Hales Group Limited

Hales Group Limited - Ipswich

Inspection report

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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 - Ipswich is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults. At the time of this announced inspection of 5 September 2018 there were 110 people who used the personal care service. We gave the service 48 hours' notice of the inspection to make sure that someone was available.

At our last inspection of 2 October 2017, the service was rated requires improvement overall. The key questions for effective, caring and well-led were rated good and the key questions safe and responsive were rated requires improvement. At this inspection we found improvements had been made. The service is now rated good overall. Improvements had been made in people's care records. The records now included guidance for care workers how to reduce risks and meet people's assessed and individual needs safely.

There was a registered manager in post. 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.

Recruitment of care workers was ongoing to reduce the risks of missed visits. Recruitment of care workers was undertaken safely and checks were made on prospective care workers to ensure they were suitable to work in this type of service. Care workers and other staff working in the service received training and guidance to reduce the risks of avoidable harm and abuse. Where people required support with their medicines, there were systems in place to manage them safely. There were infection control systems in place to reduce the risks to people.

We received mixed views from people who used the service and relatives about the timings of their visits and not being kept informed, this affected making arrangements for their day. The registered manager was immediately responsive to this feedback and gave an undertaking to address this for those affected.

A complaints procedure was in place. People's views about the service and the care and support they received were valued and listened to and used to drive improvement.

People continued to receive an effective service. People were supported by care workers who were trained and supported to meet their needs. People were supported to have maximum choice and control of their lives and care workers cared for them in the least restrictive way possible; the policies and systems in the service supported this practice. Systems were in place to support people with their dietary needs, where required. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service.

People continued to receive a caring service. People had positive relationships with their care workers. People's dignity, privacy and independence were respected and promoted. People's views were listened to

and valued. There were systems in place to support and care for people at the end of their lives, where required.

The service continued to be well-led. There was a quality assurance system in place which supported the registered manager to identify shortfalls and address them. As a result, the quality of the service continued to improve.

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.

There were care workers available to cover planned visits. Care workers were recruited safely.

There were systems in place to support people with their medicines, as required.

There were systems in place to reduce the risks to people from abuse and avoidable harm. Infection control processes reduced the risks of cross infection.

Is the service effective?

Good

The service was effective.

People were supported by care workers who were trained and supported to meet their needs.

The service understood the principles of the Mental Capacity Act 2005.

Where people required support with their dietary needs, this was provided effectively.

People were supported to access health professionals, where required. The service worked with other organisations to provide a consistent service.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and independence was promoted and respected.

People's choices were respected and listened to.

Is the service responsive?

Good

The service was responsive.

People we spoke with had mixed views about if there care visits were at an acceptable time, which met with their choice and needs.

Improvements had been made in people's care documents which identified how their needs were assessed, planned for and met. People's end of life decisions were documented.

There was a system in place to manage people's complaints.

Is the service well-led?

Good

The service was well-led.

The service assessed and monitored the care and support provided to people. The quality assurance systems supported the registered manager to identify and address shortfalls.

People were asked for their views about the service and these were valued and acted on.

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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 announced comprehensive inspection was carried out by one inspector on 5 September 2018. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be available.

The inspection activity started on 5 September 2018 and ended 7 September 2018. On the first day we visited the office location. We spoke with the registered manager, two coordinators, a field work supervisor/assessor, the administrator and a care worker. We reviewed 10 people's care records, records relating to the management of the service, training records, and the recruitment records of five care workers. On 6 September 2018 we spoke with seven people who used the service, three relatives and four care workers on the telephone. On 7 September 2018 we spoke with six people who used the service and four relatives on the telephone.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

Good

Is the service safe?

Our findings

At our last inspection of 2 October 2017, the key question for safe was rated requires improvement. This was because improvements were needed in how the service assessed and managed risks to people. At this inspection on 5 August 2018, we found improvements had been made. The key question for safe is now rated good.

Improvements had been made in people's care records. These now included risk assessments, which assessed the risks to people, including risks associated with moving and handling, in their home environment, falls, pressure ulcers and medicines. There was guidance in place for care workers about how these risks were to be reduced.

People told us that they felt safe with their care workers. One person said, "They lock up after they go so I am safe." They also shared an example of the actions the registered manager took to ensure they were safe.

