

Hales Group Limited

Hales Group Limited - Thetford

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place between 26 February and 19 March 2018. The visit to the office on 19 March was announced.

Hales Group Limited – Thetford is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It can provide a service to people who may be living with dementia, younger disabled adults and children. The information supplied to us by the agency, showed that none of the people using the service were under 18 years of age.

At the time of the inspection, 140 people were using the service. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Everyone using the service were being provided with 'personal care'.

There was a registered manager in post. 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.

At this inspection we found improvements had been maintained and we rated our key questions is the service caring and responsive as being, 'Good'. However, we rated the key questions is the service safe, effective and well led, as 'Requires Improvement'. We identified two continuing breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found the service was in breach of one regulation of the Care Quality Commission (Registration) Regulations 2009. You can see what action we have told the provider to take at the back of the full version of the report.'

Following the last inspection in November 2016, we asked the provider to complete an action plan to show what they would do to improve the service from Requires Improvement in all areas and to meet four separate regulations. These related to staffing, safe care and treatment, person centred care and good governance.

Risks associated with people's needs had not always been fully assessed to enable staff to have the required information to manage known risks.

Staff had received an induction and took part in a programme of training; however they had not received regular supervision.

The registered person had not notified the CQC of two incidents where a service user suffered abuse or an allegation of abuse had occurred.

Staff followed the provider's safeguarding procedures to identify and report concerns to people's well-being

and safety. However, further work was needed to ensure systems; processes and practices always safeguarded people from abuse.

People were supported by a sufficient number of staff who underwent appropriate recruitment checks. However people and relatives had mixed views about the punctuality and the consistency of staff. Systems were in place to monitor this and the provider acted on people's concerns.

The provider had improved their quality monitoring processes to promote the safety and quality of the service. Further development of quality assurance systems and audits were required and planned in order to continue to improve the service.

People received the support they required to take their medicines. Staff were aware of their role and responsibilities to protect people from the risks associated with cross contamination and infection. Accidents and incidents were recorded and responded to by staff and these were reviewed to consider lessons to learn to reduce further risks.

People were involved in the planning and review of their care. Staff delivered people's care in line with their changing needs, preferences and best practice guidance.

People were encouraged to maintain a healthy diet and to have sufficient food to eat and drink. Staff supported people to access healthcare services when required.

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. Staff sought people's consent before providing care and treatment.

People received care in a manner that treated them with respect and promoted their privacy and dignity.

People were confident about making a complaint and had received information about how to make their concerns known.

The registered manager sought people's views about the service and acted on their feedback. There was collaboration between the registered manager and other agencies to enhance the quality of care provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risks to people's health and wellbeing were assessed; however documented guidance would help staff to provide safe care and treatment.

People had mixed views on the provider's ability to provide them with consistent and punctual staff. The numbers and deployment of staff had improved and helped promote personalised care. Safe recruitment systems were in place.

Further work was needed to ensure systems; processes and practices always safeguarded people from abuse.

Safe medicines processes and procedures were followed. People were protected from infection due to safe control measures.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were not being regularly supported but were encouraged to complete appropriate training to meet people's needs.

Staff adhered to the Mental Capacity Act 2005 code of practice and obtained people's consent prior to providing care.

Staff protected people from the risk of poor nutrition and dehydration.

People had their health needs met and were referred to healthcare professionals promptly when needed.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by kind and caring staff who knew them well.

Good ●

People were involved in all aspects of their care and in their care plans.

People were encouraged to express their views and to make choices.

People's privacy, dignity and independence were respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided detailed information to staff on people's care needs and how they wished to be supported.

People's needs were assessed prior to them receiving a service.

People were provided with information on how to raise a concern or complaint.

Procedures were in place to ensure people were supported at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There were two occasions when the registered manager did not notify CQC of significant events as required.

The provider had improved their quality monitoring processes to promote the safety and quality of the service. Further development of quality assurance systems and audits were required and planned in order to continue to improve the service.

People who used the service and their relatives were asked for their views about the care and support the service offered.

Hales Group Limited - Thetford

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.

The inspection activity started with issuing surveys to people in January 2018, telephone calls to people and their relatives on 26 and 27 February 2018 and ended with a site visit to the agency's office on 19 March 2018. The inspection was completed by two inspectors and two experts 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. The visit to the office was announced so that we could be sure the registered manager would be available to assist us.

