Hales Group Limited

Hales Group Limited - Peterborough

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Hales Group Limited - Peterborough is a domiciliary care agency which provides personal care to people living in their home in Peterborough, Lincolnshire and the surrounding areas. There were 87 people being supported with the regulated activity of personal care at the time of our inspection.

We carried out an announced comprehensive inspection on 9, 10, 14 and 15 September 2015. Breaches of four legal requirements were found. This was because the provider did not take reasonable steps to make sure that people received person-centred care that reflected their personal preferences. The provider did not make sure that they respected people's preferences about who delivered their care, such a request for a staff member of a specific gender. Complaints were not always resolved to people's satisfaction. There was no robust quality monitoring system in place that took account of people's feedback and audits findings to make the improvements necessary to improve the quality of the service. After the comprehensive inspection, the provider wrote and told us to say what they would do to meet the legal requirements in relation to the breaches.

We undertook this announced inspection on 4 and 5 August 2016 and found that the provider had followed their plan and made the necessary improvements.

During this inspection we saw that the provider had displayed their previous inspection rating on the communal notice board within the office. The provider had to take some remedial action as there was an error fault with their website. However, during this inspection we found that the provider had resolved this problem and that their website now displayed the rating from the previous inspection.

There was no registered manager in place during this inspection. A manager had been recruited and was working as the branch manager. They were in the process of applying 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 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. The manager had an understanding that people being supported by the service who lacked the mental capacity to make day-to-day decisions should have an application to the Court of Protection made on their behalf. Staff were able to demonstrate a sufficiently robust understanding of the MCA. This meant that any decisions made on people's behalf by staff would be in their best interest and as least restrictive as possible.

People had care records in place which documented their support and care needs and any assessed risks. Plans were put in place to minimise people's identified risks and to assist them safely whilst promoting their independence. People's care records included detailed information on how they wished to be supported,

and what was important to them. These records and reviews of these, documented that people and/or their appropriate relatives had been involved in and agreed this process.

Arrangements were in place to ensure that people's medicines were administered safely. Records regarding the administration of people's prescribed medicines were kept.

People's nutritional and hydration needs were met. People were assisted where required, to contact and access a range of external healthcare professionals to maintain their health and well-being.

People who used the service and their relatives said that staff respected their choices about how they/their family member would like to be supported. People were supported by staff in a kind and respectful way. Staff promoted people's privacy and dignity.

There was a sufficient number of staff to provide people with safe support and care. Some people had experienced care calls that were later than the agreed time. People who used the service and their relatives told us that this was not their preference and had made them anxious.

Staff understood their responsibility to report any suspicions of harm or poor care practice. There were pre-employment essential checks in place to ensure that all new staff were deemed safe and suitable to work with the people they supported.

Staff were trained to provide care and support which met people's individual needs. The standard of staff members' work performance was reviewed during supervisions, competency checks and appraisals to make sure that staff were competent and confident to provide the agreed care and support.

People's complaints were listened to and resolved where possible. The manager sought feedback about the quality of the service provided from people who used the service and their relatives. Staff meetings took place and staff were encouraged to raise any concerns or suggestions that they may have had. Quality monitoring processes to identify areas of improvement required within the service were in place. Improvements identified around the improvement of staff punctuality when attending people's care calls were currently on-going.

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 always safe.

People's care and support needs were met by a sufficient number of staff. However, some people had experienced care calls that were later than the agreed time.

People's medicines were managed and administered as prescribed.

Staff were aware of their responsibility to report any concerns about poor care or suspicions of harm that people may experience.

Safety checks were in place to make sure that only staff who were suitable to provide care for people were recruited.

Is the service effective?

Good

The service was effective.

The majority of staff were aware of the key requirements of the Mental Capacity Act 2005 (MCA).

People's health, nutritional and hydration needs were met.

Staff were trained to support people to meet their needs.

People were assisted with external healthcare appointments and referrals when needed.

Is the service caring?

Good

The service was caring.

Staff were kind and respectful in the way that they supported and engaged people.

Staff promoted people's right to privacy and dignity when delivering their personal care.

Staff encouraged people to make their own choices about things

that were important to them. Staff assisted people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

There was a system in place to receive and manage people's concerns and complaints.

People's care and support needs were planned and reviewed to make sure they met their current needs.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was no registered manager in place.

Audits were undertaken as part of the on-going quality monitoring process to identify and make improvement. Improvements had been made but were still on-going.

People who used the service their relatives and staff were able to feedback on the quality of the service provided.

Hales Group Limited - Peterborough

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.

