

Hales Group Limited

# Hales Group Limited - Grimsby

## Inspection report

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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

Hales Group Ltd Grimsby is a domiciliary care agency located close to the town centre of Grimsby in North East Lincolnshire. The service provides personal care and support to people living in their own homes in Lincolnshire and North East Lincolnshire. The service supports adults with a range of conditions including older people, learning disabilities, physical disabilities and people living with dementia. At the time of our inspection the service was supporting over 300 people.

This announced inspection took place on 10 and 12 February 2016. The service was registered in February 2011 and this was the first inspection to take place since they registered with the Care Quality Commission (CQC). Prior to registration the service was operated by another registered provider in a different name.

The service had 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 2008 and associated Regulations about how the service is run.

People who use the service were protected from the risk of harm and abuse because staff had received safeguarding training and knew what action to take if they suspected abuse was occurring. People had risk assessments in place regarding their health and wellbeing and home environment. This helped to keep all parties safe.

People's health needs were assessed and kept under review, where necessary. Staff received training in a variety of subjects which enabled them to support people safely and meet their assessed needs. Staff were supported with supervisions and appraisals which helped develop their practice and identify learning needs.

Staff understood if people lacked capacity to make their own decisions then the principles of the Mental Capacity Act 2005 must be followed.

Staff had been recruited safely and employment checks had been completed to ensure they were suitable to work with vulnerable people. Staff had completed an induction when they were first employed at the service and they were provided in sufficient numbers to support the needs of the people currently using the service. Staff had completed a range of training in key areas which helped them to meet people's needs effectively.

Support plans detailed people's likes, dislikes and preferences for their care and support. Staff contacted relevant health care professionals for advice to help maintain people's wellbeing. People told us staff treated them with respect and were kind and caring. Staff demonstrated they understood how to promote people's independence whilst protecting their privacy and dignity.

Staff felt supported and listened to by the registered manager and registered provider. Staff received supervision and attended regular team meetings to ensure they were included and updated about changes happening within the service.

The service had a complaints procedure in place and people felt they could raise concerns and they would be addressed efficiently. The service completed regular audits to ensure practice was reviewed and remained safe and effective.

## 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.

Staff understood how to safeguarding people from abuse or harm and knew how to report suspected abuse.

Risks to people's health and wellbeing were assessed and monitored and environmental risks were assessed. This helped keep people safe and minimise risks.

Sufficient numbers of staff, with skills and experience, were available to meet people's needs. Recruitment processes in place were robust.

Staff supported people to take their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff had received an induction and participated in a variety of training which helped them support people effectively. Staff were supported with supervision and appraisals.

Staff monitored people's health and wellbeing and gained support and advice from relevant health care professionals, where necessary.

People were consulted over their care and staff asked for consent, where possible.

### Is the service caring?

Good ●

The service was caring.

People were treated by kind and caring staff who respected their privacy and dignity.

Staff promoted people's independence and choice.

People were involved in the planning of their care and felt in control of their lives.

### Is the service responsive?

Good ●

The service was responsive.

People's care was person-centred and took into account their choices, wishes and feelings.

People received individualised care specific to their needs.

People were provided with information about the registered provider's complaints procedure. Complaints were monitored and issues raised were acted upon.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager and senior staff were available to help and support staff at any time.

People were asked for their views about the service they received.

The management team undertook audits to find ways to maintain or improve the service provided to people.

# Hales Group Limited - Grimsby

## **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 registered 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 took place on the 10 and 12 February 2016 and was carried out by one adult social care inspector. During the inspection we telephoned people receiving a service and their relatives to gain their feedback. The inspection was announced and we provided the registered manager with 48 hours' notice of our intention to visit. The reason we announced the inspection was to ensure someone would be available at the registered office.

We reviewed the information we held about the service. We also contacted the local authority's contracts monitoring and safeguarding teams. There were no concerns raised by these teams regarding this service.

During our inspection we spoke with seven staff including the registered manager, training facilitator, care coordinator and support workers. We spoke with five people who used the service and three relatives. After the inspection we contacted and received feedback from a number of local health and social care professionals involved with the service.

We looked at the care records of 10 people who used the service this included support plans, assessments undertaken before a service commenced, risk assessments, medication records and records made by staff following their visits to people. We looked at records relating to the management of the service including policies and procedures, quality assurance documentation, accident and incident reports and complaints. We looked at staff rotas, training records, supervision and 10 staff recruitment files.

# Is the service safe?

## Our findings

People we spoke to and their relatives told us they felt safe with the service they received. Comments included, "My dad is so safe with the carers, I trust them without question" and "I've never felt safer knowing I have the support I need." One relative also told us, "The carers are brilliant, best service we've ever had and trust me we've had a few." People told us the service was reliable and staff 'knew what they were doing'. People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. The registered provider had policies and procedures in place to guide staff and advise them of what they must do if they witnessed or suspected any incident of abuse. One staff member told us, "I would definitely report anything I didn't feel was right, that type of thing shouldn't go on and it's our responsibility to stand up and say something."

