Hales Group Limited

Hales Group Limited - Dudley Branch

Inspection report

Room 404 w, Castlemill
Burnt Tree
Tipton
West Midlands
DY4 7UF

Tel: 01212263608
Website: www.halescare.co.uk

Date of inspection visit:
17 October 2016
18 October 2016

Date of publication:
28 November 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 17 and 18 October 2016 and was unannounced. This was because we had received some anonymous concerns about the way the service was being managed so we did not announce our inspection visit with the provider. This was the first inspection since this service was registered in November 2015. Hales Group Dudley branch provides personal care and support to 71 people that live in their own homes.

There was not a registered manager in post. There was an acting manager who has been in post for three months who has submitted her application to become the 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 and associated Regulations about how the service is run.

We found that recruitment procedures were not robust to ensure all the required information was obtained before staff commenced employment. This is required to ensure staff are suitable to work with people. Staff had received training and knew how to report and deal with issues regarding people's safety.

People told us they did not always receive a reliable and consistent service, as some people had experienced late and missed calls. People told us they received their medicines as prescribed, but the medicine records were not always completed to demonstrate this. We found that people did not always have assessments in place to demonstrate how risks associated with providing their support had been assessed and managed to ensure people received a safe service.

Staff we spoke with understood that people have the right to refuse care and that they should not be unlawfully restricted. People received support from staff that were described as respectful and caring and ensured that people's privacy and dignity was maintained. People were supported to maintain their health.

Care plans were not in place for all of the people that used the service. The information in the care records varied in quality and content and did not include detailed information about people's needs and preferences for the staff to refer to.

People and their relatives did not always feel listened to and complaints were not always responded to in a timely manner. Information about people and staff was not kept confidential. The acting manager was aware of these issues and was taking action to address these.

People and their relatives told us their feedback was sought about the service that they received. They told us that improvements were being made to the service they now received.

The provider failed to provide evidence that they had a clear oversight of the service through regular auditing and effective quality assurance systems. We found that the acting manager has completed her own audits so was aware of the shortfalls that we have identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Recruitment procedures were not robust and did not ensure all of the required checks were completed before staff started work.

People did not always receive a consistent and reliable service.

There was a lack of records to support that risks had been assessed and managed effectively.

People felt safe and staff understood their responsibilities to keep people safe and protect them from harm.

Is the service effective?

Good

The service was effective.

People's needs were met by staff that had received training to ensure they had the skills for their role.

Staff ensured they obtained people's consent before providing support.

People were supported to have meals of their choice and their healthcare needs were met.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People and their relatives did not always feel listened to. Information about people was not kept confidential.

People were supported by staff that were kind and caring.

Staff ensured that people's privacy, dignity and independence was respected and promoted.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care records varied in quality and content and did not include information about people's abilities and preferences.

People and their relatives did not think their complaints were dealt with in a timely manner.

The support people received met their needs.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider failed to provide evidence that they had a clear oversight of the service through regular auditing and effective quality assurance systems.

The new acting manager was described as approachable, open and transparent and staff felt supported in their role.

Systems were in place to enable people and their relatives to provide feedback about the service they received.

Hales Group Limited - Dudley Branch

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 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 17 and 18 October 2016 and was unannounced. The inspection was undertaken by one inspector.

We asked the provider to complete 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. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with the acting manager and four staff members, whilst we were at the office, and two staff members on the telephone. We spoke with six people and six relatives by telephone to gain feedback about their experiences of using this service. We looked at a sample of records including six people's care records, three staff files and staff training records. We also looked at records that related to the management and quality assurance of the service, such as complaints, rotas and audits.

Requires Improvement

Is the service safe?

Our findings

Information provided in the PIR told us that people had records in place which included an assessment of any risks associated with delivering their care. We found that the care records for people varied in quality and content. Out of the six files we reviewed, four files did not contain risk assessments in relation to people's health and welfare needs, and in relation to the environment. For example for one person we saw that information had been provided to the service by the local authority of certain risks associated with supporting the person who had breathing difficulties and needed support to stand and to transfer. We saw that a risk assessment had not been completed to reflect these risks and to guide staff on how to support the person to reduce any risks when providing support.