There were systems in place designed to protect people from avoidable harm and abuse. People received support from care workers who were trained in safeguarding. Care workers and other staff we spoke with understood their roles and responsibilities relating to keeping people safe. Where safeguarding issues had been reported, the service had taken appropriate action to learn from them and reduce future risks. This included meeting with people and their relatives, sourcing training for care workers, disciplinary action and reviewing people's care plans. In addition, where concerns about people's safety had been raised by care workers, safeguarding referrals were made appropriately with the organisation responsible for investigating them. The registered manager notified us of any incidents and kept us updated with the outcomes and lessons learned.

A coordinator showed us how care workers were provided with information about how to access people's homes. This information was encrypted and so could not be accessed by others who were not authorised to have it.

We reviewed the recruitment records of five new care workers. These included checks that prospective care workers were of good character and suitable to work in the service. There was a staff member responsible for ensuring recruitment was done safely.

People told us that their care workers turned up for their visits. One person's relative said, "We have never had a missed visit at all." Another relative said that previously there had been missed visits but, "It is better these days, we do not have them anymore." Another person said, "They are pretty good at turning up." However, one person's relative told us about when a care worker had not arrived, for which they received an apology.

There had been some issues at the end of 2017 which related to a high level of sickness which affected how the visits to people were completed. The registered manager kept us updated with the difficulties they were facing and assured us that they were doing all they could to cover the planned visits. The registered

manager told us this had improved, care workers were back at work and they had recruited care workers.

The registered manager told us that there were enough staff to ensure all visits were completed, but recruitment of care workers was ongoing. This was to ensure that any care workers leaving could be replaced promptly and to manage the demand for services. The registered manager told us that if there were any issues with staff being unavailable at short notice then visits could be undertaken by the registered manager or another member of the office team, who were trained to provide care to people. This was confirmed by a person who said, "One time the carer didn't come, but the manager came, which was fair enough." In addition, the organisation had an agency which provided care workers to other services, these could be accessed if required. One care worker told us that they felt that there were enough care workers to cover planned visits. They said that when care workers left, the organisation recruited new ones. Another care worker said that there were issues covering visits if colleagues were off work with short notice, such as sickness. But they felt that everyone pulled together and completed all the visits.

People told us that they were satisfied with how their care workers supported them with their medicines. One person said, "They [care workers] give them to me and I count them to make sure I have got the nine. They laugh and ask me why I am counting them, I always do." Another person said, "They do the cream on my legs gently." Another person commented, "I leave it to them [care workers] to do my medication. They seem to know how to sort it out. They look after that well."

People's care records included the support that they required with their medicines and risk assessments were in place which identified how the risks associated with their medicines were reduced. Care workers had received training in medicines administration and their competency was assessed by the senior team in spot checks. People's medicines administration records (MAR) were monitored and checked by the registered manager. This supported the registered manager to identify any shortfalls and take action where required. This included providing further training to care workers.

Care workers were provided with training in infection control and food hygiene. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as disposable gloves and aprons. Care workers told us that there was always a good supply of PPE that they could collect from the office. One care worker collected a supply of PPE during our inspection, they said they could drop in at any time for these and if they were unable to get to the office a colleague would drop them off to them.

Good

Is the service effective?

Our findings

At our last inspection of 2 October 2017, the key question effective was rated good. At this inspection people continued to receive an effective service.

Before people started to use the service, their needs were assessed holistically. This included their physical, mental and social needs and protected characteristics relating to equality. These assessments were used to check that the service's staff had the skills and capacity to meet the person's needs.

We received varied feedback from people about if care workers had the skills to meet their needs. One person told us that their care worker, "Works very hard, they all try to do their best." One person's relative said, "I think they are skilled, some of the younger ones are a bit nervous, but they have to learn the job and gain confidence." Another relative commented, "Some of the youngsters are not as experienced, a bit slap dash, I sort them out, I tell them how to do things, they are better the next time." The relative stated that the regular care workers were, "Brilliant." Another person's relative said, "They are skilled, my [family member] needs a lot of care, they are very good with them."

One person's relative told us that they had to remake the bed when the care workers had done it. We fed this back to the registered manager who told us that bed making was not covered at induction, only as far as care workers were taught how to fit a bottom sheet smoothly to reduce the risks of pressure ulcers. They said they would revisit this in future training and demonstrate good practice in how to make a bed.