The inspection process involved reviewing the information we held about the service, including notifications about events the provider must tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before our visit to the office, we sent 50 surveys to people using the service and received 22 responses, which we reviewed. We spoke with a further 22 people using the service. We also sent surveys to people's family carers or relatives and received ten responses. In addition, we also spoke with four relatives of people who used the service.

We sent surveys and emails to staff and also contacted some of them by telephone. We received feedback from eight staff.

We asked a member of the local authority's quality assurance team for their views, but did not receive a response.

We visited the office location on 19 March 2018, and spoke to the registered manager, regional manager and operations manager. We also had brief conversations with two of the care coordinators.

We reviewed five people's care records, their risk assessments and management plans. We reviewed 11 people's communication and medication records. We reviewed records associated with the provider's analysis of recruitment challenges, the employment of seven staff and training records for the staff team. We checked records relating to the investigation and management of complaints and concerns. We checked feedback the service had received from people using the service and their relatives. We also inspected a sample of records associated with the operation and management of the agency, which the registered manager had assembled for us to review.

Is the service safe?

Our findings

At our last inspection, which took place between 15 and 25 November 2016, for the key question, 'is the service safe?' we found that there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) regulations 2014. We found concerns regarding the safety and management of people's medicines, which meant that we could not be confident that people were receiving their medicines as their prescriber intended. We made requirements for this to be addressed and the provider sent us an action plan.

At this inspection we found the provider had made improvements regarding the safety of medication, however further improvements were needed to ensure people's needs were met safely.

We saw that some risk assessments were in place which covered risks associated with people's care and support needs, physical environment, medication and moving and handling. However, we found that risk assessments were not personalised around specific individual needs such as catheter care, diabetes and for a person who had high blood pressure. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details what reasonable measures and steps a service is taking to minimise the risk to the person they support. We found risk assessments were not clear to enable staff to recognise when a person was suffering from a diabetic episode, what the person's symptoms/warning signs were and when to initiate medical support from a GP. Another person had a catheter insitu but the plan to provide guidance for staff in catheter care was not detailed enough. It told staff to empty the catheter bag and change it once a week. There was no guidance about personal hygiene, bag and tubing positioning, day and night care, monitoring of urine and monitoring of fluid intake. This meant that people may not have always been protected and kept safe. The registered manager told us this would be considered in more detail so that the risk assessments were comprehensive for people's particular conditions.

The provider had not done all that was reasonably practicable to mitigate risks to people's safety because care records lacked detail. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, we found that there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) regulations 2014. Improvements were needed to ensure there were sufficient staff to support people properly and to meet their individual needs. We made requirements for this to be addressed and the provider sent us an action plan.

At this inspection, we found improvements had been made and the regulation was now met.

The registered manager told us in their provider information return (PIR), that she had improved travel time so staff could stay for the required call times and were less rushed. The PIR also stated that people who requested it, could have a copy of their schedule. This was so people would know which staff would be visiting them. However, this was not wholly consistent with the information we received from people who told us they did not know in advance, who was coming to support them. There were frequent changes to

planned schedules, which made this difficult.

In the 22 surveys we received, half of the people responding said staff did not arrive on time. However, three quarters of them said that the staff did stay for the agreed length of time so that their visits were not cut short. People made additional comments in their surveys. For example, one person wrote, "I get very distressed when my carers don't come and I get left." Another person stated, "There always appears to be a shortage of staff (carers) which means at times we don't know who will call or if we will have two carers (which we should have). They sometimes ask, if they are short of carers, for my [family member] to help and be the second carer."

Seven out of 10 relatives also expressed concerns in their surveys about the timing of visits and whether there were enough staff to cover rotas properly. One relative completing a survey for us said, "I'm very concerned that my [family member] is often missed and no one comes to [person] at all. I've asked, if this happens, to have a phone call so I can see to [family member's] needs ... so far this hasn't happened and this week alone [family member] had no care from lunch one day to lunch the next. [Person] should be having three visits a day. I'm not happy about this at all."