Training records confirmed staff had completed training about safeguarding people from harm and abuse. Staff we spoke with confirmed they had completed safeguarding training and they were able to describe different types of abuse. Staff told us they would report any concerns they had straight away and they also described the relevant agencies who they would report such abuse to including the local safeguarding team and Care Quality Commission (CQC). We reviewed the safeguarding incidents records that had occurred at the service. The registered manager told us that any concerns regarding the safety of a person would be discussed with the local authority safeguarding adult's team and referrals made, when necessary.

People who used the service had risk assessments in place relating to their health, wellbeing and home environment. The care records we reviewed contained risk assessments for medication, moving and handling, use of equipment and nutrition. Environmental risk assessments were also completed on the properties of the people who used the service. This ensured staff worked in safe environments. The risk assessments included information about action to be taken to minimise the chance of harm occurring.

Staff wore uniforms and were provided with photo identity badges for when visiting people in their homes. Staff we spoke with also told us they were provided with personal protective equipment (PPE) including gloves and aprons. One person told us, "Staff always have their uniforms on and wear gloves when assisting me."

People told us they were happy with the support they received with managing their medicines. The service had a medication policy in place to support staff and to ensure that medicines were managed in accordance with current guidance. The registered manager told us that regular audits of medicine management took place to help identify errors and ensure good practice. Staff told us they completed training in medicine management before they were able to support people with medicines and they had training refreshers to ensure they remained competent in this.

People who used the service were supported by sufficient numbers of staff. One person told us, "They (staff) are very good. They arrive on time and stay for the time that has been allocated." The registered manager told us that missed calls were rare as staff phoned into a computerised system when they arrived at someone's home and again when leaving. If a staff member had not logged in the system identified that a

call had potentially been missed and office staff then make contact with the carer. This system helped to minimise missed calls and monitor carer's safety.

People were supported by staff who were of good character and were suitable to work in the care environment. The registered provider ensured all staff employed at the service went through a rigorous recruitment process. Previous work histories and people's competencies were checked during the interview and testing process. The registered provider also ensured two satisfactory references and background checks with the Disclosure and Barring Service (DBS) had been cleared before staff commenced work at the service. One staff member told us, "The interview process was very thorough, I completed tests, scenarios and a face to face discussion to see if I was right for the job."

The registered provider had continuity plans in place to deal with situations or disruption to the delivery of service, for example, computer failures. The service could be run by the registered providers other location in North Lincolnshire, if necessary. The telephone systems could be diverted so that people who used the service could still contact the office if needed. People who used the service had access to an 'out of hours' number so that support and guidance could be provided around the clock. Staff also had the contact numbers of the care coordinators in case they needed any advice. This helped to provide a safe and reliable service to people.

## Is the service effective?

### Our findings

People were supported by knowledgeable, skilled staff who effectively met and understood their needs. People and their relatives told us, "The staff are exemplary. We have continuity from the same staff and when you're supporting people with complex health needs that is so important." Another person said, "The staff do their job and do it well, nothing is too much trouble for them."

A social care professional told us, "When the other provider was managing the service people used to complain about constant staff changes and never knowing who was visiting. However, since Hales have taken over things have improved and people receiving a service seem much happier."

A comprehensive induction programme was in place for all new staff joining the service. This consisted of reviewing the organisations policies and procedures, mandatory training to support them in their role, shadowing experienced staff and regular monitoring to ensure they were confident and competent in their position. As part of the induction staff completed the care certificate. The care certificate is a nationally recognised qualification to improve consistency, learning and training for people working in the care sector. One staff member told us, "The induction is good, its gives you the basics for being able to the job properly."

Staff told us face to face training was provided which was very hand on and practical. Staff said the training they received was very good and the in house trainer was very knowledgeable and experienced. The registered provider employed their own in house training coordinator who was on hand to provide refresher training and support new employees, when necessary. We spoke to the training coordinator who told us they managed the training programme for staff, scheduled when staff training was due and was also in the process of starting to undertake community observations on staff to ensure that theory and practical training was being put into practice in people's homes.

Training records showed that staff had completed a range of training to enable them to effectively support people. Training included moving and handling, health and safety, safeguarding, infection control and first aid. Staff we spoke with told us they had completed training in the Mental Capacity Act 2005 (MCA) and were aware of the legislation. 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.

The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. Staff explained how they discussed what care people wanted to receive and gained their consent before supporting people. Care records we looked at contained signed consent documents, capacity assessments and minutes of best interest meetings which involved relevant healthcare professionals and family members.