Staff were able to tell us what action they took to reduce any risks to people's safety. Staff told us that some information was provided in people's homes but this was not always "Up to date". This meant that new staff would not have access to key information. We spoke with these people who told us they were, "Satisfied" with the care they received, and they all told us they felt, "Safe" when they were supported by the staff.

We had received concerns from people before our visit about the reliability of the service they received. People and their relatives told us they had not received a consistent and reliable service but that improvements were being made. One person said, "Things were really bad in August and staff arrived late and I even had a missed call. I did complain and I received a letter of apology and the new manager came and visited me to discuss the issues. Things seem to be getting better now and the times of the calls now suit me". A relative told us, "A couple of months ago the service deteriorated, and my family member received support from 23 different staff during the period of one month. This was very distressing for us and my family member who became very anxious. The last few weeks things have improved and we are now receiving support from the same team of staff who arrive at the times we have agreed".

The acting manager advised that she is taking action and addressing the issues by ensuring the rotas and call times are devised based on people's needs and preferences. Changes have also been made to ensure staff work within the same area to reduce unnecessary travelling time. Staff we spoke with told us about the period of instability with their rotas. One staff member said, "The rotas were changed quite a lot due to sickness and staff leaving and this had impacted on the way people received their care. Things are improving and I now have a consistent rota where I support the same people so that they can receive consistent care". The acting manager advised that they were recruiting new staff, and that they no longer used agency staff. The acting manager told us that they had enough staff to meet people's needs but the service had been affected due to sickness levels, which she was now addressing.

Most of the people we spoke with told us they received their medicines safely. One person said, "The staff give me my tablets when I need them". However we received some feedback from people and relatives who explained some of the issues they had previously. One relative told us, "My family member was supported by agency staff who did not give them their tablets, luckily I checked on my family member and I gave them. Things have improved since then and I know the service no longer uses agency staff". Another person told us, "There have been issues where staff have been late so my medicines have been late but things seem to

be improving".

Medication administration records (MAR) were completed by staff in people's homes and then returned to the office base each month. The acting manager advised that there had been a delay in staff returning people's MAR records. We reviewed three MAR for people from previous months and found that there were gaps where staff had not signed to verify that the medicines or creams had been administered. We saw that these gaps had been identified in an audit that had been completed on these records but the action to address this was recorded as 'discuss in staff meeting'. However their no evidence to support that these shortfalls had been discussed in a team meeting. Records showed that staff were using codes on the MAR without recording why medicines were not administered. We found that the name of the creams to be applied was not specified in people's care records or on the MAR record. So it was unclear if the creams were prescribed. Body maps were not in place to direct staff on the location the creams should be applied to. Staff told us they had received medicine training as part of their induction. We found that following their training an assessment of their competence to administer medicines safely had not been completed. The acting manager advised that action would be taken to complete spot checks on all staff to assess their competency.

Staff told us they had provided all of the required recruitment checks before they had commenced working with people. One staff member said, "Before I could support people I had to provide references and a police check and I completed an application form". We reviewed three staff recruitment files and we found that staff had Disclosure and Barring service (DBS) checks completed and references. The DBS is a check undertaken to ensure staff are suitable to work with people. We found two files that did not contain a full employment history and gaps in employment had not been accounted for. The acting manager advised us that she had undertaken an audit of all the staff recruitment files and she had identified records that were missing and gaps in the information. We saw that a letter has been sent to all of these staff members requesting for them to bring in this information to enable the staff files to be updated. The acting manager confirmed that action was being taken to update the employment history for the two staff members whose files we had reviewed.

People we spoke with told us they felt safe with the staff that supported them. One person told us, "The staff are very gentle when they provide my support I feel safe with them". Another person said, "The staff make me feel safe". A relative we spoke with told us, "I have no concerns about the safety of my family member when they are supported by their regular staff, I trust them".

