who used the service, three relatives, three members of care staff, a care coordinator, the registered manager and the regional manager for the service.

We looked at six people's care records to help us identify if people received planned care and we reviewed records relating to the management of the service. These records helped us understand how the provider responded to and acted on issues related to the care and welfare of people. We looked at the various audits the provider carried out aimed at ensuring that they provided quality services.

Requires improvement

Is the service safe?

Our findings

One person who was at risk of developing pressure sores did not have clear plans on how this risk was minimised. The person's relative told us they had concerns about how the person's care was managed. They said they had observed that staff did not always take action when the person had been at potential risk of harm and had discussed this with the provider. The manager told us they had arranged to meet with the person to review how their care could be managed more safely. We saw records which indicated that the family had raised concerns about staff not taking action in a timely manner when the person started developing a pressure sore. Guidance had not been provided to staff in the form of risk management plans on how the person should be supported in order for identified risks to be minimised.

Another person had been assessed as being at risk of falls due to poor mobility. They also required moving and handling aids to enable them to mobilise. Risk management plans identified that they required support from two members of staff due to their mobility problems. However, clear guidance had not been given on how the moving and handling aids were to be used and the type of aids the person required in order to receive safe care. This information would guide care assistants who may not know the person very well.

The people above had been or were at risk of unsafe care due to risk management plans not providing clear guidance to staff on how their identified risks will be minimised and/or prevented.

We discussed the concerns about poor risk management plans with the registered manager and the regional manager. They told us they had identified concerns with care records, risk assessments and plans when they came in post and showed us some examples of care records which had been reviewed and amended to provide clear guidance to staff on how care should be provided.

All the people we spoke with told us they felt safe and protected from harm. They told us they were confident that staff would take appropriate action if they had any concerns about their safety. One person said, "I feel safer once I get to know them". The people told us they were confident raising concerns with staff. All the staff we spoke with demonstrated knowledge of the signs of abuse. They told us they checked for marks on people's body's and paid attention to people's moods and then reported to the registered manager if they had any concerns. Staff were aware that they could also report safeguarding concerns to the local authority for investigation.

There were sufficient numbers of adequately trained staff to provide care and support. People told us that support workers were on time most of the time and notified them if they were delayed. Relatives told us that people who used the service received care most of the time from the same staff. They said this promoted safety in the way care was provided and ensured continuity in care. People told us that staff did not rush when they supported them with their personal care.

The registered manager told us they carried out assessments to determine how many staff would be required to meet the needs of the referred person before they started providing care. They told us they had ensured continuity in care provision by introducing a rota which the support workers found to be flexible and thereby minimised cancellations. Staff were also allocated service users close to their home addresses unless they stated otherwise. This helped minimise late calls and time spent travelling.

The provider had recruited additional staff to provide front-line care. The recruitment records which we reviewed showed that recruitment checks were in place to ensure staff were suitable to work at the service. Disclosure and Barring Service (DBS) checks were carried out for all the staff. The DBS is a national agency that keeps records of criminal convictions. The provider also requested and checked references of the staffs' characters and their suitability to work with the people who used the service.

People's medicines were managed safely. People told us they were supported to administer their medicines independently. Staff had all received training in medicines management. Staff supported people to have their medicines from monitored dosage systems (blister packs) to minimise the risk of errors. The registered manager told us they carried out regular audits of Medicine Administration Records (MAR) to ensure that people received their medicines as prescribed. The provider had medicines administration protocols which all staff we spoke with told us they were aware of and followed. The registered manager said, "Staff are not allowed to

Requires improvement

Is the service safe?

administer unlicensed medicines and they are not allowed to take instructions from families". This minimised the risk of errors. MAR audits which we reviewed indicated that there had been no medicines errors or missed medication.

Good

Is the service effective?