The service had systems in place to provide care workers with training in how to meet people's needs effectively and to achieve qualifications in care. A trainer worked in the service. Care workers were positive about the training and induction they had received. Records showed that training provided included safeguarding, moving and handling, and medicines. Care workers were also provided with training in people's diverse needs and conditions to meet the needs of the people they supported, such as dementia, learning disability awareness and equality and diversity. One care worker told us that the trainer was very good and answered any questions they had. They made some suggestions of how the training could improve, which included basic training on how to use, for example, a microwave oven and making drinks. We fed this back to the registered manager who said they would incorporate this into the induction, because they had a kitchen area in the office they could use. Another care worker said, "I get all the yearly updates, training is perfect, they have dementia courses, which are good and the end of life. The trainer is good." The registered manager told us that they and the trainer had considered the changing needs of people using the service and were looking at training courses to support the care workers. This included a training course on drug and alcohol use. The trainer was planning to attend training then this would be rolled out to care workers.

There was a system in place to identify when care workers required updated training. Correspondence from the registered manager to care workers identified that they were advised when their training needed to be updated. If this was not done as required they could not be offered work until completed.

Before they started working for the service, care workers were provided with a programme of induction training. They also completed shadow shifts, where they shadowed a more experienced colleague. Care worker's records included feedback from their colleagues on the shadowing they had completed. One person's relative said, "They sometimes come along and watch the others, call it shadowing, they have to learn."

Records showed that care workers received one to one supervision meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

The service worked with other professionals, such as health care professionals and occupational therapists, involved in people's care to ensure that their needs were met in a consistent and effective way. People were supported to maintain good health and had access to health professionals, where required. People's records, identified that where care workers were concerned about people's wellbeing, health professionals were contacted for guidance. Records of correspondence with people's relatives identified where the service had contacted other professionals, including an occupational therapist, to assist the family gaining mobility equipment.

One person's relative told us about an incident when their family member's care worker had identified an issue with their wellbeing. They said that the care worker had asked for their permission to raise this with the registered manager, who called them and asked for their consent to call a health professional. The relative told us that they were very happy that the care worker had acted so quickly to identify the issue and get support for them, which they felt was, "Over and above what we expected."

Some people required support with their dietary and hydration needs. One person told us, "They make me a cup of tea and leave me drinks." The care plans of these people provided guidance for care workers on how to support them effectively. The risk assessments relating to nutrition identified if there were any risks to people in areas including choking, swallowing or weight loss. Where there were issues, care workers were guided how to reduce these risks.

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 told us that the care workers asked for their consent before providing any care. One person's relative told us, "They [care workers] ask 'should I do this, shall I do this?'" The registered manager called people during our visit to the office to ask for their consent for us to telephone them. People's care records included information about if people had capacity to make their own decisions. People had signed their care records to show that they consented to the care they were being provided with. Care workers had been trained in the MCA and understood the importance of seeking people's consent before they provided any care.

Good

Is the service caring?

Our findings

At our last inspection of 2 October 2017, the key question caring was rated good. At this inspection we found that people continued to receive a caring service.

People told us that their care workers treated them with kindness and respect. One person said of their usual care worker, "Very nice, we get on." Another person commented, "All the ones that come to me are very pleasant and helpful. They are a lovely lot." Another person said, "I told [a member of the office staff] how good all the [care workers] are. I can't find fault with any of them. I don't know what I would do without them, I would miss them if I didn't have them." Another person said, "The carers are excellent." One person's relative told us how the care workers treated all the family with respect, including the family pet. Another relative said, "They are very pleasant, [family member] loves them, chats away with them."

During our inspection visit to the office, staff including the registered manager, spoke with people and relatives on the telephone. They did this in a caring and compassionate way. All of the staff we spoke with talked about people in a compassionate manner. They clearly knew the people who used the service well.

Care workers were provided with guidance on how people's rights to privacy, dignity and respect were promoted in people's care plans. People told us how they felt their privacy was respected by their care workers when they were provided with personal care. One person's relative said that they had, "No problems," with the ways that care workers respected their family member's privacy.

People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected. One person told us, "I do my own pills, they [care workers] don't take over, they just check I am okay." Care workers told us how they encouraged people's independence.

People told us that the care workers listened to them, acted on what they said and they were consulted relating to their care provision. One person said that, when they started using the service, they had told the registered manager that they did not want a gender of care worker to visit them. They said, "[Registered manager] wrote it down and they never sent one [gender of care worker]." One person's relative said that they and their family member were, "Most definitely," consulted. Another family member commented, "They listen, they know [family member's] routines and keep to them, which is important."