The registered manager and their line managers had recognised that their previous "on call" arrangements had resulted in errors covering people's duty rosters and some missed visits. They changed the arrangements for this between the issue of our surveys and the completion of the inspection. They had taken back the out of hours "on call" arrangements from a centralised function to be managed locally within their branch. This was a welcome improvement as people spoken with, were not confident with the way their calls had previously been dealt with if staff had not arrived as expected.

Although some people still expressed concerns about missed visits, they could not confirm that these were recent. We did not receive the same level of concern that we identified at our last inspection and so found there were fewer missed calls when people were left without the required support.

The registered manager and two line managers were aware of the limitations associated with their call logging system. The registered manager told us how there were planned improvements to the software system for monitoring visits and checking staff progress through their calls. This would more easily enable them to keep track of calls and identify missed and late calls. We found that there were still some concerns about the timing of visits but 15 of 19 people we asked, said that staff were not usually very late and always apologised to them if they were. They were satisfied that staff did not cut their calls short. This indicated that improvements had been made and now need to be built upon and sustained.

The registered manager told us about vacancies to which they intended to recruit following the departure of some staff. She had also strengthened the team of "field based supervisors" with a new recruit, to better support the care teams in their local patches.

We noted that that majority of staff were required to use their vehicles for work purposes, to make their calls. Although there were copies of staff MOT and insurance certificates, we found that some of these had expired. In one case, the insurance certificate for their vehicle to show they were covered to fulfil their duties safely had expired in 2015. We raised with the management team that they needed to develop a mechanism to monitor this.

Recruitment processes contributed to protecting people from the employment of staff who were unsuitable for care work. We found that the application form asked prospective staff for ten years employment history and not a full employment history as is now required. However, interview records provided for discussion

and checking about employment histories and exploration of any gaps in their record. We saw that staff responsible for recruiting, ensured they sought references and completed background checks. This included completing enhanced checks with the vetting and barring service (DBS), to ensure staff did not have criminal records or conduct that made them unsuitable or unsafe to employ. We noted from records that the agency intended to renew these DBS checks every three years, which was good practice.

The provider had completed some analysis of their turnover rates, particularly during the early stages of employment. They had identified that around one third of staff recruited left within three months of their appointment. "Exit" interviews were not always successful in establishing the reasons for this. However, their management teams had explored options for retention and how they could better support and retain new staff.

People's survey responses showed that they all felt safe from abuse or risk of harm from care staff. People's relatives agreed with this view. People spoken with told us that they generally felt safe with staff. For example, one person told us, "Definitely, I do [feel safe]" They added that, "Staff are like a life-line." Another person commented that they felt safe as long as staff turned up on time. A third person told us, "I do feel safe ... with some more than others."

There were systems and processes in place that contributed to protecting people from the risk of harm and abuse. However, we were concerned that there was under-reporting of incidents. During 2016, the Care Quality Commission (CQC) received 12 notifications of allegations of abuse from this service. During 2017, the CQC did not receive any and the registered manager confirmed she had not submitted any. This was a significant fluctuation in levels of reported concerns. During the course of our inspection, we identified two situations that were not recognised and reported as possible safeguarding issues.

Our review of the agency's "concerns and complaints" records and our telephone calls identified two incidents raising concerns about potential abuse. One of these related to moving and handling practices, which may have contributed to an injury, and one related to theft. In both cases, the registered manager had taken action to investigate. However, inspectors were concerned that she had not sought advice from the safeguarding team in relation to both incidents, or the police in relation to the alleged theft. We fed this back to the registered manager who provided assurances they would refresh their safeguarding knowledge to ensure any future potential safeguarding issues are appropriately reported to the CQC and local authority.

Staff understood their obligations to identify and report any concerns or suspicions that people were placed at risk of harm or abuse. A staff member told us, "We have safeguarding training. I did mine at the end of last year." Training records confirmed this. Staff were able to describe the sorts of things that would lead them to be concerned someone was at risk of harm or abuse. They told us that they would always report their concerns to the office staff. They did not know how to contact the local safeguarding team themselves but did know that they could report their concerns directly to the CQC.

People's medication administration (MAR) records that we were able to review were accurate and clear. People did not express concerns over how staff supported them with their medicines. Staff received medicines training and were able to describe how they safely supported people with their medicines. Training records confirmed that all staff received medication training. Medicine assessments considered the arrangements for the supply and collection of medicines. They included whether the person was able to access their medicine in their own home and any risks associated with this. Staff were aware of the provider's policies on the management of medicines and followed these. Staff had a good understanding of why people needed their medicines and how to administer them safely. MAR charts contained clear guidance about the use of medicines prescribed for occasional use, such as for pain relief or anxiety.

