

Hales Group Limited

Bishopsfield Court

Inspection report

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29 August 2019

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

Bishopsfield Court is a domiciliary care service providing personal care to 119 people in the community and within an extra care housing scheme at the time of the inspection. The extra care housing scheme was based in Peterborough and had 48 flats with communal rooms and gardens within one building.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The registered manager notified the CQC of the majority of incidents that they were legally obliged to. However, there were two safeguarding incidents that CQC had not been notified of.

Staffing levels were looked at to make sure they were satisfactory to meet the needs of the people using the service. However, some people in the community asked that they be notified if their staff member was running late to their care call visit. Staff rotas that scheduled their care call visits changed at short notice to cover short term absences such as annual leave and sick leave. Staff told us this increased the risk of them not identifying the change and wanted the office staff to alert them earlier.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

People felt safe due to their care being provided by staff. Risk assessments identified possible risks to people's health and well-being. Information was available to guide staff on how to minimise these risks as far as possible. Staff worked in conjunction with guidance from external health and social care professionals across different organisations. This helped promote people's well-being. Medicines were safely managed.

Staff knew the people they supported. To develop their skills and knowledge staff received regular training, spot checks, supervisions, appraisals and further qualifications. People were supported to maintain their independence. Staff supported people who needed assistance with their food and drink intake.

Staff promoted and maintained people's privacy and dignity. People had developed good relationships with staff who understood their individual preferences and care needs.

People and their relatives told us staff were caring. People's personal information was kept secure in the agency's office. People and their relatives were involved in discussions about their care. Concerns raised about the service were investigated and resolved where possible.

Staff felt well-supported by the new registered manager. There were regular visits from the senior

management team to oversee the quality of the service provided. Audits were carried out to monitor the service and address any improvements required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 23 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.
Details are in our well-Led findings below.

Good 

Bishopsfield Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats including an extra care housing scheme. This service also provides personal care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

The inspection activity started on 23 August 2019 and ended on 29 August 2019. We visited the office location on the 23 and 28 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with fifteen people who used the service and three relatives, about their experience of the care provided. We spoke with eleven members of staff, including the quality and compliance manager, the training and development manager, the regional operations manager, the registered manager, a shift lead, a care co-ordinator, and five care workers. We also spoke with the extra care housing manager who is not employed by this organisation.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The registered manager notified the CQC of the majority of incidents that they were legally obliged to. Whilst CQC received notifications from the registered manager and provider, we spoke with the regional quality manager about two safeguarding incidents that CQC had not been notified of. They assured us they would make the necessary improvements with immediate effect.
- Staff had training and knew how to recognise, and report concerns of harm and poor care. A staff member said, "I would report it to safeguarding and record it for my manager... [local authority] safeguarding would then come in and investigate and put protection in place."
- People felt safe because of the care and support staff gave them. One person told us, "I can go to bed on my own but the [staff] do check to make sure I'm okay."

Staffing and recruitment

- Potential new staff had recruitment checks carried out on them to make sure they were suitable to work with the people they supported.
- The number of staff needed at each care call visit was based on people's care and support needs. Most people told us they were happy with staff time keeping to their care call visits. A person in the extra care housing scheme said, "I do need to use my [call] bell a lot but it's always a good response [from staff]." Another person told us, "Staff timekeeping is pretty good actually." However, some people in the community felt staff on occasion ran late to their care call visits. They told us they would like to be informed of this by staff when it happened.
- Staff said their rota, which detailed the care call visits they were to attend, changed at short notice. This meant there was an increased risk that they had not seen their updated rota and the changes. This also meant that sometimes there was little travel time between care call visits when they were covering staff absences such as sick leave or holiday leave. This increased the risk of staff running late. The management team were made aware of their concerns and told us they would look at different ways they could alert staff quickly of any rota changes.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place based on their assessed needs. These records acted as information for staff to recognise and monitor people's risks. These were updated to meet the person's current needs.
- Equipment and technology, such as lifelines were used to support people's well-being around risk. Lifelines help people summon help when needed.

Using medicines safely

- People had no concerns about how their medicines were managed by staff. A person told us, "Staff help me with my medication and make sure I take it. They get it out and watch me taking it."
- Medicines were administered by trained staff, whose competency to do so was checked by more senior staff.

Preventing and controlling infection

- Staff told us they had been trained in infection control and food hygiene to help reduce the risk of cross contamination.
- Staff confirmed that personal protective equipment (PPE) such as disposable aprons and gloves, were to be changed after every care and support task and that this was done.

Learning lessons when things go wrong

- When areas for improvement had been identified because of learning; memos were circulated to staff to make sure that they were following Hales Group Limited policies and procedures.
- For example, a recent reminder to staff was, 'Please complete all the medicines on the medicine administration record chart at each visit.' The registered manager told us the new computerised care record system had improved staffs recording of this.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people used the service an assessment was undertaken to make sure that staff had the necessary skills to be able to provide effective care and support.
- The organisation sent registered managers of their services information on legislation changes, best practice information and guidance updates. This was so registered managers and staff were working from up to date information.

