

Hales Group Limited

Hales Group Limited - Wickford

Inspection report

Suite 6, 1st Floor, Sopwith House
Sopwith Crescent
Wickford
Essex
SS11 8YU

Tel: 01268744449

Website: www.halesgroup.co.uk

Date of inspection visit:

06 December 2018

11 December 2018

Date of publication:

09 January 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

What life is like for people using this service:

The provider recognised that the retention of staff had a positive impact on the quality of care people received so had introduced various incentive schemes to recognise good practice and show staff they were valued. Consequently, the service retained a consistent workforce which meant that people benefitted from having regular care workers who knew them well. Work had been done on improving support planning which reflected a commitment to delivering person-centred care.

Staff were kind and caring and people were treated with dignity and respect. People were involved in decisions about how they would like their care provided and were supported to make their own choices and be as independent as they could be.

Some people felt that communication at the office could be improved as people were not always notified when the staff rota changed or if staff were going to be late. The service recognised that improvements were required and had invested in new technology to address these concerns and improve the safety and quality of the service.

Risks to people had been identified and staff had a good knowledge of how to keep people safe from avoidable harm. People were supported to take their medicines in a safe way by staff who had been assessed and trained as competent. There were sufficient numbers of staff who had been safely recruited to meet people's needs.

Staff received an excellent induction and benefitted from face to face classroom based training, supervision and observations of practice to ensure staff were competent in their role. People were assisted to have enough to eat and drink and maintain their health and wellbeing.

People's needs had been holistically assessed and they received care and support that was personalised to meet their individual needs.

The service responded positively to concerns and complaints and worked with people and their relatives to resolve issues.

The service engaged with people to find out their views. Feedback was used to drive improvements. Regular checks were completed by staff, the management team and provider to monitor the quality and safety of the service.

More information is in the detailed findings below.

Rating at last inspection:

First Inspection

About the service:

The Hales Group provides personal care to people living in their own home. This includes adults with physical disabilities, learning difficulties and people living with dementia. At the time of inspection the service was supporting 39 people.

Why we inspected:

This was a planned first inspection of the service.

Follow up:

We will continue to monitor the service through the information we receive.

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 safe

Details are in our Safe findings below.

Good ●

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 the well led findings below.

Good ●

Hales Group Limited - Wickford

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 checked 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.

Inspection team:

One inspector carried out this inspection.

Service and service type:

The Hales Group is a domiciliary care agency which provides personal care to people in their own homes.

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 the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 6 December 2018 and ended on 11 December 2018. This included visiting the office location on 6 December to see the manager and office staff; and to review care records and policies and procedures. On 6 and 11 December we interviewed care staff over the phone and made phone calls to people who used the service to find out their views.

What we did:

We reviewed information we held about the service including statutory notifications which include information the provider is required to send us by law. We also looked at the most recent audit completed

by the local authority to monitor safety and quality.

During the inspection we spoke with the regional quality lead, the regional training manager, the branch manager and three members of staff. We spoke with five people who used the service. We looked at three people's care records including their medication records and daily notes. We looked at three staff member's recruitment records. We reviewed training and supervision records and documents relating to the management of the service including complaints and compliments, satisfaction surveys, minutes of meetings and quality audits.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- Staff had received training in safeguarding people and understood their responsibilities to ensure that people were protected from harm.
- Systems were in place to ensure that the staff recruited were competent, of good character and suitable to work with vulnerable people.
- The service had invested in new technology to improve the current systems for monitoring carer visits to ensure people received their visits at the correct time and duration.

Assessing risk, safety monitoring and management

- The service was pro-active in identifying risks to people and making any necessary referrals or securing equipment to ensure people's safety.
- People's support plans contained individual risk assessments linked to people's needs and wishes which were amended when things changed. Management plans were in place to provide guidance to staff on the actions to take to protect people's safety and ensure their needs were met appropriately.
- Risks in the environment and home premises were also assessed and regularly reviewed to ensure people's and staff safety.

