

Hales Group Limited

Hales Group Limited - Thetford

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hales Thetford is a domiciliary Care Agency supporting people in their own homes with their personal care needs. At the time of the inspection the service was supporting 136 people. Not everyone using the service was in receipt of the regulated activity 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

Risks to people's health and well-being were not always assessed and managed appropriately. This included where people needed support with their medicines. Suitable staff were safely recruited to ensure people were supported but some people told us calls were often late. There was an ongoing recruitment round to ensure there were always enough staff. Procedures were followed to ensure people were protected from the risk of infection and when things went wrong the service learnt lessons to reduce the risk of reoccurrence.

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; However, policies and systems in the service were to be improved to support this practice. The service worked with other professionals to meet people's needs. Staff received a comprehensive induction and regular supervision. When people starting to use the service, they were supported in the transition.

Where people required support with their nutrition and hydration this was provided.

People told us they had not been involved in developing their care plans and we saw some did not include consistent information. However, we also saw people using the service or their representative had signed care plans in agreement to their content. When staff were in people's homes they treated both the home and people they supported with dignity and respect. We were told people had choices and staff did little jobs in addition to help people remain independent.

Staff did not always have the information they needed in the newly developed care plans. Some people were not happy with the times their support was provided and some told us staff did not arrive on time or stay as long as they should. The provider told us they were in the process of addressing this and could better monitor concerns with the new system for monitoring staff visits. Staff spoke well of the people they supported and showed concern when delivering support. Complaints were managed in line with procedures and were concluded to people's satisfaction.

A governance system was yet to be implemented and embedded following the introduction of the electronic care planning system. The quality team were aware of improvements that needed to be made. Surveys were completed to gather feedback on the service people received and responses from both people using the service and staff were predominantly positive.

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

Rating at last inspection (and update) - The last rating for this service was requires improvement (published 17 May 2018) with three breaches to the regulations. The provider completed an action plan after the last inspection to show what action they were to take and by when to improve. At this inspection the service had made enough improvement to meet two of the previous breaches but one remained and a further two breaches have been identified at this inspection.

The last rating for this service was requires improvement (published 17 May 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections. The service continues to be rated requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hales Thetford on our website at www.cqc.org.uk.

Enforcement

We have identified two breaches in relation to risk assessments and the safe management of medicines and governance and oversight of the service provided.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hales Group Limited - Thetford

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

The inspection was completed by two inspectors 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 and specialist housing.

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

We gave a short period notice of the inspection to ensure people had time to give consent for a home visit or to talk to one of the inspection team on the telephone.

Inspection activity started on 18 June 2019 and ended on 19 June 2019. We visited the office location on 18 June 2019 and again on the 19 to deliver feedback.

What we did before the inspection

We reviewed the information we held about the service, including the information received from partner

agencies and information sent to us by the service since the last inspection. 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 15 service users over the phone and spoke with three in person when we visited them in their homes. We spoke with the registered manager, quality manager and recruitment manager in the office and spoke with two staff supporting people in their homes.

We looked in the care files of 11 service users whilst at the office and three home care files. We looked at five staff recruitment and supervision files and reviewed the training records for all staff. We also reviewed information used to safely manage medicines for people and management information to show how the service was run and people were supported.