Medication Administration Records (MAR) were completed by staff and stored in each person's care file in their home. However, we found there was a delay of records being brought to the office to be audited. We found the delay of auditing peoples medication records had not impacted peoples safety. We have reported on this in the key question, is the service well-led?

There were measures in place to help control and prevent infection. This included training for staff so they understood their responsibilities. The training records the registered manager supplied to us, showed that all staff were up to date in this area.

Staff told us that they had access to personal protective equipment to wear when they assisted people, so that they could help prevent and control any outbreak of infection. This included gloves and aprons. They said they were able to collect these from the office. Induction training covered measures staff should take to reduce infection. This included the importance of using personal protective equipment, when and how staff should use it.

We noted that a spot check on one staff member's performance showed that they were not wearing an apron when they were assessed. The assessor had noted this and provided them with a supply.

We saw that there were supplies of the equipment, which also included disposable "overshoes" in a room within the agency's office building. Gloves available were latex and powder free, reducing the potential for allergic reactions from both staff and people using the service.

Records were also maintained of accidents and incidents and these were used to learn lessons to try to ensure similar incidents did not occur. Where things went wrong the service took action to help ensure the same mistakes were not repeated.

Is the service effective?

Our findings

At our last inspection, which took place between 15 and 25 November 2016, for the key question, 'is the service effective?' we found that there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) regulations 2014. Improvements were needed to ensure that staff were competent and supported to meet people's needs effectively. We made requirements for this to be addressed and the provider sent us an action plan.

At this inspection, we found there were improvements but that some further work was required and the provider remains in breach of this regulation.

A staff member told us, "We have training but can't remember having any supervision." Supervision is needed so that staff have the opportunity to discuss their performance and development needs. The registered manager explained that they considered staff meetings to be a way of supervising staff in a group and counting towards meeting their development needs. We found that records of staff meetings showed who had attended. However, this was not evaluated within staff records to show how many supervision and development meetings individual staff had received.

We discussed with the registered manager and line managers, that there was a lack of support and monitoring for staff after they completed induction training and were still on their six months' probation period. There was a risk that the probation period could expire and staff 'drift' into permanent employment without proper consideration of their suitability, skills, competence and performance. For example, one staff member had completed their induction five months before our inspection visit. However, their records showed only one supervision on record, completed in February 2018.

We asked a staff member whether a more senior member of staff ever came out to check that they were supporting people competently and safely. They told us, "We are supposed to have spot checks but I haven't had any for ages." Staff records did not support that spot checks and competence checks were undertaken regularly. This included following an issue identified in January 2018 and an email issued to staff. This said that the particular care package would be subject to more frequent monitoring by the care coordinator. It also said there would be additional checks on staff completed by the field based supervisor (FBS). There was no evidence this had happened. We also identified that the registered manager indicated two staff were to be subject to increased spot checks. Again, there was no evidence this was implemented by more senior staff or FBS staff.

However, the registered manager and management team were exploring how they could better support staff who were new to the agency to improve retention. This was because they had identified that staff turnover within three months of their appointment was higher than in those employees with more than three months experience.

The registered manager had failed to provide staff with support to enable them to do their jobs effectively. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

People and their relatives expressed varying views about the competence of staff to meet their needs. Half of the relatives responding in surveys did not feel that staff had the right knowledge and skills to provide the support their family members needed. A relative commented in their survey to us that, "Staffing shortages mean new carers are often put into a difficult situation with little or no training." Another relative said, "I'm very concerned that certain carers for my [family member] don't do what they are supposed to or even spend the allotted amount of time with them or even talk to them. However there are a couple of carers who go above and beyond what is needed." A further relative told us that they did not think staff understood their family member's dementia and so did not always support them effectively.

This contrasted with the views of sixteen of 20 people who responded to our survey question about staff training. They felt that staff had the knowledge and skills to meet their needs. However, we received some conflicting views suggesting a lack of consistency when we spoke with people. For example, one person told us, "I feel very confident they [staff] know what they're doing." However, another expressed the view that, "I had a good core [of staff] for about 6 months. Now it's a new lot ... some of them don't have a clue."