Learning lessons when things go wrong

- Safety checks had effectively picked up on any mistakes or areas for development and these were shared with staff to support learning.
- Systems and processes had been improved to promote safety and quality.

Staffing levels

- There were enough staff employed to meet people's needs. The service was able to cover sickness or absence by using their own staff including staff from other branches. This meant that the service did not rely on agency staff usage.
- People expressed mixed views regarding timings of care calls. One person said that staff always turned up on time whilst two reported experiencing late visits which they were not notified of by the office staff. A new electronic system of monitoring carer visits has been purchased which will be introduced in January 2019 to address this issue.
- People were usually supported by regular staff ensuring continuity of care. A person told us, "There used to be quite a few staff coming to me but now they are regular which is better."
- The registered manager considered the skills, experience and personality of staff when planning the rota to promote positive, trusting relationships and ensure people were supported by competent staff. This was confirmed by people we spoke with. One person told us, "[named person] has four regular staff and gets on

with them all and they are all fantastic; [named person] likes them all."

Using medicines safely

- The service had systems in place to manage medication and people were supported to take their medication safely.
- Staff completed training in medication and had their competency checked.
- Records showed that that medication had been administered as prescribed.
- People's medicine administration records were regularly checked and any discrepancies were investigated and explained.

Preventing and controlling infection

- Staff completed training in infection control and knew what to do to prevent the spread of infection.
- Staff had access to protective clothing such as gloves and aprons to prevent the risk of cross infection.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and our observations and the feedback we received confirmed this.

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

- People's needs had been thoroughly assessed in accordance with best practice principles.
- People's goals had been identified and these were linked to their ability to make their own decisions to ensure people's choices were supported.
- Support plans contained information about people's diverse needs and included their preferences in relation to culture, religion and preference of care worker. People's sexuality had not been explored or documented. To strengthen its approach to equality, diversity and human rights, we recommend the provider consults the CQC's public website for further guidance entitled 'Equally outstanding: Equality and human rights - good practice resource.'
- Staff supported people to use equipment such as pendant alarms to promote independence and safety.

Staff skills, knowledge and experience

- An excellent feature of the service was the quality of the induction provided to staff which used best practice principles in the application of the care certificate. The care certificate represents a set of standards care workers should adhere to in their daily practice and is considered best practice when inducting staff into the care sector. This ensured staff had the necessary skills and knowledge to be competent in their role. Feedback about the competence of staff was positive. A person told us, "We really can't fault them [the staff]."
- Face to face classroom based training was provided in all practical subjects including first aid and manual handling. Staff received training specific to individual needs, for example, dementia and catheter care.
- Staff felt supported and received supervision, observations of practice and annual appraisals. One staff member said, "I feel very supported, the managers are very helpful, in supervision they talk to us about things we need to improve on."

Supporting people to eat and drink enough with choice in a balanced diet

- Where it was part of an assessed need, staff supported people to have enough to eat and drink which met people's needs and preferences.

Staff providing consistent, effective, timely care

- Where people required support with their health needs; the information was captured describing any health conditions, the impact on person and what staff needed to do to help people maintain their health and wellbeing.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff involved people in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have the mental capacity to make decisions, they were supported to have maximum choice and control of their lives.
- Staff supported people in the least restrictive way possible and the policies and systems in the service supported this practice.
- Staff had received training in the MCA and understood the importance of gaining consent before providing support. Consent forms were held on record which had been signed by people or their representatives, if appropriate.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and their relatives told us that staff were patient and kind and treated people with respect. A person told us, "All staff are lovely and respectful."

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

- Sensory training was provided to staff to promote good communication practices to help them support people effectively. Staff were able to describe how they helped people express their needs and wishes. Staff shared their learning with colleagues and the management team to ensure people's communication needs were accurately reflected in their care records.
- Staff understood people's communication needs and supported people to express their views and be involved in all decisions around their care and support. A relative described how staff communicated with their family member who was living with dementia. They told us, "Staff speak in a gentle way, they are more patient and allow [named person] to have 'thinking' time to process what they are being asked."
- People's care records identified where people had representatives who acted on their behalf, for example, holding lasting power of attorney. This ensured that people's choices and rights were upheld.
- People were supported by regular care staff who knew them well, including their routines and preferences. A relative told us, "[named person] has regular staff who now know their ways. It took some time for them to get to know them but they do now."