The inspection took place on 4 and 5 August 2016 and was announced. We gave the service 48 hours' notice because we needed to be sure that the manager and staff would be available. The inspection was completed by two inspectors and an expert-by experience. An expert by experience is a person who has personal experience of working with or caring for someone who uses this type of care service.

We looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the service that the provider is required to notify us about by law.

We spoke with 10 people who used the service and 11 relatives of people using the service. We spoke with the nominated individual, the regional manager, branch manager, and three care workers. We also received feedback about the quality of the service provided from a representative of the local authority contracts monitoring team and a continuing health care specialist nurse.

We looked at six people's care records, three staff recruitment files and the systems for monitoring staff training and development. We looked at other documentation such as quality monitoring, feedback surveys, staff meeting minutes, compliments, complaints, and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

At the inspection carried out on 9,10,14 and 15 September 2015 people who used the service and their relative's told us that they/ their family member had experienced missed care calls and late care calls. Missed care calls are when a staff member does not attend a person's care call, so the persons care and support requirements were not carried out. This had caused some people to feel vulnerable.

During this inspection, we saw that there had been improvements made to the timeliness of people's care calls but improvements were still required. People and their relatives had mixed opinions of the punctuality of staff, with eight out of 11 people stating that they still experienced late care calls. One person said, "It's not bad the service, it was chaotic to start with but it's settling down." Another person told us, "I have had no missed calls and the carers are on time, they are never late, only if there are holidays…It does not affect the care I receive, they always meet my needs." A relative said, "The timings of the [care] calls are okay." A third person said, "I have [had] no missed [care] calls." However, another relative told us, "They meet my partners needs but not on time, it's sporadic and morning [care calls] can happen any time between 1000am and 1145am. There have been no missed [care] calls but punctuality is not at all good." A fourth person said, "The service has rather muddled planning. Over the past six months I can't remember the late calls but last [named day] morning I did not get a call and at lunchtime I have meals on wheels so I sat in my dressing gown. They are usually on time though or if they are late they have an excuse but they very rarely get in touch to say they will be late." We saw that actions in place by the provider to make the necessary improvements were on-going. We noted that there had been a positive increase in June 2016 of the number of care calls that had been on time from the previous month of May. However, improvements were still required as the impact on some people using the service who experienced late care calls was that this caused them some anxiety.

Care records we looked at showed that each person needs had been assessed and this helped determine how many staff a person required to assist them and the time each care call should be. A staff member said, "[There] is not so much pressure lately to cover weekend shifts [care calls]. Text is sent to ask for volunteers, [management] will accept if a staff member can't cover." Documentation we saw showed that there were enough staff available to work to meet the number of care hours contracted /commissioned.

We saw that there was an electronic monitoring system in place regarding care visits that staff made. This system meant that staff had to 'log in' when they arrived at a care call and 'log out' when they left. The provider told us that this system would alert them and office staff if any staff member who had not logged in more than 15 minutes after the care calls start time. The manager said that this monitoring system would then make sure that they and/or their office staff were aware of any late care calls and could react accordingly.

The majority of people we spoke with either managed their medicines themselves or had a relative support them with this. People who were supported by staff with their medicines told us that they had no concerns. Records clearly recorded who was responsible for the collection and safe disposal of these medicines. There were clear guidelines in place for staff around the management of people's 'as required' medicines. One

relative said, "They [staff] also help [family member] with her medication." Another relative told us, "My [family members] medicines are given appropriately." Staff who administered medicines told us, and records confirmed that they received training and that their competency was checked.

We saw records of medicines administration were kept and where improvements in this record keeping had been identified, this was being addressed with the staff member involved. Improvements required in the accurate recording of people's medicine administration were also seen to have been discussed at staff team meetings as a learning action for all staff. This showed us that there were processes in place to manage people's medicine administration safely.

Care records we looked at showed that some people had identified areas of risk. These risks included, but were not limited to; moving and handling; poor skin integrity; specific health conditions; and prescribed medication. We saw that care records we looked at had individualised care plans or risk assessments in place as prompts for staff on how to monitor and support a person needs. Again these included, but were not limited to, care plans for people's personal care support, communication needs; mental health; social and religious needs; nutritional support and continence support. These records had detailed guidance for staff for all of the tasks and support required at each care call. Staff we spoke with demonstrated knowledge of the people they supported who were assessed to have risks and/or support needs, and the actions to take to make sure that these risks were minimised.