People's care records identified that they had been involved in their care planning. The care records included information such as their past experiences, what was important to them and their future goals. The records also included their choices about how they wanted to be cared for and supported. The registered manager told us that before people started to use the service, visits were made to them to assess their needs and gain their views about what they needed support with.

Good

Is the service responsive?

Our findings

At our last inspection of 2 October 2017, the key question for responsive was rated requires improvement. This was because improvements were needed in how the service assessed and planned for the care provided to people. At this inspection on 5 August 2018, we found improvements had been made. The key question for responsive is now rated good.

Since our last inspection people's care plans had been reviewed and updated. Care plans identified how the service assessed, planned and delivered person centred care. The records demonstrated that people received care and support which was tailor made to their needs and preferences. People's care plans identified people's specific conditions, how these affected their daily living and guidance for care workers on how they should consider these conditions when providing care and support. We spoke with the registered manager and field work supervisor about the people whose care records we reviewed. They had a clear understanding of the people and their needs and their care plans reflected what they told us.

Reviews on the care provided were regularly undertaken to ensure people received care that reflected their current needs. People's daily records included information about the care and support provided to people each day.

People said that they were happy with the care and support provided, which met their individual needs. One person said about their care workers, "If I want anything done, they will do it." One person commented, "They are very accommodating with any changes I need. I am looked after." Another person commented, "They always ask me if I need anything else before they go." One relative told us that the service had responded promptly to their family member's needs. They had spoken with the office staff about increasing care visits for their family member. They said that immediate action was taken and provided the same day. Another relative said, "They are reliable, extremely good, know you can rely on them it is a lovely feeling. We would never change and I would recommend them to anybody."

The registered manager told us that they tried to match people with care workers and kept the same team of care workers to maintain consistency of care. One care worker said, "I usually have the same run." This meant that they usually visit the same group of people. However, this could change if, for example, other care workers were on short notice leave, such as sickness.

There was a system in place to support care workers to arrive at care visits at the planned time and stay for the required amount of time. This included providing travel time between visits and set times for visits. However, we received varied views from people using the service and relatives about the timekeeping of care workers for the planned visits. Some people said that their care workers arrived when they were expected and if their care workers were running late this was addressed. One person said, "I am very happy, they turn up when they should and treat me very well. I have no concerns at all." Another person commented, "My regular care comes on the dot, always on time that matters to me a lot." Another person said, "Occasionally they are late, they don't always let me know, but if I call the office they get straight back to me." One person's relative told us that they had been told to call the office if their visits were running over

30 minutes late. They advised when they had done this prompt action was taken, the office staff found out where the care workers were and then rang them straight back, they were satisfied with this arrangement. Another relative said, "We have no complaints they stay as long as we need them to, if a problem the carer will stay. They usually turn up within half an hour of the expected time."

Other people said that they were not so satisfied with the timings of their visits, these were attributed to not receiving a schedule of their visits so were not fully aware of when their visits were. One person said, "The times are hopeless, this is the only complaint I have got about them, eventually they turn up." They said they used to get a schedule but this had stopped. Another person commented, "We used to get a paper [schedule] but they stopped that, they come different times. I can't make arrangements. I'm not sure if they are late or not because I don't get the paper." Another person said that they did not receive a schedule and got frustrated because they did not know who would be visiting them and at what time. This prevented them organising their life, including when to have a meal as they did not want to be eating when the care worker arrived, "Even if they let me know every morning who is coming it would be better." They commented, "We got a letter saying that you had to request a schedule, but I have so many times. I can't fault any of the carers they are lovely and they apologise."

A letter was sent to people in July 2018 following the quality satisfaction questionnaires which had been completed by people using the service and relatives, regarding schedules, some people had reported that they did not need these as they were not always accurate. The letter advised that the schedules could be sent by post or e-mail, if requested. A memorandum was sent to care workers to tell them to keep to the arranged times for visits. We fed back the concerns raised by people to the registered manager relating to the timeliness of their visits and schedules. The registered manager said they would contact people to check how they wanted to receive a schedule, and they would be informed as soon as possible if their care workers were running late. We were assured that the changes in providing schedules had been made as a result of listening to people in the quality questionnaires. However, this had not been acceptable for some people and the registered manager was taking immediate action to rectify this. Discussions with the registered manager during our inspection and correspondence received following feedback assured us that action was being taken to address people's comments.