Staff support: induction, training, skills and experience

- New staff completed an induction to the organisation, which included training and shadowing another staff member. This was until the new staff member was competent and confident to deliver effective care. A staff member said, "The training at Hales [Group Limited] is much better. They explain everything to you in detail. For example, the catheter they show you the tubes and the equipment. They go through medication and show you what a blister pack looks like. If you were new to care how would you know? I wish I had this type of training when I first started in care [with different organisation]."
- Staff members' knowledge to deliver care and support to people was developed through a training programme and spot checks on their work. Staff also had supervisions and appraisals to monitor their progress.
- Staff could also develop their skills through undertaking further qualifications.

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

- The extra care housing scheme had a restaurant people could use that was run by another external organisation.
- Where staff supported people with their food and drink needs within their own homes people had no concerns. A person told us, "Staff help microwave meals for me."

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

- People had access to external health professionals when needed to support them to live healthier lives.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The management team told us that no one using the service lacked the mental capacity to make decisions.
- Staff told us they had training on the MCA. A staff member said, "[I'm] not aware that anybody lacks capacity, we still have to treat everybody [the same and] respect their wishes."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had positive comments about the support and care provided by staff. One person said the care they received was, "Absolutely splendid." A relative told us, "It's 110% I can't fault it [the care]. There's lots of genuine love and respect. I talk to a lot of people here and have never heard bad things about the care or anything. The [staff] have time to stop and have a chat or a singalong with [family member]. [Family member] has changed for the better since being here."
- Staff knew the people they supported well and assisted people in line with their individual wishes and in accordance with their individual care plans and risk assessments.

Supporting people to express their views and be involved in making decisions about their care

- People were asked to voice their views, wishes and agree on how they would like staff to support them.
- People told us that they were involved in making decisions about their care and support needs.

Respecting and promoting people's privacy, dignity and independence

- People's personal information was kept confidential in the service's office. The support people received from staff, helped people maintain their independence and stay in their own homes.
- People had no concerns over how their personal care support was carried out. One person said, "I need full help with washing and dressing. I'm happy how the [staff] go about things." Another person told us, "They are all good and very kind. I need my pad changed before bedtime, that's never forgotten, and they turn me during the night [to promote good skin integrity]." A staff member confirmed that to promote a person's privacy and dignity during personal care they would, "[Make sure the] curtains were shut, door closed and towel over areas not being washed."
- People's privacy and dignity was promoted and maintained by staff. In the extra care housing scheme staff were observed knocking on doors before entering. Staff also called out to the person to introduce themselves as they went in the front door.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There were prompts in people's care records as a reminder to staff to listen to and respect people's choices and how people wished to be supported by them.
- A person confirmed, "[The] care is so reliable and comprehensive. [I'm] involved in care decisions with a brief introduction to the service when I moved over [from previous care agency]. [I have had a] review of my care about a month ago."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us, "Letters [to people and their relatives] are done through risk assessments re large print [needed] or any other requests...We can offer translations of paperwork if needed."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- In the extra care housing scheme there were some activities such as coffee mornings that took place on occasion. A person told us, "They have bingo on Wednesday and coffee mornings each Friday in the lounge."

Improving care quality in response to complaints or concerns

- Compliments had been received by the service since the last inspection.
- Complaints, both verbal and written complaints received were investigated thoroughly. We saw that staff involved had additional supervisions to discuss the issues raised and the concerns resolved with the complainant wherever possible.
- A person told us, "I've no complaints at all, they make sure everyone is okay."

End of life care and support

- Staff were trained to support people in conjunction with external health professionals when a person came to the end of their life. This was so the person had as dignified and pain free death as possible.
- People's care records had limited information about people's end of life wishes. The registered manager told us these records needed more detail to make sure people's wishes were known and they would make these improvements.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager encouraged feedback and acted on the information they received to improve the service. This included asking people to complete surveys to feedback views and undertaking reviews with people about their care and support needs.
- Staff told us that they felt supported and listened to by the registered manager. One staff member said, "I love my job." Staff told us there was an expectation for them to deliver a good standard of care to people. A staff member said, "[Registered manager], is probably one of the better managers, he is very discreet and listens to both sides of a story and does not bicker."
- To help promote good staff morale the organisation gave an award to a nominated staff member for their work. The reward stated, 'Congratulations on achieving excellence in community care for six consecutive months.'

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager notified CQC of the majority of incidents that they were legally obliged to. The management team confirmed they would make the necessary improvements.
- The previous CQC inspection rating was displayed in a communal area.
- Records gave examples of learning when things had needed improvement and how they had tried to learn from it to reduce the risk of recurrence. This included a reminder to staff about the potential consequences of poor communication.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff at all levels understood the importance of their roles and responsibilities.
- A relative confirmed to us that, "Communication is very good if something happens."

Continuous learning and improving care

- There was organisational oversight of the service with regular visits from the senior management team to oversee the quality of the service provided.
- Audits were carried out to monitor the quality of the service provided. Where improvements were found to be needed actions were taken to resolve these.

Working in partnership with others

- The registered manager worked in partnership with representatives from key organisations.
- This included visits from the local authority commissioning team.