Our findings

All the people we spoke with told us they felt that all the staff who provide them with care had the necessary skills to meet their needs. Relatives we spoke with told us they were confident that staff who provided care had received the necessary training and had skills to provide care. People's needs were assessed and planned to ensure that they received appropriate care and support from staff that had skills and knowledge to meet their needs. People had support plans from a social worker which identified the level of support they required.

Staff we spoke with told us they knew the people they cared for well and understood their care needs. Staff told us they had received training to give them the skills they needed to provide care and support. At the time of the inspection staff were present at the office to receive planned training. Newly recruited staff received an induction before they could to go to support people independently. The registered manger told us, "We try to skill manage the care staff. We make sure there is an experienced carer with any new staff until they are competent to work independently". We checked staff training records and saw that all staff had received the required training and others were encouraged to undertaking additional training that were relevant to their roles.

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. When people did not have capacity to make certain decisions, the provider involved social workers to ensure that mental capacity assessments were carried out. 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.

People told us they were not prevented from doing what they wished to do and staff told us they had never tried to stop any one from leaving their homes. Staff we spoke with had an understanding of the Mental Capacity Act (2005). The registered manager said, "We presume that everyone has capacity and we work with the person, family and social services for mental capacity assessments". This showed that the provider followed the legal requirements of the act.

People told us and records showed that staff obtained people's consent before they went into their homes to provide them care and support. We saw records in the form of signed agreements by people who used the service which indicated that people's consent to care and treatment had been obtained before they started receiving care and support. The registered manager said, "I ask the staff to always get permission before they go in; at the end of the day they are going into people's houses". Staff told us they always encouraged people to make a choice as to how they wished to receive care and support on the day.

People were supported to have adequate amounts of food and drink. People told us that staff supported them to choose what they would like to eat and drink based on available choices and also supported them to buy food and drink when they were running out of these. Relatives told us they had no concerns about how staff supported people to eat and drink sufficient amounts. Staff told us they sometimes supported people to make snack. They said they also ensured that those who were not able to walk independently always had food and a drink at close proximity before they left the property so that these people could help themselves.

People were supported to have access to other health and social care professionals when they needed it. Staff we spoke with told us that if they had any concerns about people's health, they reported it to the office and to people's relatives. They told us they also contacted people's GP's when they had concerns and sometimes supported people to attend GP appointments. Records confirmed this.

Good

Is the service caring?

Our findings

All the people we spoke with described the care they received as "good" or "excellent". One person said, "The girls are lovely, they can't do enough for me". Another person said, "They [staff] are like part of my family". A relative we spoke with said, "We are very happy with the care and we wouldn't change it for anything". The registered manger told us that staff had supported a relative to put together a photo album of their relative who used the service and lived with dementia. The registered manager said, "They [relative] were chuffed with this". We were told that a carer now goes out to sit with the person who used the service, once a week to minimise boredom. This showed that the service made the person and their relative feel valued.

People told us that they were supported by staff in line with their views and how they wished to be cared for. People told us that staff kept them informed about the care they received. Staff told us they were always led by the wishes of the person who used the service and would always ask if the person needed anything before they left the person's home. The registered manager told us that once a referral was received from a social worker, a senior care assistant carried out initial assessments to plan with people how their care will be delivered. Records confirmed this. Records also showed that a care plan was devised with people prior to them beginning to use the services.

People told us they were treated with dignity and respect. The relatives we spoke with told us they their relatives were treated with dignity and respect. Staff told us that always knocked and sought permission before going into people's homes. They told us they ensured that bedroom and bath room doors were closed when they supported people with their personal hygiene. People told us that staff always spoke politely to them.

People received comprehensive assessments of their health and social care needs to identify what areas of personal care they needed support with and what they were capable of doing for themselves. Staff told us they ensured that people's independence was maintained as much as possible. They told us they supported or supervised people to prepare snacks for themselves if the people wanted to do so. The registered manager told us the service aimed at supporting people to live as independently as possible in their own environment.

Good

Is the service responsive?