People told us they knew how to make a complaint and felt that they were addressed to their satisfaction. One person's relative told us that when they had raised issues with the registered manager immediate action was taken. One person said, "If I have a moan they listen to me, always apologise." One person's relative said, "If I had any concerns would speak with [registered manager] and it would be resolved." There was a complaints procedure in place, each person was provided a copy with their care plan documents. Records showed that complaints were investigated, responded to and used to improve the service to reduce future risks. This included correspondence sent to care workers by the registered manager to ensure they were aware of their responsibilities and guidance to provide specific care to people.

Where people were at the end of their life the service provided the care and support that they wanted. Care workers were provided with end of life training. The registered manager told us that in addition to the in-house end of life training, when a course became available places were offered to care workers in a course run by a local undertaker. People's care records included people's end of life choices, if they wished to discuss them, including if they wanted to be resuscitated. Care workers were advised where this information was kept in their homes. Care workers were kept updated in correspondence about if people were receiving end of life care and the arrangements in place with other professionals to administer pain relief medicines. Care workers were kept updated when people had died and when thanks had been shared by the families for the care provided. One of these thanked the care workers for respecting the person's wishes by telling health professionals that they did not want to be resuscitated and they had soothing music playing at the

end of their life. Care workers were advised to contact the registered manager if they needed support.

Good

Is the service well-led?

Our findings

At our last inspection of 2 October 2017, the key question well-led was rated good. At this inspection the service had maintained the good rating in well-led.

The registered manager, was supported by a team based in the service's office. These included two coordinators, who were responsible for ensuring visits to people were covered, an administrator, who was also responsible for recruitment, and field work supervisor/assessor, whose responsibilities included undertaking care assessments, and completing care plans. The registered manager told us that they felt support by the organisation's management team and regular quality visits were undertaken.

The coordinators told us how care visits were planned. One of the coordinators showed us the electronic system to evidence what we had been told. This showed that travel times was provided to reduce the risks of care workers running late. Where people had requested to not receive care from a particular care worker this was put into the system and any attempts to put the care worker in for visits was not permitted. Care workers were required to call into the system on arrival and leaving people's homes. This allowed the staff in the office to monitor if visits were missed.

People were complimentary about the registered manager. One person said, "[Registered manager] is fine. Lovely lady, if any problems she will come to see me, asks how I am getting on, see how I am." Another person commented, "This one [registered manager] is very good, she does the job herself if there are any problems, which I think is good."

The culture of the service was positive and people and relatives were listened to and asked for their views. People completed satisfaction questionnaires to express their views of the service. Where comments from people were received the service addressed them. In addition to the satisfaction questionnaires, the registered manager undertook quality telephone calls to people to check that they were happy with the service provided. We saw the outcomes from these from July 2018, a letter was sent to people telling them about the responses and any actions they would be taking as a result of their comments, including sending correspondence to care workers about keeping to visit times. It also stated that they spoke with some people individually about their comments. Care reviews were also completed with people and their relatives, where appropriate.

The registered manager carried out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management and the care provided to people. Discussions with the registered manager and records demonstrated that actions were taken when shortfalls had been identified from the auditing process. This included advising care workers of their responsibilities in communications to the team and training. Care workers were observed in their usual work practice in 'spot checks'. These were to check that the care workers were working to the required standards. A log of missed visits were undertaken which identified the cause and actions taken to reduce future risks.

Care workers told us that they felt supported. They said that the service was well-led, there was a positive

culture and the team worked well together. One care worker said, "I am absolutely happy, manager and staff are all good people." Another care worker commented, "I am supported, I can always talk to someone in the office or the other carers."

Care workers were kept updated with any changes in the care industry or people's wellbeing in correspondence and meetings. Meeting minutes attended by care workers and office staff in June 2018 showed that they were advised on the changes in the law relating to how people's data was kept.

There were systems in place to demonstrate to care workers that they were valued. This included the nomination of care workers to be entered into a monthly award. Discussions with the registered manager showed that they took into account care workers personal circumstances and had systems to support them. This was evidenced when a care worker had called into the office about their one to one supervision meeting. The registered manager changed the date and time to suit the care worker.

The registered manager told us that the care work team raised concerns about colleagues practice, known as whistleblowing, where required. They said that the care team were proactive in identifying where they should raise concerns to the registered manager. One care worker told us that they were confident that the registered manager would act if they needed to report any concerns.

The registered manager worked with other organisations to ensure people received a consistent service. This included those who commissioned the service and other professionals involved in people's care.