

Hales Group Limited

Hales Group Limited - Huntingdon

Inspection report

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Date of inspection visit:
01 March 2017

Date of publication:
27 March 2017

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

Hales Group Limited - Huntingdon is registered to provide a personal care service for people living in their own homes. At the time of our inspection 45 people were using the service.

This inspection was undertaken by one inspector. At the last inspection on 29 December 2015 we found the provider required was in breach of one regulation that we assessed. This was in relation to the management failing to notify us of important events. We received an action plan from the provider which detailed the actions that they were taking to improve the service. During the inspection we found that the required improvements had been made.

At this inspection we found the service remained 'Good'.

A registered manager was not in post at the time of this inspection. The branch manager was however in the process of actively applying to become a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Various processes and systems were in place to help keep people safe. These processes included staff's knowledge about managing risks to people and safeguarding them as well as administering medicines as prescribed.

People's assessed care needs were met by a sufficient number of suitably qualified staff. A robust and thorough recruitment process was in place and this helped ensure that staff recruited were suitable to work with people who used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were assessed by skilled staff who then implemented people's care and support based upon people's preferences. People and their relatives were given information about their care in a format that people could benefit from.

People's health and nutritional needs were met by staff who had been trained on subjects appropriate to people's care needs. Staff respected people's choices of food and drinks. People had access to health care professionals, when they needed them.

Staff were aware of what was expected of them and implemented the values of the provider in providing dignified and individualised care.

A range of effective audits and quality assurance systems were in place to assess, monitor and improve the service. Improvements in the way the service was managed had been made including notifying the CQC about important events.

People's, staff's and relatives views about the quality of the service were sought through face to face meetings, surveys and telephone calls. Feedback was used to recognise good practice and to drive improvements where shortfalls were identified.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service was well-led.

At the last inspection we saw that improvements were needed in that the provider had failed to notify the commission of important events. At this inspection we saw that the registered provider had made improvements and this area is now rated as good.

Hales Group Limited - Huntingdon

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.

This inspection took place on 01 March and was announced. We gave the service 48 hours' notice of the inspection 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.

The inspection was carried out by one inspector.

We reviewed previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make."

We spoke with seven people and two relatives by telephone. We contacted the local authority contracts' team and the local safeguarding authority team to obtain their views about the service provided at Hales Group Limited - Huntingdon.

We looked at records in relation to five people's care. We spoke with the branch manager, care co-ordinator, four care workers and an administrator. We looked at records relating to the management of risk, administration of medicines, minutes of meetings, staff recruitment and training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

The reasons people told us that they felt safe included, "staff stay for the allocated length of my care call".... "I need two care staff and there are always two" and "They [staff] don't rush my care call. They have time for a chat," A relative told us, "It is nice to know that they [staff] do stay and have a chat with my [family member]. I can't do things they do and they are always very careful."

Staff understood about safeguarding people from harm. One care worker told us, "If I noticed a person was very quiet, had any marks on their skin I would report to [manager] straight away. I can call social services and the CQC." Another staff member said, "I have had refresher training on safeguarding and would not hesitate to report any concerns should I ever need to." We found that there were systems in place to protect people and as a result of staff being trained on protecting people from harm. These systems included risk assessments for any risk of harm such as choking, falls, mobility and moving and handling. This was as well as the environment where people were cared for in their home.

Regular reviews of people's assessed needs were undertaken. This was to ensure that there was sufficient staff to safely meet people's needs. Staff told us that they had time to travel to each person and complete all their care needs. We found and people we spoke with confirmed that there were sufficient staff. The branch manager told us that recent staff sickness had required additional staff resource from the office. One staff member said, "It is very rare that we can't cover a care call. We use off duty staff, [the manager] can help too."

Accidents and incidents such as people experiencing a fall were investigated and acted upon. For example, equipment for moving and handling were put in place to help ensure the potential for recurrence was minimised.

Staff were trained on administering medicines as well as having their competency assessed to do this safely. One person told us, "They [staff] get all my tablets out and make sure I take them. One staff member said, "I was not signed off to administer medicines until I and my supervisor were happy that I was safe." People could be assured that they would be administered medicines as prescribed.

Is the service effective?

Our findings

As part of the process of assessing people's needs a combination of information about each person was gathered. This information first and foremost was sought from the person, then their relatives, local authority and health care records. For example the manager looked at, the person's ability to make decisions, what their preferences were such as for foods, time to get up and go to bed and the time of their care call.

The branch manager explained to us about those organisations they regularly sought up-to-date guidance and information from based upon the Care Certificate. Staff's induction was based upon this qualification and others from the Skills for Care. This is as a national organisation that provides practical tools and support to help adult social care organisations recruit, develop and lead their workforce to have the right care skills.

Records we looked at and staff we spoke with showed us that the training planned and provided had enabled staff to do their job effectively. One staff member said, "I had a very comprehensive induction and shadowing very experienced senior care staff. They had very high standards for me to reach. I am now confident to work more on my own." One person told us, "The girls [staff] definitely know what they are doing." A relative said, "My [family member] relies on them [staff] for everything and I am absolutely sure that they do things as expected."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures to deprive people of their liberty living in the community are, if required, authorised by the Court of Protection. People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. This was by staff and manager who understood the requirements of the MCA and Deprivation of Liberty Safeguards (DoLS).

No person currently using the service had been deemed to lack mental capacity. We did however find that the process for determining people's ability to make decisions was being improved, to more accurately determine changes in people's ability to make any decisions.

