Care Quality Commission

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

Overall summary

Hales Group Limited - Ipswich provides personal care support to people living in their own homes. When we inspected on 25 August 2015 there were 62 people using the service. This was an announced inspection. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

There was not 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a manager in place and their registration application with the Commission was under review.

There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood their roles and responsibilities in keeping people safe.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of care workers who were trained and supported to meet the needs of the people who used the service. Care workers had good relationships with people who used the service.

People or their representatives, where appropriate, were involved in making decisions about their care and support. People received care and support which was planned and delivered to meet their specific needs.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service. There was good leadership in the service. The service had a quality assurance system and shortfalls were addressed. As a result the quality of the service continued to improve.

Summary of findings

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.

Care workers understood how to keep people safe and what action to take if they were concerned that people were being abused.

There were enough care workers to meet people's needs.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Is the service effective?

Good

The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People had good relationships with care workers and people were treated with respect and kindness.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Care Quality Commission

Hales Group Limited - Ipswich

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 was planned to check 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 25 August 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service, we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

Before our 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 reviewed information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public.

The day after our inspection visit we spoke with 10 people who used the service and the relatives of 11 people on the telephone. Where relatives had raised specific issues with us, we discussed these with the manager who assured us that actions would be taken.

We spoke with the area manager, the manager and seven staff members including three care workers and staff who were responsible for training, coordinating care and recruitment. We looked at records in relation to 10 people's care. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe using the service and that care workers had identification badges, so they could check that the staff who visited them were authorised to do so.

People were protected from avoidable harm and abuse. Care workers had been provided with training in safeguarding people from abuse. They understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns. There were systems in place which guided care workers on the actions that they should take if they suspected a person was being abused. We had received notifications from the service which identified that they had raised safeguarding referrals with the local authority, who were responsible for investigating safeguarding concerns, when care workers had been concerned about people's safety.

People's care records included risk assessments and guidance for care workers on the actions that they should take to minimise the risks. These included risk assessments associated with moving and handling and risks that may arise in people's own homes. Reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people's needs.

There were sufficient numbers of care workers to meet the needs of people. People and relatives told us that the care workers usually visited at the planned times and that they stayed for the agreed amount of time. One person said, "It is important to me to have an early visit and they come at [preferred time] every morning." One person commented, "I was not too happy before because I had some different carers, but now I have regular ones," they went on to tell us which care worker visited them on specific days. Another person told us how they valued having regular care workers who were, "Accustomed to my little ways." One person's relative said that their relative was, "Happy with their regular carers. [Relative] is used to certain carers, they are trying to keep to the same group. On the whole we are very happy, they come when they should."

One person's relative told us that their relative usually had the same care workers, but when there were changes they were not always aware of how to support their relative, for example using specific equipment. We fed this back to the manager who assured us this would be addressed.

We spoke with a staff member who was responsible for making sure that all the visits to people were coordinated. They told us about their computerised system which flagged up when visits had not been covered, allowing them to take action before an issue arose. They tried to keep a regular team of care workers visiting people to provide a consistent service, but had to change these when there was sickness or annual leave. This was confirmed in records.

Care workers told us that they felt that there were sufficient numbers of care workers to meet people's needs and that the people who used the service were known to them. This meant that people were provided with a consistent service.

People were protected by the service's recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. There was a staff member working in the service who was responsible for recruiting care workers. They told us about their role and checks that they undertook in line with the provider's recruitment procedures. During our inspection visit several prospective care workers were being interviewed throughout the day. This showed that recruitment was ongoing and planned to meet the demand of required visits to people.

When care workers were provided with their induction training, the training officer fed back to the management about how they performed in training and any concerning information. Care workers said that the checks had been made before they were allowed to work in the service. Recruitment records showed that the appropriate checks were made before care workers were allowed to work in the service.

A person and relatives were satisfied with the support arrangements for medicines management. One person told us that the care workers, "Prompt me with my medication and make sure I have taken it." Another person said that they were supported to administer eye drops, "They [care workers] never forget, when I come out of the bathroom they are there ready."

Good

Is the service safe?

Care workers were provided with training and had undergone medicines competency tests. People's records provided guidance to care workers on the level of support each person required with their medicines. Records showed that, where people required support, they were provided with their medicines as and when they needed them. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if people's needs had changed and if they needed further support. Where issues had happened with medicines, appropriate action was taken to reduce the risks of similar incidents happening and to safeguard people. This showed that the service's medicines procedures and processes were safe and effective.

Good

Is the service effective?

Our findings

People told us that they felt that the care workers had the skills and knowledge that they needed to meet their needs. One person commented, “They have the skills they should have and always ask me if there is anything else I would like them to do.” One person’s relative said, “We are happy the [care workers] coming in, know what they are doing. [Relative] is really happy with them.”

Care workers were provided with the training that they needed to meet people’s needs. This included an induction before they started working in the service consisting of mandatory training such as moving and handling and safeguarding. This was updated on an annual basis. This meant that care workers were provided with up to date training on how to meet people’s need in a safe and effective manner. In addition there were further training courses designed to provide staff with information about people’s specific needs, including dementia and diabetes.

