

Humanity Care & Support Services Ltd

# Humanity Care and Support Services

## Inspection report

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Date of inspection visit:  
31 May 2022

Date of publication:  
28 July 2022

## 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

Humanity Care & Support Services is a domiciliary care service which provides personal care to people living in their own homes. CQC only inspects where people receive support with personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection one person was receiving support with personal care.

### People's experience of using this service and what we found

The person received safe care and support. Risks to the person's health and well-being were identified and managed by staff. The person was supported by regular staff which meant they had built a positive relationship with the person.

There was a safeguarding policy and clear procedures in place. The relative confirmed that staff wore appropriate personal protective equipment (PPE) and staff confirmed they had access to PPE when they needed it.

People's needs were assessed. There was information available throughout the person's support plans which enabled staff to provide person centred care. The person and their representative had been involved in the care planning process.

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 staff member had developed caring relationships with the person, which respected their dignity and privacy and promoted their independence.

The provider operated effective quality monitoring systems and sought feedback from the person using the service. Spot checks took place to ensure staff were working within the policies and procedures of the service.

For more details, please see 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 on 19 March 2021 and this is the first inspection.

### Why we inspected

This was a planned inspection to provide a rating.

### 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 effective?

Good 

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good 

The service was well led.

Details are in our well led findings below.

# Humanity Care and Support Services

## **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

This consisted of one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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 31 May 2022 and ended on 08 June 2022. We visited the office location on 31 May 2022. We made calls to the person's relative and spoke with the registered manager on 07 June 2022.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. The provider was not

asked to submit 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 reviewed a range of records. This included records related to one person's care and support and two staff files in relation to recruitment. We also reviewed records related to the management of the service, which included minutes of team meetings and quality assurance checks. We contacted one professional for feedback. We spoke with the nominated individual (NI). The nominated individual is responsible for supervising the management of the service on behalf of the provider. We provided formal feedback to the NI on 08 June.

# 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. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people had been assessed and planned for. The registered manager completed all risk assessments in the person's home. For example, a moving and handling risk assessment had been completed which highlighted the support the person needed when mobilising within their home. The NI told us, "They want to ensure information was recorded in clear English to help staff know how best to look after the person."
- The provider also completed a needs assessment which considered the person's physical ability, and communication needs. This provided clear information to guide staff.
- The registered manager carried out an environmental risk assessment which detailed potential hazards and provided staff with clear information to help protect them and the person they were providing care to.

### Staffing and recruitment

- Due to the size of the service the NI was the care worker for the person. The provider had recruited staff in the past but as they weren't supporting any people, they were unable to offer any jobs. These staff had been recruited safely as the provider carried out pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable individuals from working with people who use care and support services
- The person received their care calls on time and this was confirmed by their relative.

### Preventing and controlling infection

- There were appropriate policies and protocols in place to ensure care workers knew how to keep people and themselves safe and reduce any risk of COVID-19.
- The NI was aware of the requirement for staff to be involved in the weekly lateral flow device (LFD) COVID-19 testing programme for adult social care.
- The NI was carrying out quarterly audits for personal protective equipment (PPE) to ensure they had enough supplies. The NI told us, "People can easily become sick, and transmission has to be managed to ensure people do not get sick but also to make sure staff have good health and safety measures."
- Relatives confirmed staff wore PPE correctly whilst in their home.

### Using medicines safely

- At the time of the inspection, the person was not being supported with any medicines. The provider had a medical care and support plan which was carried out at the initial assessment.
- The provider had a medicines policy in place and was aware of their responsibilities to ensure staff received training and had their competency assessed before they started providing this support.

Systems and processes to safeguard people from the risk of abuse

- There had been no safeguarding incidents since the service had been registered. The NI told us, "Safeguarding is to protect adults from harm and to make sure you are aware of potential risks. If there is an incident you must take action immediately and information would be recorded correctly. "

Learning lessons when things go wrong

- The provider had an effective system in place for managing accidents and incidents. There had been one incident since the provider delivered care. The accident log detailed what action needed to be taken to support the person.



# 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 this service. This key question has been rated as 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

- The registered manager had carried out detailed assessments before the person started to receive a service. Assessments covered various aspects of people's health issues and we saw evidence that the person was involved in the assessment of their care needs.
- The person's diverse needs such as culture, religion and language spoken were considered as part of the assessment process. This meant staff had the necessary information to care for this person.