People told us that they could choose what they ate and that staff encouraged them to do so. Records confirmed that people had been offered choices of food and drink and that staff had done this regularly. One person said, "I love my cooked lunches prepared by my [family member]. They [staff] leave me with a sandwich (in the fridge) for tea. They always ask if I have had plenty (to eat)."

Staff sought health care support and advice from health care professionals. They had developed a good working relationship with them. For example, the manager had worked with an occupational therapist to support people with their mobility. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

Is the service caring?

Our findings

People were provided with care that was dignified, respectful and compassionate. One person told us, "The girls [staff] are all absolutely very kind and caring. They do the things for me I can't do anymore but they are always very gentle." People described to us how kind and attentive staff were to their needs. Another person said, "Everything they [staff] do they do for me. I can't fault it [the care] in any way whatsoever."

All of the people we spoke with told us that staff listened to what they said and paid attention to their needs about what made a difference to the person's life. Examples of this included making sure people's dignity was respected, engaging in conversation to relax the person and letting the person be as independent as possible. One relative told us, "They [staff] always make sure the doors are closed and that my [family member's] privacy is respected."

People told us that they had regular contact with office based staff who made sure that people's involvement in their care was promoted. Ways in which this was achieved was through telephone calls, face to face meetings and through reviews of people's care. One person said, "They [office staff] came only last week to go through everything. There wasn't anything to change but it was nice to have that reassurance." One staff member told us, "It's about caring for someone as if they were your own, covering their dignity and letting them wash (themselves) as much as possible. I love making people smile and making that little difference to their lives and this means so much to them." People could be assured that staff would meet their care needs in an individualised way.

Staff were regularly reminded through staff meetings about respecting people's confidentiality. People we spoke with confirmed that staff only talked about information relating to the person. We found that people who required advocates to support them with their care such as a Lasting Power of Attorney had this in place. The manager also explained that any external and independent advocacy could be provided if this was ever required.

Is the service responsive?

Our findings

People told us that staff knew them well. One person said, "They know me very well, on a personal level." Another person told us, "They take an interest in the things I get up to; I think they do know me well, yes." This was supported by our observations and speaking with staff about people's needs.

People's care records contained personalised information about them, such as their hobbies, interests, preferences and life history. This information enabled staff to support people to engage in meaningful activity they enjoyed. It also enabled staff to better understand and meet the needs of people with a sensory or physical impairment. This was as well as those living with dementia who may not always be able to recall these details independently. One staff member said, "I have also used picture cards if this benefitted the person's communication with me. It all depends on the person."

People told us how staff supported them in an individualised manner such as the time of their care call; the time people got up or went to bed and how people preferred to be assisted with any moving and handling. One person said, "I love having a chat with them [staff] I can have a moan but they always listen to me and make sure everything is okay." A relative told us, "My [family member] needs a lot of support and they [staff] do it in a way I can't. They are just amazing and make such a difference to our lives." We found that staff supported people with going out, reading a magazine or reminiscing with someone. One staff member said, "It's so interesting listening to what people have to say."

Various systems were in place to capture and act upon people's views about the service and care that was provided. This also included any arising feedback from people or their relatives. People were encouraged to comment about their care both in a positive and critical manner. One person said, "I did complain and they [manager] came out the other day to check on staff. Most of the time everything is fine. It is good to see that checks are in place."

Another person told us that they "had filled out a questionnaire". We saw that actions arising from this questionnaire included improvements. For example, this was the way people were informed about staff who had been rostered for their care. We saw that a record of complaints had been maintained, which included when the complaint had been resolved to the complainant's satisfaction. People also told us they knew how to complain and felt staff listened to them.

Is the service well-led?

Our findings

At our comprehensive inspection of Hales Group Limited - Huntingdon on 29 December 2015 we found that the registered persons had not always notified the Care Quality Commission about incidents they are required, by law, to do so.

This was a breach of The Care Quality Commission (Registration) Regulations 2009 regulation 18.

At the last inspection on 29 December 2015, we asked the provider to take action to make improvements to notify the Commission about incidents. During our comprehensive inspection of 1 March 2017 we found that the provider had followed their action plan to meet shortfalls in relation to the requirements of Regulation 18 described above.

The manager was supported by an operations' manager and quality compliance manager and as a result had instigated many improvements. This included a process to ensure that we were always informed about events that we are required to be notified about. Other improvements had been recognised at a recent local authority contracts' monitoring visit and these were being acted upon.

A regular programme of effective audits and quality assurance processes were in place. Areas audited included medicine administration, care plans, staff recruitment and incident and accident records. As a result of these processes and spot checks of staff, the standard of incident reporting had improved as well as using lessons learned to prevent the potential for recurrence. Where any shortfalls were identified, records demonstrated that these had been acted upon promptly. This demonstrated to us that the manager was committed to continual improvement.

The manager was actively pursuing an application to become a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager promoted a positive, transparent and inclusive culture within the service and staff team. They did this by providing a robust support system including planned supervision, training and having an open door policy. Staff we spoke with confirmed this.

The manager had introduced various ways to gather people's, relatives and staff views more inclusively, in how the service was run such as a dementia pamper day and Parkinson's disease awareness session in attendance were people who used the service, their relatives and staff. This had led to people living with these conditions and their families having a much better idea about what people could achieve. This also helped people and the service maintain stronger links with the community.