We found that people had a safety environment risk assessment in place as a prompt for staff. There was also a business contingency plan in the event of a foreseeable emergency. This showed that there was information for staff in place to assist people to be evacuated safely in the event of an emergency.

People and their relatives told us that they or their family member felt safe using the service. This was because of the support and care that was provided. One relative said, "When the carers are here my [family member] is safe with them." Another relative said, "[Family member] is very safe with the care that she gets." A third relative told us, "[Family member] is safe as we have regular carers and they listen to what we say." One person said, "I feel very safe with the girls [care staff]."

Staff told us that they had undertaken safeguarding training and records we looked at confirmed this. Staff demonstrated to us their knowledge on how to identify the different types of harm and report any suspicions of this or poor care practice. One relative confirmed to us that, "There is good financial probity as I leave a float to purchase items needed, receipts are provided and I have never had any problems." Staff told us what action they would take in protecting people and reporting such occurrences. This included external agencies they could contact, such as the local authority or the Care Quality Commission to report suspicions of poor care practice. Staff were also able to describe to us the signs they would look for which could identify a person at harm. One staff member said, "Any safeguarding concerns I would speak to the manager or supervisor." This showed us that there were processes in place at the service to reduce people's risk of harm.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and said that they were confident to do so. This meant that staff understood their roles and responsibility in protecting the people they assisted.

During this inspection staff said and records confirmed that essential pre-employment safety checks were carried out prior to them starting work and providing care. Checks included references from previous employments. A criminal record check that had been undertaken with the disclosure and barring service and staff's proof of identity was in place. Any gaps in a staff members previous employment history had

been documented. These checks were in place to make sure that staff were of a good character and that they were deemed suitable to work with people who used the service.

Good

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA. We spoke with the manager about the MCA and Court of Protection. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. The manager told us that during this inspection no one being supported by the service lacked the mental capacity to make day-to-day decisions. This meant that there had been no requirements to make applications to the Court of Protection.

Staff and records showed that staff had training on the MCA. One staff member said, "They [people] have a choice, if they don't want [support] you can't make them. It needs to go through the courts [if a person] has no capacity." Staff were able to demonstrate to us a sufficient understanding of the MCA and how people could be supported in their best interest and with the least restrictions. Care records we looked at recorded clearly where care and support was to be given in the person's 'best interest.' This understanding from staff meant that any decisions made on people's behalf by staff would be in their 'best interest' and as least restrictive as possible.

People using the service told us that where needed, they were supported by staff with the preparation of meals and drinks. We saw that care records prompted staff when required to 'ensure a good nutritional and fluid intake in accordance with the individual's wishes and preferences.' There was guidance in place in people's records to prompt people with specific health care conditions, at risk of poor swallowing or food allergies/ intolerances. These would determine the type of assistance required and the types of food/ drink that should/ shouldn't be eaten or drunk by the person. There was guidance for staff on how to support people at risk of poor swallowing with a 'soft food' diet. The guidance included support for staff on how food was to be prepared to make sure that it met the person's needs and that staff were to stay, assist and monitor the person whilst they ate. One person said, "They [staff] give me porridge and toast." A relative told us, "The care staff also leave [family member] sandwiches and cake ready for tea-time." Another relative said, "The carers will buy [family member] fresh food so he always gets a wide variety of choice. The food prepared for his main meal is microwaved and they [staff] must prepare the food well as he has never been ill." Another person told us, "They [staff] ask me what I would like to eat and they get exactly what I want. They [staff] always wash their hands before preparing food for me." This showed us that people were supported to maintain their nutrition and hydration needs.

Staff talked us through the recruitment process undertaken before they joined the service. They told us that when they first joined the team they had an induction period which included mandatory training and shadowing a more experienced member of staff. This was until they were deemed confident and competent by the manager to deliver safe and effective care and support. Staff said that their induction was working through the Care Certificate training. This is a nationally recognised training scheme. One staff member told

us, "I completed a [job] application and then had a face-to-face interview. I was asked about certain situations and what I would do [to test knowledge]." Another staff member said, "When you are dealing with vulnerable people you need to do a good job."

Staff told us about the training they had completed to make sure that they had the skills to provide the individual care and support people needed. This was confirmed by the record of staff training undertaken to date. Training included, but was not limited to; moving and handling; safeguarding adults; medicines administration; basic life support; food hygiene; and infection control. However, a health care professional we spoke with said that they would like to see more specialist training undertaken for staff supporting people with specific health care conditions. A person with a specific health support need told us, "Some of the staff have never seen a [health specific medical device] and the staff have no time to read my care plan. There needs to be more training in the field, I feel as though I am doing the training."

