

Hales Group Limited

# Hales Group Limited - Leicester

## Inspection report

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12 November 2021  
17 November 2021

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hales Group Limited - Leicester is a domiciliary care agency providing personal care to 34 people living in their own homes at the time of the inspection.

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

People told us they felt safe and confident with the care and support they received from staff. People were safeguarded from abuse and neglect by a staff team who were trained in safeguarding procedures.

Risk assessments had been completed to ensure people were supported to remain safe. There was clear guidance for staff on how to manage people's risks.

There were enough staff to meet people's needs. People told us the staff who provided their care were consistent and knew them well. The provider had implemented an electronic monitoring system to help with planning, implementing and monitoring rotas.

People received their medicines safely and as prescribed by staff who had been trained and assessed as competent to administer medicines.

Infection prevention and control (IPC) was well managed and staff were trained in safe IPC practices whilst providing care. Appropriate Personal Protective Equipment (PPE) was made available and worn by staff.

Quality control systems were effective in identifying issues within the service. When issues were identified during audits, the provider developed effective action plans to improve care and drive continuous learning.

Care records were person-centred and contained sufficient information about people's preferences, specific routines, their life history and interests.

The provider had systems in place to encourage and respond to any complaints or compliments. People told us they were aware of the complaints policy and would feel comfortable approaching the registered manager if they had a complaint.

People and their relatives told us they were involved in the planning of their care. People, their relatives and staff members were given opportunities to provide feedback on the service. The management team acted on the views of people, their relatives and staff members.

The provider and management team had good links with the local communities within which people lived.

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; the policies and systems at the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 17 October 2018).

#### Why we inspected

We received concerns in relation to missed and late care calls and a lack of management oversight. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hales Group Limited - Leicester on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Hales Group Limited - Leicester

## **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 undertaken 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 homes.

The service did not have a manager registered with the Care Quality Commission. This meant the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 11 November 2021 and ended on 17 November 2021. We visited the office location on 11 November 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and seven relatives of people who used the service about their experience of the care provided. We spoke with five members of staff including the director of compliance, the regional operations manager and three care workers.

We reviewed a range of records. This included four people's care records and three people's medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse. Staff had access to relevant guidance in the provider's safeguarding policy. One staff member told us, "The policies are accessible in the office – we have access to all policies". Another staff member said, "I have had safeguarding training and we learnt about what would constitute safeguarding, such as abuse or neglect".
- People and their relatives told us they felt the service kept people safe. One person told us, "The service is 100% safe. [Staff] are always properly attired with masks, clean uniforms and plastic aprons." One relative told us, "[Name] is very safe. Having these carers takes the weight off me. They are very trustworthy and understanding".
- The manager understood their role and responsibility in relation to safeguarding and had managed safeguarding concerns appropriately and promptly.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual risks were appropriately identified and assessed. Staff were provided with clear guidance to manage people's risks. One staff member said, "People's risk assessments are on the electronic application we use on our smart phones. The application is really simple to use and is really accessible. We can also check people's daily notes so we can see if there have been any issues; the handover notes are really accessible".
- People and their relatives were actively involved in the management of people's risks and told us they found risk assessments and staff's knowledge of how to manage potential risks to be good. One relative told us, "The carers know what they are doing and are experienced. They are absolutely brilliant; they are like family".
- The provider identified issues during audits which were communicated to staff and changes were made to systems and processes to ensure the safety of people.

Staffing and recruitment

- There were enough staff with the right skills deployed to provide people with care at their regular planned times. One relative told us, "We have a regular group of carers who always come at the same time. We are always told who is coming". One person said, "The carers always stay for the required amount of time. I'm never rushed; they go at my pace".
- The service had an effective electronic monitoring system. This enabled the service to monitor care calls in real time, showing whether people's care was being delivered at agreed times and for the agreed length of time. The system flagged up if a person's care call was more than 15 minutes later than the planned time and office staff would contact people to let them know when they could expect to receive their care. One

person told us, "When the carers have been running late, which is only occasionally, the office staff have let me know".

- Staff were recruited safely. For example, Disclosure and Barring Service (DBS) checks and previous employer references were obtained. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions.