After the inspection

The registered manager sent us additional information following the inspection as requested and gave us additional information on changes they were making to improve 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- We found areas of need which had associated risks which had not been identified, this included the use of bed rails, support with mobility, medicines and long-term conditions including, angina and COPD (Chronic Obstructive Pulmonary Disease).
- Other risk areas were identified within assessments but actions to reduce risk were not clear and very generic. This included pressure areas which had not been body mapped and risk reduction was to check pressure areas. No risk management identified in relation to if areas were worsening.
- One person who had two pressure areas and told us staff did not check them. When we looked in the daily records, it was recorded they had been checked. This included a time when we were present and we were informed that the area had not been checked.
- One person had acquired an infection at the site of their catheter prior to joining the service. A risk assessment had been developed to reduce the risk of infection but we were told not all staff followed it. The advice of the GP had been sought.
- One person who was living with diabetes had chosen to check their own blood sugar levels each day. There was a care plan to say this should be monitored but no records were made by staff regarding the levels. There was not a risk assessment developed to provide staff with the information they needed to ensure this was safely managed.
- When changes to the support people received was required it did not always lead to a change to people's risk assessments. However, we saw additional support was provided including additional aids and monitoring if required.
- We found the action taken following complaints and accidents could be better recorded on the analysis or management response directly on the forms. This was discussed with the registered manager and agreed moving forward.

We found, systems were either not in place or robust enough to demonstrate risks were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- A number of people were supported with their medicines who did not have a completed care plan. Records and risk assessments stated people were independent with their medicines, yet their calls information included notes to say, "Ensure take medication." "Apply cream to legs." "Check administers insulin." These requests all equated to support being provided to the person with their medicines.
- We saw half hour calls which were to include support with administering a medicine which should be given an hour before eating. The same half hour call included giving breakfast. This had not been assessed to include any additional guidance or how administering medicines outside of the prescription should be managed.
- Where people were supported with their medicines there was not always detail as to what the medicines were for. We found staff did not have all the information they needed to safely administer medicines.
- Medicine administration records included hand written records which were not verified. We also found gaps in records, so it was unclear if people had received their medicines as prescribed.

Systems were not in place to ensure staff understood their role in administering and supporting people with their medicines. This meant people were at risk of not getting their medicines as prescribed. This placed people at risk of harm. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had an ongoing recruitment strategy. Staff were working together to cover the rota and had agreed to work in unsocial ways to achieve this.
- Staff told us they were happy with the hours they worked and felt there were enough staff. They mainly supported the same people which they thought was beneficial. People we spoke with confirmed this was the case.
- Staff were safely recruited and appropriate checks of safety and suitability were carried out.

Learning lessons when things go wrong

- We could see from team meetings that areas of concern were discussed and steps taken to drive improvement.
- The provider had developed impact assessments and actions to address areas that could impact on business including, bad weather impacting on staff travel time and large staff sickness.

Systems and processes to safeguard people from the risk of abuse

- We found staff were trained in identifying abuse and could share with us any concerns. Alerts were made as required to the local authority safeguarding team.
- Recommendations following concerns were implemented and the service worked well with investigators and social workers to address any concerns.

Preventing and controlling infection

- People told us staff showed a good understanding of cleanliness and hygiene. One person told us, "They always put their aprons and gloves on, do it first thing before they do anything, they put them in a bag and put the bag outside in the dustbin."
- Staff showed a good understanding of infection, prevention and control and told us they had enough equipment and to follow best practice procedures. This includes shoe covers, gloves, aprons and hand sanitisers.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- The service was transferring all records onto the newly implemented electronic system for care planning and service management. New documentation was being developed by the quality team to support the principles of the MCA.
- We saw documents signed in consent to care and treatment by people with capacity and by appropriate representatives for those without.
- We saw people's capacity was considered at the end of all assessments. Where it was assessed people lacked capacity a formal process to manage decisions made in people's best interest had not yet been developed. However, appropriate decisions were made to keep people safe and support them in the least restrictive way.

We recommend the provider follows best practice to capture the detail of best interest decisions.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to appropriately supervise and support staff to confidently and competently perform the role for which they were employed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Concerns had been raised with the provider around the competence of some staff. We saw action had been taken to ensure all staff received appropriate training.
- Staff had regular supervisions including spot checks in their place of work to ensure they were competent

in the role they were undertaking.

- A comprehensive induction had been developed which was measured. We were assured this was to be signed off for each new staff member in the five-day induction window.
- People told us when new staff came to support them, they initially came with a more experienced member of staff. We were also told staff came from the office to assess them undertaking certain tasks.

