

Hales Group Limited

# Hales Group Limited - Scunthorpe

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

Hales Group Limited - Scunthorpe is a domiciliary care agency located close to the town centre of Scunthorpe in North Lincolnshire. The service provides personal care and support to people living in their own homes in Scunthorpe and the surrounding villages. The service supports adults and children with a range of conditions including learning disabilities, physical disabilities and people living with dementia. At the time of our inspection the service was supporting 114 people.

This announced inspection took place on 30 March 2016. The service was registered in February 2016 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.

We found improvements were needed to the auditing systems in place at the service to ensure they took place regularly, were robust and effective in identifying areas for improvement.

People who used the service were supported by staff who were polite, caring and respectful. The registered provider had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices.

We found recruitment procedures were safe with appropriate checks undertaken before new members of staff commenced their employment. Staff told us their recruitment had been thorough and professional. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills and knowledge required to support people with their care needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported including people's likes and dislikes. People's health needs were assessed and people were supported to take medicines as prescribed. Staff contacted relevant health care professionals for advice to help maintain people's wellbeing.

People were involved in making decisions about their care. Staff demonstrated they understood how to promote people's independence whilst protecting their privacy and dignity. Risk assessments had been developed to minimise the potential risk of harm. These had been kept under review and were updated when necessary.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The registered provider had a complaints procedure which was made available to people who used the service. People we spoke with told us they knew how to make a complaint if they had any concerns.

Staff were supported with supervisions and appraisals which helped support their practice and identify learning needs. Staff felt supported and said the management at the service was approachable. Staff attended team meetings to ensure they were included and updated on changes happening within the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were cared for by staff who had been trained in how to recognise and report abuse.

Sufficient numbers of staff were employed to meet people's needs and staff had been recruited in a safe way.

Assessments and risk management plans had been completed which informed staff how to keep people safe and minimise risks.

Staff supported people to take their medicines as prescribed, where necessary.

### Is the service effective?

Good ●

The service was effective.

Staff were provided with a range of training to ensure they had the necessary skills and knowledge to meet people's needs effectively.

Staff encouraged people to lead a healthy life style and supported people to access health care professionals when needed.

People were consulted over their care and staff asked for consent, where possible. When people were assessed as lacking capacity, staff followed the principles of the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and understood people's needs and how best to meet them.

People said staff promoted their independence and their privacy and dignity was respected.

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 needs were assessed before services commenced so that staff had an awareness of the needs of the people they were supporting.

People's care was delivered in a person-centred way and consideration was made for people's choices, wishes and feeling.

People were encouraged to give their views and raise concerns or complaints to assist the service with any improvements needed.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The auditing systems in place, to assure quality and identify any potential improvements needed to the service, were not as robust as they should have been.

An open culture was promoted and the management style was described as approachable and supportive.

Staff said it was a good environment to work in and staff were invited to team meetings to keep them updated with changes taking place at the service.

# Hales Group Limited - Scunthorpe

## **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 30 March 2016 and was carried out by one adult social care inspector. The inspection was announced and we provided the registered manager with 24 hours' notice of our intention to visit. The reason we announced the inspection was to ensure someone would be available at the registered office to support the inspection.

The registered provider had not yet been asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. However, we reviewed the information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur. 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 the registered manager, the branch manager and a support worker. After the inspection we spoke with eight people who used the service and their relatives to gain some feedback. We also 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 care plans, assessments undertaken before a service commenced, risk assessments, medication records and daily records completed 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 and their relatives told us they felt comfortable and safe with the support they received. Comments included, "The girls are very good and help me feel safe and well cared for" and "I rely on the carers as I am dependent on them. They are good and provide the support I request." The relative of one person who used the service told us, "It takes a lot to trust strangers to look after the people you love. I'm not saying they [the staff] are perfect or get it right every time but on the whole they are good and caring and that counts for a lot."

We found the service had procedures in place to minimise the potential risk of abuse or unsafe care. Training records we reviewed, confirmed staff had received safeguarding vulnerable adults and children training. Members of staff could describe different types of abuse and were able to provide examples of poor care people might experience. They gave the examples of speaking to people in an aggressive tone or people being transferred without appropriate equipment. Staff were clear about what they were expected to report and said they were confident if they raised any concerns to the management at the service they would be dealt with promptly. The service had a whistleblowing procedure. Staff told us they were aware of the procedure and stated they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct.

We looked at the staffing rota in place at the service and the branch manager confirmed that at the time of our inspection the service employed 38 people. The branch manager said they had enough staff to meet the needs of the people who used the service but an on-going recruitment programme was in place to ensure they had adequate levels of cover and trained staff in case some left the service. Feedback from people who used the service told us there were enough suitably trained staff to meet their needs. One person told us, "The staff are very good and appear to be trained well. Some are better than others but I think you get that anywhere."