Staff we spoke with had a good understanding of their responsibilities to keep people safe, and they confirmed they had received training to ensure they were able to recognise when people may be at risk of harm. All of the staff we spoke with were aware of the procedures to follow if they felt someone was at risk of harm or abuse. One staff member told us, "I have had safeguarding training and if I thought that a person was at any kind of risk or if I had concerns I would report it straight away to the manager. I am confident they would act but if they didn't I know the agencies I can go to". Staff we spoke with all demonstrated their knowledge of how to respond to any emergencies or untoward events. Some staff provided us with examples of how they had responded to emergency situations such as calling an ambulance when they had found someone on the floor when they had arrived at their home.

Good

Is the service effective?

Our findings

People told us they thought the staff were fairly well trained and seemed to have the skills and knowledge for their role. One person said, "My regular staff know what they are doing, I have confidence in them. They know how to use equipment and they know me and how I am, so I get the support I need". A relative we spoke with told us, "Generally I think the staff have the skills for their role. I am happy with the regular staff that supports my family member. But sometimes I find when we have different staff they do not seem to know how to change my family member's hearing aid or battery so this could be improved". We spoke with the acting manager about this issue and possible training needs and she advised she would look into providing some bespoke training for staff that supported the person. She also advised she would speak with their trainer about including this training in the induction.

Information provided in the PIR told us that staff receive an induction and on-going training opportunities. Staff we spoke with told about us the training they received when they started their employment. One staff member said, "I came to the office for a week and we completed most of the modules included in the Care Certificate. This was classroom based training so we were able to discuss topics which was really helpful to me as I had not worked in care before. I think the training was good and gave me the skills and knowledge for my role. Following this training I shadowed staff so I had an opportunity to see how our skills are used when supporting people. I feel confident working on my own now". The acting manager confirmed that the Care Certificate had been introduced and incorporated within the induction process. The Care Certificate is a set of standards designed to assist staff to gain the skills and knowledge they need to provide people's care. Another member of staff told us, "I completed my induction when I first joined this service, now I am working towards a national qualification, I am keen to develop my knowledge further and the provider supports me with this". We looked at staff files and we saw that training records were in place to demonstrate the training staff had undertaken.

Staff we spoke with told us they had previously received some supervision to discuss their role and any issues they had, but this had not been provided recently. One staff member said, "I do feel supported, but I have not had supervision for a while". Staff confirmed they could contact the field supervisor or the acting manager at any time if they needed help or advice. The acting manager confirmed that staff had not received supervision on a regular basis, but that this was something that she would be addressing. The acting manager told us that a system would be put in place to ensure staff received annual appraisals once they worked for the provider for a year. This would ensure staff received feedback on their performance and it would enable them to set future goals.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Although some of the staff were not familiar with the terminologies Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) we found that staff knew that they should not restrict people in any way and that they should ensure that people consented to their care and support. A staff member told us, "We covered this briefly in our induction, and I know how important it is to ensure I gain people's permission before I provide any support. I always respect their decision and choices". Another staff member told us, "I ask permission first before I provide care". People we spoke with confirmed that staff asked their consent before providing care. One person said, "The staff always ask me if it is okay before they provide my support and I say yes". Training records confirmed that staff had received MCA training as part of their induction. Nearly all of the staff we spoke with said they would benefit from further training or group discussions to ensure that they were fully aware of the principles of the MCA. The acting manager advised that this would be undertaken.

People who needed support from staff to prepare meals confirmed they were supported in the way that they preferred. One person said, "The staff come and make my lunch and dinner and they always ask me what I want". We saw that some of the care records included information in relation to people's dietary requirements, whereas others contained very brief information. Discussions with staff members demonstrated they were aware of any specific risks when supporting people to eat a meal or to have a drink. People told us that staff left drinks and snacks out for them when they had requested this.

People we spoke with confirmed they accessed health care support independently or had support from their family members. One person said, "I know if I needed medical support the staff would arrange this". A relative told us, "The staff would take action if they needed to". Staff we spoke with knew the procedures to follow if someone fell ill or had a fall during their visit.

Requires Improvement

Is the service caring?