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

- The service supported people to maintain a healthy diet of their choice. We saw records were kept of what people were eating and drinking when concerns with people's nutrition and hydration were noted.
- Staff supported people to cook meals if they wanted or they were cooked for them by staff. Previously prepared meals were also heated for people if this was their choice.
- People told us staff always made sure they had a hot or cold drink and something to eat if requested by the time they left their home.
- Some issues had been identified in the timeliness of visits and how this impacted on people's meal times. We were assured as new staff were recruited this would be alleviated.

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

- In all the files we looked in we saw initial assessments were completed with people's social workers and family members where appropriate.
- The provider had relevant policies and procedures in place and took account of updated best practice guidance. A dedicated team of quality managers kept themselves informed of changes to regulations and best practice through forums both internal and external. The provider was taking appropriate steps to ensure best practice and the requirements of the regulations were being considered when implementing the change to a paperless office.

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

- We saw the involvement of other professionals including district nurses, occupational therapists, GPs and the Speech and language team.
- People told us the service phoned to make appointments for them as required and supported them to appointments if this was needed.
- A visiting district nurse told us the staff worked well with them to support people with varying needs.

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 told us they liked and knew their carers and got on with them well. One person told us, "I can talk to them [carers]. The normal one I have, we have quite a laugh, she is my best one, comes and stays for the full 45 minutes. Other carers are good too, they are all pleasant."
- There had been historic issues with people not knowing who was coming to support them, but most people told us this had now been resolved. People did not get a rota of who to expect but the carer in attendance could tell people who would be coming for the next call from the new phone system used.
- We were told when staff were late they apologised and explained the reasons why. People we spoke with were mostly understanding of this.
- People had mixed views of issues with changing call times due to appointments. For some people, this had worked very well and others not so well. The office was not aware of this as no one had raised any concerns. We asked people to raise concerns directly with the office to give them the opportunity to rectify them.

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

- Some people had told us they had not been involved in developing their care plan. However, when we discussed this in more detail we were told that someone from the office had been out to ask them what they wanted from the service.
- We saw evidence of care plans and reviews which had been completed and signed off by people or their relevant representative.
- People told us senior staff called and asked them if everything was ok and if anything needed to be changed. One person told us, "I have recently gone from five mornings a week to seven mornings, it has worked out lovely, was all sorted over the telephone."

Respecting and promoting people's privacy, dignity and independence

- When people raised a preference between a male and female carer this was respected by the service.
- People told us they were respected, and care was taken to uphold their dignity. One person told us, "I have a strip wash and they do it carefully, they leave me to do the bits I can and then come back to help me when I need it. I have no complaints at all." Another said, "I have a poorly arm and it bothers me, my carer always takes care not to hurt me and goes slowly when needed as some days its worse than others."

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- The service was transferring care plans to their new electronic system. We looked at both older and new records of people's care needs. At the time of the inspection not all information had been transferred across and we saw some contradictions in the information.
- We saw information in newer plans was mainly generic and did not include preferences as to how people wanted to be supported. For example, would say, 'requires assistance going to bed', 'requires assistance with a full body wash'. There was not any information available on how to deliver the support in line with people's preferences.
- Some people told us their calls were often late and whilst they were sometimes phoned it proved inconvenient and impacted on their day. Others told us staff did not stay their allocated time on a visit and some people did not receive visits at a time of their choosing. We discussed this with the office who told us when new people come to the service they recruited staff to meet that package. Until new staff were trained and in post there might be an impact on other packages but this should only be short term.

● 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.

- We did not see any evidence to show information was available in different formats to support people.
- Mental capacity assessments did not include the use of any pictorial tools or cues to aid people's understanding of what was being asked of them.
- The provider was implementing new electronic systems. We were told this information would be included in the new system as it had been in the paper records
- The provider assured us areas of concern would be addressed moving forward and the quality team and registered manager were conscious some issues remained during the transition period.