Our findings

People were supported to receive care in the way they wished. The provider demonstrated flexibility in the way they provided care in order to meet people's individual needs. The registered manager told us, "One service user doesn't like to have a bath in the morning, so we have split their calls and confirmed with the social services so they can have one in the afternoon instead". This showed that the provider has responded to the person's individual needs.

People told us that they had not had any reasons to make a formal complaint about the provider recently. One person who used the service told us they had raised a concern with the provider about a staff member and the provider had responded to the concern appropriately. People said they would not hesitate to raise any concerns with the registered manager. They told us they were confident their concerns would be dealt with appropriately. A relative also told us they had raised concerns about the attitude of a staff member and the provider had taken appropriate action.

Our records showed that earlier on in the year several complaints had been received about the provider but none had been received since April 2015. The registered manager told us that there were several concerns about care provision at the time they came into post as registered manager in March 2015. They told us they had worked closely with people who used the service when concerns were raised. This ensured that concerns were resolved effectively. The registered manager also told us they worked closely with staff to ensure that they felt supported to carry out their roles effectively thereby reducing the need for people to complain about the service.

We saw records of a complaint that had been made about the service by a relative when the current registered manager was in post. The registered manager told us they had met with the relative to discuss the complaint and to resolve the concerns. We saw that they had responded appropriately to the complaint.

Requires improvement

Is the service well-led?

Our findings

The provider did not always have effective systems in place monitor the quality of services provided and to ensure that lessons were learnt following incidents. The registered manager told us, and we saw that audits of care records took place. However, we found that care records did not always provide clear guideline for staff on how to manage risks. We also found that people's care records did now always reflect people's personal preferences, likes and dislikes. The registered manager told us they had identified that there were concerns with the quality of records when they were employed to be the registered manager for the service in March this year and had started taking action to improve the quality of the records.

All the people we spoke with told us they had never been formally asked for their views or feedback about the service. We checked with a care coordinator for the service, who informed us that the head office sent out service questionnaires to people who used the service in June of this year and completed responses had to be sent directly to the head office. However, the registered manager and staff at the office had not received any feedback from the head office on the outcome of the service user survey. We found that outcomes and evaluations of investigations and audits sent to the head office were not always fed back to staff to encourage reflection and learning from incidents. This meant that information from investigations was not always used effectively to promote improvements.

We found that the registered manager did not always notify us of incidents which they were required to notify us about. Providers are required to notify us of all serious incidents which occur to people who use the service when care is being provided. For example, the registered manager had not notified us of the death of one person who used the service. The registered manager told us that they had been informed in the past that if a person died in hospital, it was the responsibility of the hospital to report the death. The regional manager for the service informed the registered manager that it was still the responsibility of the provider to report the deaths of people who used the service. We had also not been notified of a fall which resulted in the person being admitted in hospital. The registered manager told us that the person had been found by a member of staff in the morning when they had gone to the person's home to provide care. They felt that because the fall had been unwitnessed, it did not have to be reported. They told us the staff member had immediately contacted the emergency service and the person was admitted in hospital. This showed the registered manager did not always adhere to the CQC registration requirements.

People who used the service and their relatives told us they felt comfortable ringing the office to express their concerns. Staff told us the registered manager was approachable and supported them to carry out their roles effectively. They told us they would not hesitate to raise any concerns with them and were confident their concerns will be dealt with appropriately. They all knew what whistleblowing was and how to do this if they felt that the provider was not responding to concerns relating to the service and people were at risk of harm.

Staff told us and we saw records that they received supervisions and had regular staff meetings to share information, concerns and discuss areas for improvement. The registered manager told us that staff morale had been so low prior to them becoming registered manager of the service and they had worked really hard to build staff morale. They said, "My biggest achievement has been getting all staff on board, continuity of care and having an open door policy, not just for the service users, but also for the staff. I've ensured they have stable rotas so they know what they are doing and don't have to panic".