Staff members told us they were supported and enjoyed their work. One staff member said, "When I first started morale was quite low, recently it has got better. Staff meetings, you didn't used to get minutes, but you do now. The [new] manager spoke about promoting care. We were able to speak during the meeting. There was a small group of us and we were all able to interact." Staff said they attended staff meetings and received formal supervision, competency spot checks and appraisals to review their skills and develop their knowledge. Another staff member said, "Spot checks are undertaken whilst you are working and you get an update [from management] afterwards." This showed us that staff were supported to develop and maintain their skills.

People told us and records showed that staff supported them to contact or visit external healthcare professionals if needed. One person told us, "The carer has phoned the GP for me when I was unwell." Another relative said, "[Staff] call a nurse or a GP [for me]." A third relative told us, "The care staff took my [family member] to a hospital appointment [named date]. They took him in a taxi, waited for him and brought him safely home…They also will take him to the local GP in his wheelchair when required and arrange for him to go to the dentist. Recently an appointment was missed that my [family member] had to attend, but they put a new diarised procedure in place so we have not had any more problems." This showed us that staff supported people where needed.

Good

Is the service caring?

Our findings

At the inspection carried out on 9,10,14 and 15 September 2015 people who used the service and their relative's told us that they/ their family member were not supported with their wish for gender specific staff to deliver their care.

During this inspection, we saw that there had been improvements made. People using the service and their relatives who expressed an opinion did not have any concerns about the gender of the staff member who supported them/their family member with personal care. One relative said, "There are male carers that come but my [family member] doesn't mind."

People and their relatives had mostly positive comments about the care provided. One person said, "I am happy with the care they provide as its personal care, but not the organisation." Another person told us, "I am very happy with the care staff, very kind to me." A third person said, "In the main the staff are very nice and always ask if there is anything else they can do." However a fourth person said, "Some carers cut corners and watch the clock. They don't listen to what I say and what I want them to do as some are in a hurry. I feel my personal care is being rushed in the morning…Most staff are kind but they are always saying how tired they are."

Staff told us how they respected people's choice about how they wished to be assisted. This was confirmed by the majority of people we spoke with. One person told us, "The carers do listen to what I say." A relative confirmed to us that, "I have been at my [family member] and seen how the carers interact with my [family member] and they are chatty, happy and encourage her to get involved." Another person told us, "The carers and I have a good laugh and it helps me through the day." However, a third person said, "[Staff] communicate well but I feel hurried as they are always in a rush."

People's care records showed that people wanted to maintain their independence as appropriate and continue living in their own home with support from staff. These were then taken into consideration when planning all aspects of their care. Care reviews took place to make sure that people's care and support plans were up-to-date and met people's current needs and wishes. One person said, "I have been involved in a review of my care plan in the past nine months so I am involved in the planning." A relative said, "I am involved with the care planning and had a review with social services [date given] and the care provider and we went through all areas of the care plan." Records we looked at documented that people, and/or their appropriate relatives were involved in the reviews of their care.

We were told that staff supported people in a kind and respectful manner. One person said, "They [staff] always talk to me and say what they are going to do…they are kind to me. I am shown a great deal of kindness and very respectful…Sometimes there are problems with communication when there are language differences so it can take a lot of explaining to them about my needs but they listen"." Another person told us, "They [staff] treat me with great dignity and respect, I know and trust them."

Staff were able to demonstrate their knowledge of the different ways they would support a person with their

personal care whilst maintaining their privacy and dignity. This was confirmed by the majority of people we spoke with. One person said, "I am happy with the staff and they treat me with dignity and respect. They always respect my choices." A relative confirmed that, "[Family member] is kept well-groomed and she is treated kindly and with respect. If there are any marks or blemishes on her skin they [staff] will let me know." However, another person told us, "I feel my personal care is being rushed…but they [staff] will not wash the back of my legs, they will do the front…some carers will just hand me a cloth to wash myself and look out of the window." This was raised with the branch manager who confirmed who told us that they would remind all staff that personal care must be delivered in line with people's care plans.

Advocacy services information was available for people and their relatives should they wish to access this information. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

At the inspection carried out on 9,10,14 and 15 September 2015 people who used the service and their relative's told us that complaints made both verbally or in writing to the service were not always listened to or resolved to their satisfaction.