Three staff who completed surveys for us said they felt their training and induction equipped them to meet people's needs. A further staff member commented that they felt training had not been very good. They said, "Some carers are not that well trained." However, they went on to explain that they felt things were improving. They told us, "There is a new training person and they are good."

The registered manager provided us with information showing how they monitored staff training to ensure staff renewed this promptly when it was due. Their schedule for training showed that almost all staff were up to date with the provider's expected mandatory training, including moving and handling, medicines, first aid and safeguarding. They told us that they had identified some staff as not completing their e-learning on the computer in a timely way. Where this happened they had arranged for staff to attend the office to complete what was required.

They also supplied us with information about additional training workshops offered to staff during the last year. This included opportunities for staff to learn about dementia, communication, and person-centred care.

People received support with eating and drinking, meal preparation and food shopping when needed. People confirmed that staff did offer them choices when they were assisting with meal preparation. For example, one person said, "They get my lunch ready. I choose whether I want a sandwich or a micro [waved] meal."

People were supported to access healthcare services to maintain their health. Staff contacted emergency services when a person's health declined and in addition informed other health and social care professionals involved in their care. Care plans identified when staff needed to monitor people's health in areas such as skin pressure care and non-compliance with their medicines and the action to take. Records showed people were seen by their GPs, district nurses and were supported to attend hospital appointments when required.

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far

as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff applied the principles of the MCA in the way they supported people and told us they always assumed people had mental capacity to make their own decisions.

One staff member told us, "I think MCA training is part of the safeguarding training. We know we have to get people's consent." The staff member told us that, if someone persistently refused personal care that was essential for their wellbeing, the staff member would contact the office "...who will normally involve the family and social services."

The training record supplied to us showed that staff had completed training in the MCA and that the staff team was up to date in this area.

Is the service caring?

Our findings

At our last inspection, which took place between 15 and 25 November 2016 for the key question, 'is the service caring?' we found the lack of consistent care workers to support people impacted negatively on the relationships between people and their care worker. At this inspection, we found improvements had been made and the rating for this key question is now 'good'.

People commented to us that they would like to know who was coming into their homes and to receive a duty roster in advance but this did not happen. One person told us, "It can be anybody. They used to send a rota but then abandoned it." A relative told us, I have asked for a rota in advance so that I know who will be coming and this always works well for a time and then stops. Currently the rotas seem to be given to the carers on a daily basis and I haven't had one for two or three weeks."

Potentially this was compromised by the need to change the roster frequently and people expressed concerns to us about the lack of information about which staff were coming into their homes. We fed this back to the registered manager who provided assurances that this was an area that was being reviewed. We covered recruitment and the registered manager's action plan, in the key question is the service safe?

In addition the registered manager enabled people and their relatives to routinely provide feedback about their experiences of the service. We noted that the most recent survey showed everyone who had responded was happy and positive about the quality of care provided by the staff and included their concerns regarding which staff visited and their timeliness. The provider also gave people the opportunity to voice their opinions about the quality of the service during home visits to complete care reviews and through telephone surveys that had been documented. This showed that the provider was making positive steps and considering others' comments in order to continually improve the service they provided.

Care plans had sufficient detail about people's background, medical history, family and health and social care professional's information and emergency contact details. Records confirmed staff delivered people's care as planned and in line with their preferences. Eighteen people completing our surveys felt involved in decisions about their care. Seven relatives said that, with their family member's consent, they were consulted and involved.

The service promoted equality, recognised diversity, and protected people's human rights. It aimed to embed equality and human rights through developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure the person received the appropriate help and support they needed to lead a fulfilling life and meet their individual and cultural needs. For example, acknowledging and supporting people's views around gender and relationships. In some instances people needed either female or male support and this was available where it had been deemed necessary.

Without exception every person we spoke to told us carers respected their privacy and dignity. Care plans contained guidance on supporting people with their care in a way that maintained their privacy and dignity

and staff described how they put this into practice. All staff members we spoke with told us how they would draw people's curtains before supporting them with personal care. Staff we spoke with told us that it was important to ensure people had the privacy they needed and that they had their own space.