We spoke with the training officer who showed us the service’s training plan and explained their roles and responsibilities in ensuring care workers were provided with the training they needed to meet people’s needs effectively. The training officer and the area manager told us that where issues had occurred, this was incorporated into training to provide care workers with the information they needed to improve their practice. For example, it had been identified that improvements were needed in the records that care workers completed in people’s homes which showed the care and support they were provided with. This was in the process of being included in the training programme as a session to improve recording in a way that reflected best practice.

The training office told us that the provider was in the process of planning for care workers to have the opportunity to undertake the new care certificate when they started working in the service. This showed that the provider had systems in place to keep updated with changes in how care workers were trained and qualified to meet people’s needs.

There was a large training room in the service with equipment such as hoists and a bed where care workers received training in meeting people’s needs. One care worker told us how their induction period was a positive experience and provided them with the information they needed to meet people’s needs. In addition before they started to work alone they shadowed more experienced care workers. They felt that they were provided with the opportunity to achieve qualifications relevant to their role.

Care workers told us that they felt supported in their role and were provided with one to one supervision meetings. This was confirmed in records which showed that care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This told us that the systems in place provided care workers with the support and guidance that they needed to meet people’s needs effectively.

Care workers were provided with information, such as changes in the law and updated policies and procedures in the regular newsletters. This included the Mental Capacity Act (MCA) 2005. Care workers were also provided with an MCA fact sheet during a team meeting, which provided them with information how the MCA may impact on people’s lives and how the service supported them.

People’s consent was sought before any care and treatment was provided and the care workers acted on their wishes. One person told us that the care workers always asked what they needed doing, “Even though they know what I have done.”

Care records identified people’s capacity to make decisions and they were signed by the individual to show that they had consented to their planned care and terms and conditions of using the service.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person told us how the care workers made sure that they had enough to eat and drink, “They always make sure I have had breakfast.” Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough.

People were supported to maintain good health and have access to healthcare services. Care workers understood what actions they were required to take when they were concerned about people’s wellbeing. One care worker told us how they had called emergency services when they found a person had fallen. One person said that the care workers supported them to attend their medical appointments.

Good

Is the service effective?

Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with the consent of people. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner.

Good

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. One person said, “I get on with all of them.” Another person said, “Every morning they come in a smile and say, hello how are you this morning? They are very respectful.” Another person said that their care workers were, “So helpful.” One person’s relative said, “[Relative] is very pleased, they [care workers] are all respectful.” Another person’s relative commented, “On the whole my [relative] is cared for properly and respectfully.” Another relative said about their relative’s care workers, “They treat [relative] with utmost respect.”

Care workers and staff who worked in the office understood why it was important to interact with people in a caring manner. Care workers knew about people’s needs and preferences and spoke about them in a caring and compassionate way. Care workers told us that people’s care plans provided enough information to enable them to know what people’s needs were and how they were to be met. People’s care records identified people’s preferences, including how they wanted to be addressed and cared for. One person told us how they were asked for their preferences of the gender of care workers and that this was respected.

People were supported to express their views and were involved in the care and support they were provided with. One person said, “I am consulted with all of my care. They are flexible, if I have an appointment I call the office beforehand and they usually change the times of my calls. I understand there are limits but they do their best to accommodate me.” Records showed that people and, where appropriate, their relatives had been involved in their care planning. Reviews were undertaken and where people’s needs or preferences had changed these were reflected in their records. One person told us how they had a care review booked for the following day, “They come and ask me how things are going and if anything needs changing.” This told us that people’s comments were listened to and respected.

People’s independence was promoted. One person told us how they wanted to maintain their independence as much as they could. They said, “I get all my items ready for the morning, help as much as I can, we have a good little routine going.” Another person said, “They respect my independence and I feel free.” People’s records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected. Records guided staff to make sure that they always respected people’s privacy and dignity. One person’s relative told us how they felt that the care workers ensured their relative’s dignity, “They never talk over [relative’s] head, always speak to [relative], and always shake [relative’s] hand before leaving.”

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. People told us that they were involved in decision making about their care and support needs and that their needs were met. One person said about their care workers, “They are all willing and ever so good.” Another person told us that the service had responded when they had asked for care workers to visit them on another day, “They listened and changed it, that is what I call cooperation.” Another person commented, “They listen to what I say and what I want, they are absolutely amazing.”

All the people and relatives we spoke with said that a care plan was kept in their home, which identified the care that they had agreed to and expected. One person told us how they had called the office because a specific thing they wanted doing was not on, “The list [their care plan].” A field work supervisor then visited them, spoke with them about what they needed and added it to their care plan.