Our findings

People told us that they did not always feel listened to previously. One person said, "I had raised my views previously about the call times and the different staff I received care from and I did not feel listened to by the previous management. I had lost confidence in the provider, but now things have changed, and I feel listened to more but time will tell". A relative told us, "I feel listened to now but I didn't before. I felt our views were ignored. I tried to advise on how best staff should support my family member but this was not taken on board. I think things have improved now and staff listen and work in a way that meets my family member's preferences".

We received feedback from people and staff that information was not always kept confidential. One person we spoke with told us, "The staff do talk and they have told me about the problems with the service and about other people". A staff member we spoke with said, "I think improvements need to be made about keeping information confidential as some people I visit seem to know things about other people that they do not know and about staff". We discussed this with the acting manager who advised that she had become aware of the issues with staff discussing confidential information. She advised that action would be taken which included, discussing these issues in the next planned staff meeting and requesting for staff to read and sign the confidentiality procedure. The acting manager advised that if further breaches of confidentiality were identified then disciplinary action would be taken.

People we spoke with made positive comments about the staff that supported them. One person said, "The staff I receive support from are smashing, they are caring, kind and friendly and I think they do their job well". Another person said, "I look forward to seeing the staff, they brighten up my day and they provide me with good care". A relative we spoke with told us, "The staff are good, they are kind, caring and polite I am happy now with our regular staff".

Staff we spoke with had a good knowledge of the needs and preferences of people who they provided consistent care to. They were able to tell us how they communicated with people that had a hearing impairment and whose first language was not English. For example staff told us how they used gestures and signs to ask questions. Staff knew about people's life histories and their hobbies. One staff member said, "It is important that you get to know people so I ask people or their family members about their life and interests". We found that most of the records we reviewed did not contain information about people's preferences and about their background to enable staff to gain an insight to their lives.

People told us their privacy and dignity was maintained by staff. One person said, "The staff keep my modesty and make sure the doors are shut and curtains are closed. I also get private time when I use the toilet". A relative we spoke with said, "The staff are respectful and ensure my family members dignity is maintained at all times". Staff we spoke with told us how they cared for people in a dignified way. One staff member said, "When providing personal care I always ensure the curtains and doors are closed and the person is covered".

People told us that staff encouraged them to be independent. One person said, "The staff always

encourages me to do as much for myself as I can". Staff we spoke with understood the importance of promoting people's independence and enabling them to be self-managing. One staff member we spoke with said, "I try to encourage people to do as much for themselves as possible so they don't lose their skills and independence".

The acting manager confirmed that she would be able to signpost or provide information to people if they needed to use the services of an advocate. She advised that she did not know if anyone currently using the service was using an advocate service. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed decisions that affect their lives.

Requires Improvement

Is the service responsive?

Our findings

We received mixed feedback from people about their involvement in their assessment and care plan. Some people told us they had been involved and contributed whereas other people told us they had not been involved. One person said, "I was asked lots of questions about my needs and how I would like these to be met, when I first started using the service, but this was some time ago and things have changed but I do not remember if I have had a review or not". A relative told us, "I was consulted about my family member's needs and they were involved too, but when we received the care plan the information was wrong so it does not reflect their needs. I did raise this but nothing was done to rectify the matter. The staff know my family member so they are able to meet their needs and they follow my guidance and advice". We discussed this with the acting manager who confirmed a review would be undertaken to ensure accurate information was available for the staff to refer to.

The quality of the care records we reviewed varied in content and detail. Of the six care records we reviewed, two people did not have a plan which told staff about their care needs. However these files contained some information which had been provided by the local authority about the tasks that the person needed support with. Two files contained information which was recorded as 'daily routine' and the information was recorded in a task focused way. For example, carry out full body wash, and cream legs. The other two files did contain care plans which reflected people's individual's needs and preferences. We found that the records did not indicate the preferred times or the duration people wanted to receive their visit. We also saw that there was no evidence to demonstrate that people had been involved and discussed their care. The acting manager was aware that care records required reviewing and she has an action plan in place to address these issues. She advised us that some reviews had already taken place.

Feedback from people and relatives told us that staff did meet people's needs despite the lack of written guidance. One person said, "The staff meet my needs in the way I want them to so I am happy with the care provided". Another person said, "I am very happy with the care I get, they help me when I need them to". A relative told us, "I think the staff provide the support that we have asked for. The staff meet my family member's needs".