People who used the service told us Hales provided them with a reliable service. One person told us, "They [Hales] do their best to send the same group of carers and they generally arrive on time." Another person said, "There have been a couple of times when my evening call has come far too early. I usually report it to the office and they sort it out."

We found that risks to people's safety and welfare were assessed within their plans of care. There was guidance for staff about how they should minimise these risks. People's care records contained risk assessments for mobility, eating and drinking and community visits. We noted that environmental risk assessments were also completed. This helped to identify if people's homes presented any risks to the staff who would be visiting. This looked at access and hazards within the home, for example animals in the property and if the person smoked. Advice was provided to staff on how these risks could be minimised. This ensured staff worked in safe environments.

We looked at the recruitment procedures the service had in place. We found relevant checks had been made before new members of staff commenced their employment. These included Disclosure and Barring Service



checks (DBS) and references. These checks help to identify if people have a criminal record and are safe to work with vulnerable people. One member of staff told us the recruitment process they went through was, "Very thorough".

The registered provider had plans in place to deal with situations that could lead to the disruption of the operation of the service, for example, computer or telephone failures. The service could be run by the registered provider's other location in North East Lincolnshire, if necessary. The telephone systems could be diverted so that people who used the service could still contact the office if needed. The service provided an 'out of hours' number so that support could be provided to people in an emergency.

We looked at the procedures the service had in place for assisting people with their medicines. The branch manager told us staff prompted people to take their medicines and records showed that staff had received medication training. People were supported to take their medicines appropriately and staff recorded when support had been given or if medicines had been refused. The service completed competency assessments on staff practice to ensure medicines were managed in a safe way.

Staff told us they were provided with adequate supplies of personal protective equipment including; gloves, aprons and hand sanitizer. One member of staff told us, "We never run out of supplies. They are all kept at the office, gloves, gels and aprons and we just get what we need." Records showed staff had received training to assist them in maintaining good infection control prevention.

# Is the service effective?

## Our findings

People told us they were well looked after and staff did a good job in supporting their needs. One person told us, "The girls are worth their weight in gold. They support me with everything I need and more." Another person said, "If I need anything doing, I just have to ask." However, one relative told us, "The older carers are brilliant and really do know how to care and provide the support needed. Some of the newer, inexperienced carers are not as effective and if I wasn't around to support [name] I'd worry about them."

One health care professional told us, "I've only worked with the service for a short time but my experience so far is that they listen and follow people's care plans for guidance. They contact the team as well if they need any further guidance or support."

Staff had completed a range of training to ensure they had the knowledge and skills to carry out their roles effectively. This included medication, moving and handling, infection control, The Mental Capacity Act 2005 (MCA) and understanding dementia and learning disabilities. The registered provider employed their own in-house training co-ordinator who delivered all of the staff training. One member of staff told us, "The training is good here and there's plenty of it. We only have to ask if we need an update or refresher and it will be sorted."

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. We checked whether the service was working within the principles of the MCA.

The registered manager had an understanding of the MCA legislation and told us all staff had received training to increase their knowledge and understanding. Staff demonstrated a good awareness of the MCA and said they would support people to make their own decisions, wherever possible. Staff told us they discussed what care people wanted to receive and gained their consent before supporting them. Care records we looked at contained signed consent documents when people had capacity. The branch manager said they would work with people, their families and their social worker if they were unable to make informed decisions.

Records we looked at confirmed staff received regular supervision and annual appraisals. Supervisions consisted of face to face meetings and observations of staff practice when they visited people in their home. Staff told us supervision gave them the opportunity to discuss their development and identify training needs. They told us they could discuss any concerns or practice issues they may have.

The service had an induction programme in place for all new employees. The induction was a five day programme which covered an overview of the Hales group, essential training and a review of the organisations policies and procedures. New staff were enrolled onto the 'Care Certificate' which is a nationally recognised qualification for people working in the care industry. Staff also shadowed experienced

members of the team to ensure they were confident before they were expected to work on their own.

Care records we looked at outlined if people had any dietary needs and the support they required to manage their food and fluid intake. One member of staff told us, "We follow the guidance of professionals or the person themselves. If someone is diabetic we would support and prepare meals in line with this diet." People told us staff assisted them with making their meals. One person told us, "I decide what I want, but the girl's heat it up for me and clear away when I've had enough. I am dependent on them and so grateful for their support."