People told us that staff understood their needs and knew how to support them in the way they preferred. One person told us, "They (staff) always ask what I want and I tell them. They have a real understanding of how I like things and are good at meeting my needs." Peoples care records contained evidence that health care professionals were involved in their care when required. Staff told us they liaised with peoples GP and

district nurses when necessary to ensure people's health needs were met. A relative told us, "The girls (staff) use their initiative and call for the doctor if (person's name) is unwell and needs seeing."

Staff supported people to eat and drink sufficient amounts. People's nutritional needs were assessed by staff as part of the initial planning of their care and support. Care plans indicated people's likes, dislikes and preferences for their food and drink as well as the level of support they required for eating and drinking. Some people needed encouragement with their nutrition and when required staff prepared meals when supporting people.

Staff had sufficient opportunities to review and develop their working practices. Records demonstrated that staff had individual supervision meetings on a regular basis. The registered manager also confirmed that annual appraisals to review staffs overall work performance, achievements and future aims took place every.

## Is the service caring?

### Our findings

People we spoke with told us they were happy with the care and support they received. One person told us, "They are lovely people. They do their job and make sure I'm cared for and that I'm happy with everything, which by the way I am." Another person told us, "I'm more than happy with the service I get. No complaints from one I'm one satisfied customer." A relative we spoke with told us, "I really can't fault them and I would recommend them to anyone, they truly are a breath of fresh air."

People told us staff were punctual and attended their calls at the allocated time. People said they were advised if staff were going to be late or held up for some reason. People told us staff were caring and respectful when supporting them. One person said, "I have regular carers who come. I've built up a good relationship with them and I trust them 100%."

People were involved in making decisions about the care they received. Relatives told us staff were, "Hard workers and listened." People received a service user guide which provided them with key information about the service and ensured people were aware of the standard of care they should expect.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they provided the support that people needed but were mindful of retaining people's dignity. One staff member said, "It's important to shut doors and windows, close curtains and cover the person up whenever possible. We should care for people how we would like to be treated." A relative told us, "The staff that come are very attentive and respectful. The rapport they have with dad is great and it makes the experience for him so much more enjoyable".

The staff we spoke with demonstrated a good knowledge of the people they supported and their care needs. Staff were able to describe people's personal preferences and details of their life history. Staff confirmed they read people's care records and spoke to them to understand their support needs and get to know their likes and dislikes.

Staff told us they received training in equality and diversity and understood how to meet people's diverse needs. Staff said they considered people's religion, ethnic origin and beliefs to ensure they support people in a way that was important to them. Staff understood the importance of promoting people's independence and this was documented throughout the care records we looked at. Outcomes people wanted to achieve were recorded along with specific details of how staff could support individuals to achieve them. One staff member told us, "We encourage people to be independent but we don't push them beyond their limits. It's about having a good understanding of their needs and working with them to achieve their best."

People and their relatives told us they were included in the planning of their care and support. One person said, "There always asking me if it's ok for them to do something or if I'm happy with what they are doing." Care records were signed by people when they had the ability to do so or it was documented if people had given verbal permission. Staff understood the importance of keeping people's information confidential. Staff explained about not speaking about people's care needs in front of others and stated that information

should only be shared with other staff members on a need to know basis.

The registered manager showed us the secure computer system where information about people who used the service and staff was held. The registered manager confirmed that computers were password protected and only staff who needed to have access were aware of the passwords. Any paper files were held securely in locked cupboards and only accessed by staff with permission. Everyone who worked at the service understood the importance of maintaining confidentiality.

## Is the service responsive?

### Our findings

People and their relatives told us the service was person centred and responded well to meeting their needs. Comments included, "It's good yes, they do things the way I like it", "I can pick up the phone and speak to someone in the office if I need to, even after working hours" and "The girls that come are good, they keep me updated and let me know if calls need to be changed, put it this way there better than the last lot (previous home care agency)."

People were supported by staff to contribute to the planning and delivery of their care. People told us they were involved in helping plan their own care and support package. Care records we looked at showed that people who used the service, their relatives and professionals (social workers and district nurses) were involved in contributing and reviewing how care packages were provided.

Before services commenced an assessment of the person's needs was undertaken and information was provided to help staff understand the care and support that was required. Referrals for services predominantly came from adult social care teams. This information was used to create basic support plans and risk assessments that were then amended over time and more information added as people's needs changed. One staff member told us, "Peoples care plans get reviewed and updated when something changes. We read the care plan to make sure we are kept up to date and provide the support that people require and need."

Staff understood the care and support needs of each person they supported and followed their care records to ensure they were supported in the way they liked. Care records described people's preferences and what people could do for themselves to maintain their independence. People's preferences, life histories and interests were recorded so that staff had holistic information about each individual. This helped to ensure that people received individualised care and support, in line with their preferences.