Staff support: induction, training, skills and experience

- The person was supported by staff who had the necessary training to provide care and support. The NI had completed a range of training such as safeguarding, health and safety and the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- The person was not supported to eat and drink as this was not part of their agreed care and support needs. However, at the initial assessment the provider completed a nutrition screening assessment. This assessment covered weight, swallowing and foods the person liked to eat.

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

- This service had limited involvement with any relevant health and social care professionals. The NI told us they had regular contact with the person's relative and if required they would make referrals to specialist health services. The care workers also had regular contact with the person's social worker to update them on the person's care needs.
- As part of the initial assessment oral care was addressed. The assessment guided staff on how to meet this person's oral care needs.

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.

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.

- The provider was working within the principles of the MCA. At the time of the inspection, the person did not have the capacity to consent to their care. A capacity assessment had been completed as part of the initial assessment. The NI told us, " When someone cannot make the decision, I will take action to ensure they receive the support required."
- The registered manager was aware of their responsibilities around the MCA. They told us, " It is about deciding if the person can make decisions on their own. If they need support to assist, we make sure we are working to ensure they feel involved in the decision making. We work within the person's best interests."
- The person had a Power of Attorney and the NI had requested to see evidence of this. A power of attorney is a written authorisation to represent or act on another's behalf in private affairs, business, or some other legal matter.

# 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 for this service. This key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care: Ensuring people are well treated and supported; respecting equality and diversity

- The person was supported to be involved in making decisions about their care. The NI had regular contact with the person and their relative to discuss the current care and support and if any further support was required. The NI told us, "As part of the care plan I ask [Person] what their wishes are. On a daily basis, I reaffirm with the person what the wishes are. "
- The person's relative told us that the NI was kind, caring and very patient with the person. The relative was very happy with the level of care that was provided and felt they really took the time to agree the best way to work with their loved one.
- The registered manager knew how to support people to access advocacy services if required, however at the time of inspection this was not required. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. The NI spoke about the importance of maintaining the person's privacy, dignity and independence. The NI told us, "I knock on the door and if I am providing personal care, I leave the room when they are changing their clothes as this is what the person has requested me to do."
- People were provided with a privacy statement as part of their assessment which explained how their privacy would be maintained.

# 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 for this service. This key question has been rated as 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

- The person received personalised care which helped them to ensure their needs were fully met. The provider had completed a personal care assessment which provided detailed information on how the person would like their personal care to be delivered. For example, there was specific information regarding how the person wished to be supported with their personal care, examples included were type of flannels to use and the products they preferred.
- Daily notes recorded the care provided for the person and they were reviewed by the registered manager. They told us, "We review the care plans on a monthly basis because we are at a learning stage, so I want to get it right. Care plans are open, and things can change, and we have to be responsive."

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.

- The person's communication needs were assessed and recorded during their initial assessment. The person's social worker told us, "They have been able to communicate effectively with the person who sometimes has challenges communicating in English due to a language barrier."

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

- The person was not specifically funded to be supported to avoid social isolation, but the NI spoke about the importance of sitting with the person and talking about the news and television programmes that the person liked to watch and current affairs.

End of life care and support

- At the time of our inspection the provider was not supporting anyone who was at the end of their life. The NI told us they could provide end of life care if required and they provided us with an example of an end-of-life care plan. The NI had attended a one-day training course on end of life to ensure they had the most up to date best practice.

Improving care quality in response to complaints or concerns

- The provider had systems in place to respond to any issues or concerns. At the initial assessment the person was provided with a complaint's procedure. At the time of the inspection the provider had not

received any complaints.

# 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 for this newly registered service. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The NI and the registered manager demonstrated a good knowledge of their role including their regulatory responsibilities. There was a system of quality audits in place which were regularly completed by either the registered manager or the NI.
- The registered manager was responsible for carrying out regular care audits. An example of this was spot checks to ensure the person was receiving their care and if there were any areas for improvement. The spot check addressed punctuality and support being carried out.
- The person was receiving good care. A relative told us, "It is amazing. I cannot say one bad thing about the company, it is just getting better. I think we are lucky. They are brilliant. I have never been as satisfied as I am with this company, they go the extra mile."

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

- The NI was actively engaged with the person, their relative and the social worker. The social worker confirmed that they were very happy with the care provided. They told us, "The service has communicated with me via direct telephone calls / emails to provide feedback to me with regards to any issues or concerns observed during their daily visits to the person."
- The person's relative told us the service communicated well with them and that it was easy to reach the NI.