People's care records listed any involvement from health or social care professionals including occupational therapists, speech and language therapists, social workers and GPs. Contact details of the professionals were provided so staff could contact them if they had any concerns. One member of staff told us, "If people aren't feel well we ask them if they would like us to call a doctor or inform their family. We also tell the office so they know what's happening." People we spoke with said they managed their day to day health needs with support from their family but said the carers would call the GP or district nurse if they asked them to.

## Is the service caring?

### Our findings

People we spoke with told us they were treated with kindness and the staff were caring towards them. Comments included, "I have had some bad experiences with other care agencies in the past but since I've changed over to Hales it's all changed. They are great and I would give them 10 out of 10." Another person told us, "They are a godsend to me. They support me to live my life and remain as independent as possible and without their support I'd be in a care home."

Staff demonstrated good knowledge of the people they supported and how best to meet their needs. Staff could describe people's likes and dislikes and had a good understanding of how to support them. For example, one member of staff told us a person they supported got extremely anxious if their medication was late so they did their upmost to ensure calls were at the requested times to prevent any upset for them. Staff told us they read people's care records and asked them how they liked support to be delivered.

People told us, in general they were satisfied with the times the staff attended their calls. One person said, "Sometimes the girls are a little hurried but I know it's not their fault as they have so many people to see." Another person said, "If they are going to be late, I sometimes get a call to inform me but nine times out of ten they arrive at the allocated time." One relative told us, "I was visiting [name] recently and staff turned up to get them ready for bed, it was only 6.30pm and we were eating our evening meal. I turned them away and they came back a little later on. I wish the office would organise the rota and times a little better."

We spoke with the branch manager who told us calls were organised as near to people's preferred times as much as possible but if staff leave, are on holiday or off sick they have to arrange alternative cover. They went on to say this sometimes meant call times could differ and may change, however they reassured us they worked hard to deliver the care at the times people preferred.

People told us they had good relationships with their carer's. One person said, "We get on great. They [staff] know how I like things to be done. We have a good natter and I can tell them anything." Another person said, "[staff members name] is an asset to the company, she really is. I wish they were all as good and caring as she is. Nothing is too much trouble; she's polite, friendly and so genuine."

People told us they were treated with dignity and respect. One person told us, "They truly are little gems. They know what to do, how to do it and always try and make time to have a chat." Staff had a good understanding of how to be respectful towards people and described how to speak with people in a sensitive way and not rush them but to go at their pace. Staff also described ways in which they assisted people to maintain their dignity when providing personal care. For example, allowing them private time in the bathroom, covering them up as much as possible and always keeping them informed about what they were doing.

Staff told us they included people in decisions about their care and ensured they were in control of how their support was delivered. Records showed that people and their relatives were involved in the planning of their care and outcomes people wanted to achieve were clearly outlined. People told us they felt included

with their care and support. One person told us, "They [staff] always keep me informed and check if it's ok to do something." Staff told us they always gave people choices when supporting them. One member of staff told us, "I would never just assume that is how someone wanted their care; I would always ask and check daily to see how they would like things to be done."

Staff told us they encouraged people to be as independent as possible. Staff said they encouraged people to get involved with meal preparation or cleaning if people were able to. One person told us, "I can't stand for very long these days but I can still make a nice cuppa and the carers respect this and allow me to make my own. It's very easy to allow someone else to do everything for me but just doing that one small thing means I'm not reliant on someone for everything and I'm doing something for me."

Arrangements were in place to ensure people's personal and sensitive information was stored confidentially. Confidential information was stored within locked cupboards or held on a computerised system that was password protected. Only the managers and senior staff knew the passwords and information was only shared on a need to know basis. Staff understood the importance of confidentiality and explained that people's needs shouldn't be discussed in front of others or outside the workplace.

## Is the service responsive?

### Our findings

People and their relatives told us they knew how to make a complaint or raise concerns if they were not happy about any aspect of the service they received. Comments included, "I've made a complaint in the past, yes, and I must say it was dealt with quite quickly" and "I've not made an official complaint but if I've been unhappy about something I call the office and the girls get it sorted."

The service had a complaints policy in place. Everyone who used the service was given a copy of how to make a complaint as part of the handbook they received when services first started. We looked at the complaints file and saw that two complaints had been received since the service was registered. One had been resolved and closed and the other was a new complaint that was still being investigated. The branch manager told us complaints were responded to promptly, investigated and then the complainant was informed of the outcome. The branch manager said they took all complaints seriously and used any outcomes towards future learning for improving practise.

People's needs were assessed prior to services commencing. This ensured people's needs were clearly identified and any risks could be managed. This also gave staff the opportunity to read vital information about the people they would be supporting. The service developed a quick view care plan which provided a basic overview of people's needs, conditions and calls they received.