Each person who used the service received a plan of their care which detailed who would provide the calls, when they would be provided, duration of the calls and details of what was required at each call. This information was written in the words of each individual (where possible) to ensure that people's care was tailored to how they wanted it. People had daily communication records completed by staff which detailed the support which had been provided, food and fluid consumed and medication administered. This information provided staff with an overview of what had happened for individuals on a daily basis and provided accessible information for staff during staff shift changes.

The service had complaints and compliments procedure in place and the registered provider followed this procedure to respond appropriately to people's concerns and complaints. People were provided with a copy of the complaints procedure when services commenced. The procedure detailed how people's concerns and complaints would be dealt with. People and their relatives told us they knew what to do if they were unhappy with the service. One person said, "I'd call the office (registered premises) and speak to someone in charge. They'd get it sorted I'm sure."

We saw a process was in place for the registered manager to log and investigate any complaints received which included recording any actions taken in response to resolve them. We looked at the way the registered provider managed and responded to concerns and complaints. Records showed people's concerns had been documented and responded to in an appropriate time. Staff had been informed about issues raised and any changes or improvements needed with their practice through supervision and staff meetings.

Many people who used the service had transitioned from a previous home care agency prior to Hales Group Limited taking over the service. People we spoke with told us there had been a lot of changes to get used to and things had been 'up in the air' for a little while. However, most people and their relatives spoke positively about the changes with comments including, "It's definitely been for the better, this lot (Hales) seem more professional and know what they're doing" and "I was worried, I'm not going to lie. I lost a good carer and I didn't think anyone else would be up for the job but I'm pleased to say I've been proven wrong and their smashing."

## Is the service well-led?

### Our findings

People we spoke with told us they were happy with the service provided to them. People and their relatives told us they were satisfied with the service and the contact and communication they had with the office was good. The office staff were described as polite and helpful. One person said, "They (care staff) ask how my day is and how I am. I am kept updated and informed about the service." Another person told us, "I contact the office (registered premises) if I need anything. The staff who work in the office are great. I know the coordinator (senior) is the person I can speak with and get things sorted if needed." A social care professional also told us, "The staff in the office are professional and responsive to phone calls. If I leave a message my call is responded to quickly and staff do their utmost to deal with situations in a timely way."

Staff told us the registered manager was 'approachable and a good leader'. Staff said they felt valued working at the service and were given opportunities to develop and increase their skills and knowledge through training. One staff member told us, "I've worked for many different care agencies but I have to say this one is one of the better ones. I know it's only early days but what I've seen so far things look promising."

There was a supportive and open culture in the service. The registered provider encouraged staff to express their views about the agency. Staff were supported through supervision and team meetings. Staff also told us they received text messages and memos to keep them updated with any changes happening at the service. Staff felt they worked well together as a team and that there were good communication systems in place that enabled them to keep up to date with any changes in the needs of the people they supported.

The registered manager was open and transparent about the difficulties experienced following the transition of people who used the service from the previous registered provider. The registered manager explained that they had lost a lot of staff during the transition and not being chosen as a lead provider during a tendering process to secure a commissioning contract from the local clinical commissioning group (CCG) had been disappointing. The registered manager stated that things were slowly getting better. They said that staff recruitment was positive and the support from the registered provider was helping to making the service efficient and of a high quality. A relative we spoke with told us, "This service is an absolute credit to North East Lincolnshire. The support they have given (person name) and me is amazing and I think everyone should know about them."

People were supported to express their views about the service. As the service was newly registered no satisfaction surveys had been completed at the time of the inspection. The registered manager informed us that this was someone that was valued and important to the registered provider and a range of methods for obtaining feedback would be introduced within the coming months. We were informed this would consist of regular telephone contact, home visits by coordinators and satisfaction questionnaires.

The registered manager was aware of their responsibilities to notify the Care Quality Commission (CQC) and other agencies of incidents that affected the safety and wellbeing of people who used the service. Due to the service only recently being registered with the CQC no notifications had been received at the time of the inspection. However, conversations with the registered manager assured us that they would report any

incidents in a timely manner when the need arose.

The registered provider had established effective governance systems to routinely monitor and improve the quality and safety of the service people received. The management team undertook audits of people's care files, medication administration sheets and daily notes made in people's records by staff. Spot checks on uniform were completed along with unannounced visits to monitor staffs competences and practice within people's homes to ensure standards were maintained.

We looked at the audits and saw that any issues that were identified were addressed and monitored to resolve them. The registered manager told us how they monitored information relating to incidents, falls and accidents to make sure people were kept safe and protect people's wellbeing. The registered provider's statement of purpose, values and principals of care were reflected within the service user guide. The service had established good connections with local agencies and worked in partnership with health and social care professionals.