#### Using medicines safely

- We saw electronic medicine administration record (MAR) charts were in place and had been completed accurately, showing people had received their medicines. The electronic MAR charts were part of the electronic monitoring system and enabled office staff to see whether care staff had administered people's medicines in real time.
- Staff had received training in safe handling of medicines and their competencies were tested regularly. One staff member said, "I prompt medicines and have received medicines training. I feel confident filling out MAR charts".
- Regular medicines audits were completed to ensure correct procedures were followed by staff and any action required was identified promptly.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in infection prevention and control and demonstrated a good understanding of how to keep people safe.
- Staff had access to a good stock of appropriate Personal Protective Equipment (PPE). One staff member said, "I have had really good training on infection prevention and control and we always have enough PPE accessible in the office". One relative told us, "Staff are all masked, gowned and wear gloves. They will change their gloves dependent on what task they do. They dispose of PPE appropriately".
- We saw the provider had implemented a COVID-19 policy and staff were following national and local guidance. This policy had been regularly updated when guidance changed, and the management team had communicated changes to staff via a memo system.



# 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 now 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service went through a period of instability when the previous registered manager and other staff members left without serving their notice. This resulted in a small number of people's care calls being missed and disruption to care schedules for a period of 5 days. However, there was no evidence people came to any harm. Interim management arrangements addressed these issues quickly and a new manager started with the service shortly after our inspection visit. People told us they understood why this instability had occurred and it had not been repeated since interim management arrangements were put in place.
- The provider had identified effective strategies to keep people safe. Risk assessments were completed appropriately and there was clear guidance for staff on how to manage people's risks. These documents were regularly audited and reviewed to ensure that they were accurate and up to date.
- The provider performed quality monitoring of the service. There were regular audits of care plans, medicines, daily records, accidents and incidents. Information was analysed, trends were identified and actions were implemented to improve and change the service.
- Staff performance was monitored by supervision and spot checks. Staff told us lessons were learnt when issues were identified. One staff member said, "I feel I am able to raise concerns with the management team and they are listened to and acted upon".
- The provider had an effective performance improvement plan in place to ensure the service demonstrated continuous learning and a drive to improve people's experience of care. This plan had clearly defined actions, with information around who was responsible for each action and by when.

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

- People, relatives and staff told us the management team were approachable and relationships were positive. One staff member told us, "The management team are approachable and fair to all staff. They are absolutely brilliant, really supportive and check on my well-being". One relative said, "I think the service is managed very well. I think they've had problems with managers leaving, but it has not affected us. I can't praise them highly enough".
- People were receiving person-centred support. Care plans reflected people's personal choices and their preferences were considered and planned into their day-to-day care. Staff were able to tell us specific information around how people liked to be cared for. One person told us, "Staff know me really well. They never talk down to me and they have never once given me cause for concern". One relative said, "Staff's approach with [name] is good. They know [name] well, they talk with [name] and engage with [name]"

appropriately".

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 provider was aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with people's care and treatment.
- The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- The provider had implemented a complaints policy and had made all people, relatives and staff aware of it. People, their relatives and staff were able to tell us about the complaints process and who they should contact if they had concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were given the opportunity to provide feedback on the service they were receiving via written surveys. We saw responses to written surveys had been collated and analysed to identify issues and implement improvements. One relative told us, "We get a letter with a survey attached asking questions about the care [name] receives and whether we would like to recommend any particular staff member".
- We saw evidence of staff meetings taking place and regular supervisions and spot checks were conducted. Staff meeting records showed when staff raised issues these were recorded and dealt with as part of an action plan. One staff member told us, "We have monthly team meetings. We are asked whether we have any ideas to improve the service. Concerns get addressed by the management team and things definitely improve as a result".
- Staff felt they were able to raise issues and felt listened to when they did so. One staff member told us, "I feel I am able to raise concerns with the management team and they are listened to and acted upon". Another staff member said, "I feel I am being listened to and I can make suggestions, be it about people's call times or my personal rota, and these are listened to and actions are taken to make positive changes".
- People's equality characteristics were considered when sharing information and accessing care. The management team were able to describe the Accessible Information Standards (AIS) and tell us how they would cater to people of different languages and people with sensory issues, such as blind and deaf people.
- The management team had established and maintained good links with local partners that would be of benefit to people who use the service, such as GP practices, district nursing teams, mental health teams and social work teams.