People told us they were given opportunities to make comments about the service and review their own care and support. A quality monitoring team were involved in holding reviews with people and their relatives. This opportunity aimed to ensure people were happy with the care they received and any issues were dealt with effectively and promptly.

Each person had a communication care plan, which gave staff practical information about how to support individual people who could not easily speak for themselves. The care plan gave guidance to staff about how to recognise how a person felt, such as when they were happy, sad, anxious, thirsty and angry and how staff should respond. People told us staff communicated with them in an appropriate manner according to their understanding.

Is the service responsive?

Our findings

At our last inspection, which took place between 15 and 25 November 2016, for the key question, 'is the service responsive?' we found that there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated activities) regulations 2014. People we spoke with were not happy with the arrangements for the timings of their care calls and how many changes were made. We made requirements for this to be addressed and the provider sent us an action plan. At this inspection, we found improvements had been made and the regulation was now met.

Staff and professionals were actively involved in the assessment and review process. Records sampled demonstrated reviews involved the person and their relatives.

People's needs had been assessed before they started to receive a service. People said the care plans reflected their support needs. The registered manager told us the assessments were carried out to ensure the service could provide the support people needed and they were used as the basis for the care plans.

Care plans included a detailed assessment of people's needs and included people's preferences and routines. However, where a person had a specific healthcare need, the care plan was not personalised, which we have reported on in the key question, is the service safe? Care plans had been completed with each person and their relatives where appropriate. Staff were able to provide examples of how they provided personalised care and support to people, which responded to people's needs.

People's care plans were detailed and informative, outlining their background, preferences and communication needs. People were being supported in line with what was recorded in the care plan. Where particular routines were important to people these were clearly recorded and described, so staff were able to support the person to complete the routine in the way they wanted. For example, when the person preferred to go out, what time and what support would be required. Care plans were reviewed on a monthly basis or as required in response to any changes in people's needs.

Staff updated the care coordinators everyday about any changes in people's health conditions and their support needs after each home visit. Care coordinators reviewed people's care needs and updated their support plans when needed. This ensured staff had appropriate information to enable them to meet each person's individual needs.

Staff told us they understood the information provided in people's care plans and had sufficient details about how to deliver their care. People told us staff were flexible to their requests for changes to their visit times and additional support when required.

Care coordinators and staff prioritised visits to people according to their needs and accommodated medical and social appointments. Staff informed the care coordinators if they needed to spend more time with a person, who reassigned their next calls to colleagues to minimise delays and missed visits. Records showed that staff provided people's care in line with their changing needs.

There was a complaints policy in place. People were provided with names and contact telephone numbers of who to contact in the event of needing to make a complaint. These were made available to people in their own homes. One of the provider's representatives reviewed complaints and made suggestions in January 2018, about the need to review actions taken and to look at preventing recurrences. This should contribute to improvements in practice and learning from the outcomes.

Responses in people's surveys showed that 17 of the 21 people who answered the question, knew how to make a complaint if they needed to. Similar numbers felt their care staff responded properly to their concerns as did the agency.

The staff handbook contained information about the role of care staff if people told them about any concerns or complaints when they visited. This showed that, if people wanted them to pass on concerns because they did not feel able to ring the office themselves, staff should do this for them. It also showed that they should reassure people their concern or complaint would be taken seriously.

The service had received five complaints during 2017. The registered manager had reviewed each of them to explore what had happened and where things had gone wrong. However, sometimes information was inconsistent and findings lacked detail. For example, we found that one complaint contained multiple elements about missed calls, concerns about care and missed medicines. The response and investigation lacked specific information about the information reviewed, the number of missed calls and details about missed medicines as a result. The registered manager told us that she felt she needed more confidence in responding to complaints and that she could improve in this area.

The registered manager told us that the agency was not currently supporting anyone who needed care tailored to meet very specific needs at the end of their lives. Two staff confirmed this was the case but also said the new training officer had recently provided training in end of life care. This would contribute to staff understanding their roles in offering care at that time.

The registered manager provided us with a copy of the presentation the training officer used. This showed that issues such as communication, pain management and people's social and spiritual beliefs were discussed. It also reflected on the attitudes of carers and how best to offer emotional support and comfort for people as they neared death.

Is the service well-led?