During this inspection, we saw that there had been improvements made. The majority of people who used the service and their relatives told us that complaints raised with the service had been listened to and resolved where possible. Records we looked at confirmed this. One relative said, "If there have been any concerns I have spoken to the office and they have been responsive to my request." A person told us, "My needs are met and the office responds to any requests as I also log them in the care plan. Anything I am not happy with, if a job has been missed or they haven't done something I requested. The office has resolved the issues." A third relative said, "The office is available to listen to my complaints."

One person talked through an incident when they had requested extra support from the service following an incident that had left them feeling undignified. They told us, "I have had no missed [care] calls, but I did ask for help last [named day], but I don't get care on a [named date] but I had an [incident] and needed help… but they said that didn't have anyone to send. I rang back several times but they were short on staff …I explained to the office what had happened but no one could come…I know how to ring the office if I needed to complain so I know what to do. However, they could have done more when I asked for the extra help." This was raised with the branch manager to be followed up by them.

People who used the service and their relatives told us that that they knew how to make/raise a compliment, suggestion or complaint should they need to do so. We looked at that the complaints raised with the provider since the last inspection. We saw that they had been investigated and responded to, with any action taken documented as a result of any learning opportunities. One relative told us, "I know how to use the complaints procedure and I did have to complain about some missed [care] calls. I can't remember when or how many, only a few, but they have rectified the problem…no more missed calls." Staff said that they knew the process for reporting concerns or complaints. Records showed that complaints received had been responded to in a timely manner and resolved where possible.

People's care and support needs were assessed and planned by the provider to make sure that they could meet people's individual needs. This was assessed by a member of staff and in conjunction with the person. A support and care plan was then put in place to provide prompts for staff on the support and care the person needed. Staff confirmed to us that if they felt that the care and support plans needed updating to reflect people's current needs, they would contact the office based staff and said that this would be actioned.

People's support and care plans contained detailed guidance to care staff on how many care workers should attend each care call and how people wished to be supported during their care call. Daily notes were completed by care staff detailing the care and support that they had provided during each care visit. One relative said, "The notes in the log are very good and act as a good form of communication of how [family

member] has been doing." We saw samples of detailed notes which were held in the service's office.

People who used the service and their relatives who we spoke with told us that they did not need staff support to maintain their links with the local community to promote their social inclusion. Although, we did see that social calls formed part of some people's care and support package.

Requires Improvement

Is the service well-led?

Our findings

At the inspection carried out on 9,10,14 and 15 September 2015 and found that the provider did not have a robust quality monitoring process in place which took account of the services quality monitoring findings and made all of the necessary improvements required.

During this inspection, we saw that there had been improvements made, but some improvements needed were being worked upon and were still on-going to improve the quality of the service provided.

There were arrangements in place to monitor and audit the quality of the service provided. These audits included, but were not limited to; people's daily notes and medicine administration records. Where improvements required had been found on audits undertaken, for example, the timeliness of people's care calls, we saw that actions to be taken were recorded and being worked on.

We saw that the manager sought feedback about the quality of the service provided from people using the service and their relatives. This was feedback to the service via the completion of surveys and/or a telephone monitoring service. Feedback received was mixed. One relative said, "I cannot fault the care that my [family member] receives, it is exceptional. The office need fine tuning, but they have a new manager and I recently received a nice letter from [them] as an introduction. Overall I would rate the service eight out of ten." However another relative told us, "They apologise for being late and have done so recently seven or eight times…I know who to contact to make complaints to and have asked for a rota of when and who will be calling but it doesn't happen."

There was no registered manager in place. Arrangements had been made to employ a new branch manager with the view that they would apply to become the registered manager. The branch manager was currently being supported by care and office staff.

People and their relatives had mainly positive opinions about the quality of communications. One relative said, "Communication is good." Another relative told us, "They communicate well and inform me if there are any problems." However, some people who used the service and their relatives felt communication could be better when staff were running late for their care call.

All staff spoken with confirmed that their role and the values of the service were to give people the best care they could. One staff member said, "Our aim is to help people remain in their homes." Another staff member said that the service values were to, "Try to do their best for [people who use the service]."

Staff said how they could make a suggestion to the manager and feel listened to. They gave us examples of this and how their suggestions had been implemented or how they had been supported. This included the support given to a staff member with a health care condition. One staff member said, "[The new manager] is trying to do the best [they] can…they want to make sure service users [people] are happy." Another staff member said, "I can talk to the manager, I didn't feel I could talk to the other managers, they [new manager] has an open door policy. We can talk to [them]." Records we looked and staff confirmed that staff meetings

were held. We saw that these meetings were also used as opportunities to update staff on the service provided, service development, and people's care and support needs.

The manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications were being submitted to the CQC in a timely manner.