End of life care and support

- At the time of the inspection we saw one person was end of life and an end of life care plan was in place.
- Advanced care planning had begun to take shape but was still in its infancy. The quality team were to take this forward to place onto the electronic care planning system.

Improving care quality in response to complaints or concerns

- There was an available complaints procedure in everyone's home care file. People told us they knew how

to complain.

- We reviewed complaints records held in the office and saw they had followed the provider's procedures and were managed to the complainant's satisfaction.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. The shift from a paper-based governance system to an electronic system had left gaps which, whilst were being addressed at the time of the inspection, did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was not a current audit and monitoring schedule to assure the provider that the service was delivered in line with the regulations.
- Action plans were not developed when concerns were identified with care plans, medicine administration records and missed calls. We saw memos were sent to staff but concerns or improvements were not measured so it was not known if situations had improved.
- Monitoring of the care plans was based on the completion of information rather than the quality and accuracy of the information recorded.
- Due to the transition from paper to electronic records information was held at different offices and not available at the time of the inspection. There was not any information to show the issues identified within the inspection were being addressed.
- Records held were not an accurate record of service delivered and information was not easy to find on the care and support people needed and the care and support provided.
- One person had recently been diagnosed with a new condition for which they required support. This information was not known by the office so a care plan and risk assessment had not been developed.

Systems were not developed to ensure the service were meeting the requirements of the regulations and information was not available to ensure the service improved. Contemporaneous notes were not available of the service provided which meant the suitability of the service to meet people's needs was not always known. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider had failed to send notifications of other incidents to the commission as required as part of their registration. This was a breach of regulation 18 (notifying of other incidents) of the Health and Social Care Act 2008 (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 18.

- We had received notifications as required informing the Care Quality Commission of incidents, deaths and events that stopped the service as required.
- The ratings of the last inspection were available on display and on the providers website.

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

- During feedback the registered manager and senior managers acknowledged the service was in a period of transition. They were open to feedback and when discussed were aware of the action to be taken. We were assured appropriate staff would take forward concerns.
- The introduction of an electronic care planning system, auditing system and staff management system were all beginning to embed. The registered manager had taken a sense check of staff perception of how the implementation of electronic systems was going and had taken steps to address any concerns including the lack of phone signal in some areas and delays in rotas uploading.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider's office team at Hales Thetford contacted people who used the service approximately every six months and gathered feedback on the service received. People also received an annual survey.
- We looked at the details of the last annual survey and found the results were predominantly positive. Any concerns were added to an action plan and information was shared with the staff team to enable improvements.
- Staff surveys were completed in April 2019 and showed staff had a good understanding of the role and had an ethos and values base to deliver a good service to people. Responses to questions included, "I give everyone a choice, it's so important to have choices." And, when asked if they could ensure people's privacy and dignity was upheld, response included, "I wouldn't be a carer if I didn't think I could do this."

Working in partnership with others

- The provider had responded well to the Care Quality Commissions corporate provider team and worked well to respond to any concerns raised.
- The provider worked with the Local Authority to access any relevant training and with their commissioning team and social workers to support people using the service.
- Referrals onto other services were made directly through the single point of access line. Professionals told us referrals were made as required to keep people safe.

We could not improve the rating for Well-led from requires improvement because to do so requires consistent good practice over time. The implementation of new systems required time to bed in and evidence improvement. We will check this during our next planned comprehensive inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: Risks to people's health and well-being were not always assessed and suitably managed. Medicines were not managed effectively and records for administration required improvement.</p> <p>Regulation 12 (1) (2) a, b, g</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have a system in place to ensure the service met the requirements of the regulations, contemporaneous records of the service provided were not in place and monitoring and audit systems were not in place to allow for continuous improvement.</p> <p>Regulation 17 (1) (2) a, c, f</p>