The care records we looked at were detailed and individualised to each person. For example, the care records of the young people the service supported contained pictures of their favourite TV characters throughout the document. We saw evidence people had been involved in developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was delivered. The care records contained information about people's current needs as well as their wishes and preferences. We saw evidence which demonstrated people's care plans were reviewed with them and updated on a regular basis. This ensured the information staff had about people's needs reflected the support and care they required and was up to date.

Staff told us they supported people to retain their independence and encouraged them to do small things for themselves, where possible. One person told us, "The staff are really good with me. They know what I'm capable of and encourage me but don't push me past my limits." People told us they were given choices about how their support was provided, and if they wanted things changing the office would do their best to arrange it. One relative told us, "When [name] has appointments, sometimes the calls need to be altered to accommodate them. I just call up the office and they change the rota round without any problems."

People were supported to lead an active life and participate in the things they enjoyed. Staff told us they provided emotional support and one member of staff told us, "Sometimes just a listening ear is all people need." Staff supported people to access the community, go shopping and attend appointments. Staff also provided sitting services for some of the young people who used the service. This meant staff were responsible for staying and supporting the young people in their homes for a block of time while their parents had respite time away from their caring role. Staff told us they watched films, listened to music and

played games with the young people during this time.

Hales Group Limited had taken over another registered service so many of the people who used the service had transitioned from the previous domiciliary care agency. We asked people about their experiences and the care they received during this time. One person told us, "It was all a bit messy in the early days. I had lots of changes in staff and I never knew who I was talking to when I contacted the office but things have improved massively and I'm more than happy with things." Another person said, "They have got their act together and are doing a splendid job. I've experienced a few care agencies in my time but I can tell you I'm sticking with this lot from now on." A health care professional also told us, "There were teething problems at first but that's to be expected with any change in service or provider. I hear positive things now from my service users and on the whole people appear to be happy with the service they receive from Hales."

## Is the service well-led?

### Our findings

Staff told us the management style at the service was open and transparent. They said they felt well supported by the registered manager and the branch manager and said it was a nice place to work. One member of staff told us, "I worked for the previous agency so I've experienced a lot of managers come and go. Now we've got regular staff supporting the office and a clear manager in post, things have improved massively."

The service had a registered manager and branch manager who understood 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. As the service was newly registered, notifications to the CQC were minimal at the time of the inspection. However, discussions with the branch manager confirmed they were aware of when notifications needed to be submitted and they provided assurances they would report any incidents in a timely manner when necessary.

The registered manager was supported in their role and daily operation of the service by the branch manager and a team of senior care workers. The registered manager explained they were currently supporting the branch manager to develop their role with the view that they would eventually take over as the registered manager at the service. The registered manager and branch manager had worked in the care industry for a number of years and had many years of skills and knowledge that they brought to the role.

Staff told us the management at the service was approachable and they felt they had good support. One member of staff told us, "We are encouraged to contact the office and speak with one of the managers if we have any worries or concerns. The managers make time for you and you feel comfortable talking to them about things."

The branch manager said they promoted an open culture and tried to keep communication open and a two way process with the staff team. Staff were invited to attend regular team meetings and were offered support through supervisions and annual appraisals. Staff told us they were kept informed of changes happening at the service and were also encouraged to give their views and opinions of what worked well and what needed improving.

The registered provider had ideas of ways in which they could collect the views of people who used the service, their relatives, staff and health care professionals. As the service had only recently being registered the quality assurance systems hadn't yet been fully implemented. However, the branch manager told us they had plans to obtain people's feedback in a range of ways including satisfaction questionnaires, telephone contact and community visits. The outcome of the feedback would then be analysed and an action plan produced to address any shortfalls that may be identified.

The registered provider had a statement of purpose which outlined the main aims of the service. This was to provide a caring, confidential and professional service to enable people to remain living in their own home. It also aimed to promote independence, safety and dignity whilst ensuring staff were trained with the



appropriate skills to meet people's needs. The registered provider funded all of the training provided to staff and recently, as a good will gesture, they gave all staff and people who used the service a bunch of daffodils to celebrate the first day of spring.

We looked at the audits in place at the service; the registered provider completed audits for care records, training, complaints and medication. We spoke to the branch manager about the frequency of when the audits took place and the systems to identify any shortfalls and address them. The branch manager told us they were still working on the audit systems at the service and recognised further work was needed to ensure they were more robust.

We recommend the registered provider reviews the auditing system in place at the service to ensure it is robust and effective.

The registered manager and branch manager had established good connections with local agencies and worked in partnership with health and social care professionals. The registered manager said they tried to attend any meetings or workshops that were organised by the local authority or community to keep in touch with what was happening in the local area.