Staff we spoke with were knowledgeable about people's needs, preferences and routines. They were able to describe to us how they met people's care needs and how they supported people to express choices and maintain their independence by encouraging them to do as much for themselves as they could. One staff member told us, "I always ask people what support I can assist them with. I am led by them and the tasks they want me to support them with".

People we spoke with were aware of the complaints process. We received mixed feedback about the way concerns had been previously responded to. One person said, "I have complained before and things were sorted out to my satisfaction". A relative told us, "I have complained previously, but it was not dealt with to my satisfaction. I made telephone calls and left messages but no-one got back to me. My issues have finally been addressed now and the acting manager came and visited us to discuss our concerns. I am much happier about things now".

We saw that a complaints procedure was available in the pack that people received when they first started using this service. We saw that a system was in place to record the complaints the service had received and these did include the action that was taken to address the issues people had raised. We saw that majority of the complaints were in relation to missed and late calls. The acting manager confirmed that all recent complaints had been investigated and responded to. The acting manager was taking action to address all the issues that had been raised.

Requires Improvement

Is the service well-led?

Our findings

The service has not had a registered manager since their registration. An acting manager has been in post during this time. There has been a change to the management of the service in the last three months and a new acting manager is now in post who has applied to become the registered manager. The service has had a period of instability which had impacted on the service people had received and the support systems in place for the staff team.

People and their relatives told us that the service had not been managed well previously due to the lack of communication, missed and late calls and changes to the times people received their visit without their consultation. People and their relatives also told us that their complaints had not always been responded to and they had not always had their telephone calls returned.

We found that effective systems were not in place to ensure that records were completed or had been updated to underpin and guide staff on the support they should provide to people. For example we found that some people did not have care plans and risk assessments in place. We found that some people who were prescribed 'as required' medicines did not have supporting information in place to guide staff in the signs and symptoms which might indicate people needed their medicine. We also saw that information about how people took their medicine was not recorded in their care records for staff to refer to. However discussions with staff demonstrated that they had the knowledge about people's needs despite the lack of written guidance.

The acting manager was unable to locate any audits that had been undertaken previously to demonstrate how the quality and safety of the service was monitored by the previous management team and the provider. We asked the provider for evidence of any audits that may have been undertaken previously. We gave the provider the opportunity to provide this evidence following our inspection but no relevant evidence was submitted. The lack of monitoring of the quality and safety
of the service placed people at risk. The provider failed to provide evidence to us that they had a clear oversight of the service and was monitoring its quality and effectiveness.

We found that the new acting manager had carried out her own audits so was aware of the shortfalls in the service. She had an action plan in place and told us about the improvements that she intended to make. We found that the acting manager needed time to implement her action plan and to embed the required changes.

People, relatives and staff all spoke positively about how approachable the acting manager was and how responsive she was to their requests. People and their relatives told us that they had recently received a quality assurance survey which they had completed. The acting manager had analysed the results and included the feedback as part of her development plan for the service. The main issues people said required improvement was the communication and call times of their visits.

People we spoke with told us they valued the service they received despite the issues that the service had

faced. On person said, "The staff are good and they provide good care and things are improving now, so I hope this continues as I really like my staff". Another person said, "I think the staff are great and provide good care, I am happy with the care they provide". A relative we spoke with said, "Despite the issues we are now happy with the service and the care provided and things have improved. The staff are good and meet my family member's needs". All of the staff we spoke with told us they enjoyed working for Hales. One staff member said, "I love my job and working for this company".

The acting manager advised us that support systems would be implemented for staff. These included regular team meetings, supervisions and spot checks in the community to monitor staff member's performance.

The service had a whistleblowing policy and procedure, and staff were aware of this policy. Staff told us they felt confident to raise any issues they had. Whistleblowing is the process for raising concerns about poor practice.

The acting manager knew and understood the requirements for notifying us of all incidents of concern and safeguarding alerts as is required within the law. We asked the provider to complete 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. The form was completed and returned to us within the timescale we agreed.