Our findings

We found the registered manager did not have an effective system to prompt them to send notifications to CQC of significant events in line with requirements, as we were not notified on two occasions of issues related to allegations of safeguarding concerns. One of these related to moving and handling practices, which may have contributed to an injury, and one related to theft which should have been reported.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At our last inspection, which took place between 15 and 25 November 2016, for the key question, 'is the service well-led?' we found that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) regulations 2014. The provider was not operating effective systems and processes to assess and monitor their service. We made requirements for this to be addressed and the provider sent us an action plan. At this inspection, we found improvements had been made and the regulation was now met.

Although we found significant improvements had been made there, some further work was required to improve the rating from 'requires improvement' to 'good.' The culture and atmosphere in the office during the inspection was optimistic: staff were supportive of the registered manager. The registered manager was aware of the areas of weakness in the service and confident that they could address these and make improvements once the newly appointed field supervisors commenced employment.

We checked the quality of communication logs and medicine administration records when they were returned to the office. We viewed a number of people's medicine administration records (MAR) which had been audited by field supervisors. When there were missing signatures from MAR charts these were picked up and the management team identified which member of staff was responsible and spoke to them directly to address the issue. However, we found there were a number of communication logs and MAR records that had not been brought back to the office for auditing in many months.

For example, for one person whose care package commenced in October 2017, no records had been checked. For two people, their records had not been checked since 2016. For three other people their records had not been checked since February, March and April 2017. We found these people had received reviews of their care needs including medication which had been discussed and reviewed. We therefore could not prove people had been negatively impacted by the lack of auditing.

The registered manager confirmed these audits should occur monthly to check for changes in people's needs and staff errors in regards to completion of monitoring records. The audits were to ensure that people received person centred care in line with best practice guidance. We fed back our concerns to the registered manager at the time of our visit, who agreed with our findings. The registered manager compiled an audit form while we were on site that documented the date records were due to be brought to the office, the date they were brought to the office, date of when the records were audited with any significant outcomes she would need to address. The registered manager gave assurances this would be completed monthly. Following the inspection, the registered manager completed the audit and shared the findings with us. At

our next inspection, we will assess how changes to their quality assurances processes have been embedded to ensure improvements are made and sustained.

We found a lack of effective systems to monitor the skills and knowledge of staff on an on-going basis as supervision and spot checks had not been routinely completed. This meant the registered manager did not have a forum to check individual staff understanding of the requirements of their role. We also identified that the registered manager indicated two staff were to be subject to increased spot checks. Again, there was no evidence this was implemented. This was an area requiring improvement.

Incidents and accidents were recorded, monitored and analysed to identify patterns. Staff had access to up to date policies and procedures to guide their practice.

Team meetings were well attended and minutes showed robust discussions and involvement of staff in developing the service. There was an open and positive culture which gave staff confidence to question practice and report concerns. We looked at the minutes from two meetings in 2018, the most recent one being in January 2018 and found they discussed timesheets, staff sickness, staff holiday, personal protective equipment, the importance of confidentiality and professional conduct. The registered manager felt there was a lot of value in the team meetings and were trying to ensure they occurred at least four times a year.

Staff said they received information about people in a timely manner through their daily interactions with the office staff, coordinators and team meetings. Staff told us the registered manager and care coordinators were supportive and available for guidance and to provide hands on support in the community when needed.

People had their health and well-being promoted because of the partnership of the service with other agencies. Relationships between the registered manager and clinical commissioning group and the local authority were positive. They worked closely together to ensure that people's transfers between services were done sensitively and in a timely manner.

The registered manager enabled people and relatives to routinely provide feedback about their experiences of the service. Four of the five people we asked told us, they would recommend Hales Group Limited to other people. Since our last inspection in November 2016 satisfaction surveys had been sent to people and staff. We noted that the most recent survey showed everyone who had responded was happy and positive about the quality of care provided by the staff.

The provider also gave people the opportunity to voice their opinions about the quality of the service during home visits to complete care reviews and through quarterly telephone surveys. This showed that the provider was making positive steps and considering others' comments in order to continually improve the service they provided.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified the CQC of two incidents where a service user suffered abuse or an allegation of abuse had occurred.</p> <p>(1)(2)(a)(ii)(iii)(e)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments were not always in place to provide guidance to staff in how to care for the person.</p> <p>(1)(2)(a)(b)</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not provide appropriate support and supervision as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>(1)(2)(a)</p>