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated a good understanding of how to maintain people's privacy and dignity, for example, when providing personal care.
- People told us they were treated with dignity and respect and staff provided caring and patient support.
- People's confidentiality was protected.
- Staff encouraged people's independence. A staff member told us, "I like to help people remain independent. I don't like to go in and take over I like to go in and ask 'What do you want me to do today.' So they are in control and we don't take over."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Personalised care

- People were involved in planning their care and support. People's strengths, abilities and desired outcomes were identified with actions put in place to ensure staff could support people achieve their goals. A person told us, "Staff are flexible; they do everything we need for both of us."
- People's support plans had been improved and were of a very good quality. People's likes, dislikes and what was important to the person were recorded. A staff member told us, "Care plans were not that good before, they were hard to read but when the new managers took over the care plans are now straight to point and broken down and I can now understand them and do everything people need me to do."
- Where it was part of an assessed need, staff supported people to take part in activities and access the community. A person told us, "The carer I have now is great and we get on fine. I look forward to the company and going out."

Improving care quality in response to complaints or concerns

- Information on how to make a complaint was included a service-user guide which was given to people when they began using the service.
- Systems and processes were in place to manage any complaints and complaints were responded to appropriately and in a timely manner.
- The management team responded positively to complaints and tried hard to resolve any issues to ensure people were happy with the service they received.

End of life care and support

- End of life care and support was not currently being provided to anyone using the service.
- Staff received training in end of life care should the need arise and paperwork to support end of life care planning was available if required. People's preferences for end of life care, such as funeral arrangements had not been discussed or recorded.

We recommend that people's preferences for end of life care be explored and documented, if appropriate.

Is the service well-led?

Our findings

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

The service was consistently well managed and well-led. Leaders, and the culture they created, promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People's records reflected the provider's awareness of the importance of providing person-centred care. Lots of work had been done on support planning to capture personalised information about people to ensure a person-centred approach. Care records were well organised, clear and concise with a good level of detail. These were regularly checked and updated to ensure the information recorded remained accurate.
- The way that the service managed complaints and potential safeguarding concerns demonstrated that the provider understood their duty of candour and accountability when mistakes were made or improvements to practice were required.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There were clear lines of accountability and management and staff were aware of their role and responsibilities.
- The management team completed regular checks on a wide range of areas of service provision to monitor the safety and quality of the service and identify where improvements were required.
- Effective communication systems were in place between staff and management. Staff attended team meetings and received regular memos to ensure they were kept up to date with good practice and any changes in the service.
- The vision and values of the service to provide person-centred care which empowered people was shared by staff. A staff member told us, "I like to go in there and ask the client, what do they want, how they want it done and not take over."

Engaging and involving people using the service, the public and staff

- The service engaged with people and staff to invite their opinion of the service through telephone conversations, care reviews, surveys and at 'spot checks' carried out to assess how staff were working.
- The feedback from the satisfaction surveys from the last year was in the main very positive. Comments included; "Staff always stay with me for full length" and, "I am treated very well by all the carers." and, "I'm very satisfied with care I receive."

Continuous learning and improving care

- Information gathered from audits was used to develop the service and make improvements.
- Improvement plans were in place at branch and provider level with actions to be taken within specific timescales.

- The provider demonstrated a commitment to retaining staff which was achieved through the use of incentive schemes and recognition awards, acknowledging good practice so that staff felt appreciated. People benefitted from this commitment as received support from regular care staff which they valued.

Working in partnership with others

- The service worked in partnership with health and social care professionals such as the local authority; liaising with social workers to secure good outcomes for people, for example, increasing call visits to ensure people's needs were met.