People’s care records included care plans which guided care workers in the care that people required and preferred to meet their needs. These included people’s diverse needs, such as how they communicated and mobilised. However, these would benefit from having increased detail about people’s specific conditions and warning signals that a person might be unwell associated with their condition, or how to support people when they were anxious. Care workers we spoke with were aware of people’s specific conditions and how to support them, but this needed to be reflected in their care records. We discussed this with the manager who assured us that these improvements would be made. One person told us how their condition affected them in different ways and could be changeable over time. They said that the care workers were aware of this and supported them appropriately and understood when they may not be as independent as they usually were. One person’s relative told us when a care worker had spoken with them about their relative’s reluctance to eat, which had concerned them because of the person’s condition. This showed that the care workers had responded to changes in people and had reported their concerns.

Where issues were identified with people’s care the service responded to these and adapted the service to make sure that their needs were met effectively and safely. For example, identifying methods of supporting a person when they had initially refused to allow care workers into their home, this included welfare checks. One care worker told us how the service was responsive when people’s needs had changed. They shared an example where a person’s ability to mobilise had deteriorated. When they had reported this to office, prompt action was taken, including seeking guidance from other professionals, and equipment to support their mobility was provided.

Care reviews were held which included consultation with people and their relatives, where appropriate. These provided people with a forum to share their views about their care and raise concerns or changes. Comments received from people in their care reviews were incorporated into their care plans where their preferences and needs had changed.

One person told us that the staff in the office, “Call me and ask if I am happy.” We saw that actions were taken as a result of people’s comments made in the telephone monitoring calls to people. For example, one person’s relative had commented that there were issues with the person’s continence. As a result the service had responded to their changing needs by contacting a district nurse to visit them and arranging a care review to discuss any required changes in their care. Another person had said that they needed longer for their visits and the service had discussed this with the local authority who were responsible for purchasing their care package. A comment made in a satisfaction questionnaire completed by a person who used the service was, “[Care worker] was very kind in a couple of emergency situations, stayed longer and was very supportive.”

Where people required assistance to reduce the risks of them becoming lonely or isolated, this was reflected in their care records.

People knew how to make a complaint and felt that they were listened to. One person commented, “They listen and put things right, I don’t often have to ring [the office].” One person’s relative said that they had telephoned the office regarding a care worker and that they, “Took action and listened and a different carer came in.”

Complaints records showed that complaints and concerns were addressed in a timely manner, this included meeting with complainants to make sure that they were happy with the investigations and outcomes. Complaints were used to improve the service and to prevent similar issues

Good

Is the service responsive?

happening, for example taking disciplinary action where required. There were lessons learnt logs which identified actions that the service were taking to minimise the risks similar events happening.

Good

Is the service well-led?

Our findings

The service provided an open and empowering culture. People told us that they felt that the service was well-led and that they knew who to contact if they needed to.

People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service. Records showed that quality satisfaction questionnaires were undertaken where people could share their views about the service they were provided with, anonymously if they chose to. Following these, an action plan to improve the service was developed and people were kept updated with the outcomes of the questionnaires and actions being taken as a result of people's comments, including discussing outcomes with care workers in team meetings. There were also regular telephone contact made with people to check that they were happy with the care and service they were provided with. The records of these included actions that had been taken, where required. For example, changing the care workers that visited people and making amendments to visit times which met with a person's preference.

Care workers told us that if they were running late to visit people in their homes, they were to telephone the office who would let people know, so they were aware that the care workers would be arriving to visit them. One care worker said that they had recently experienced this when they had worked over the planned visit time with one person and when they arrived at the other people's homes the office had told them that the care worker was running late. People's comments varied, some said that they were always told is the care workers were running late and some said that they were not. One person said, "When [office staff] calls they are so apologetic, but I know it can't be helped." Another person said, "I don't always get told is they are going to be late."

Missed calls were documented and investigated and actions were taken to reduce future risks. One person's relative told us that a care worker had not arrived for their relative's evening visit and when they telephoned the office a care worker was sent. They said that the staff in the office apologised and it had not happened again. One person commented that they had seen improvements in the service and that, "If they carry on this way I would recommend the service to anyone."

There was good leadership demonstrated in the service. Care workers told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns. They were committed to providing a good quality service and were aware of the aims of the service. They could speak with the manager when they needed to and felt that their comments were listened to. One care worker told us how the manager worked in the main office and felt like a member of the team. They were told when they did something well and when positive feedback had been received from people. They said that they felt respected and listened to and if care workers were happy this reflected on how they cared for people. Another care worker told us how they could telephone the office at any time if they needed support and guidance. A staff member commented that the manager was, "Approachable, straight down the middle and open to ideas." Care workers were aware of the provider's whistleblowing procedure and they told us that they would report concerns if needed. One care worker said they would, "Absolutely," whistleblow if they saw practice which was concerning.

There had been changes in the personnel in the service's office. This included a new manager, care coordinator and field work supervisors. There had been a system developed which provided all office staff with a day book in which they recorded what work was ongoing. If they were off work for any reason, this would allow other staff to pick up their work to ensure that the service provision was consistent. In addition the manager was randomly auditing 'tags' of the computerised recording system to make sure that all relevant information relating to people and their care was recorded appropriately. A staff member told us that they had noted, "Massive improvements," since the manager started working in the service. They commented that the risks to people were minimised because everything was checked and felt that the service had direction.

Records showed that care workers meetings were held which updated them on any changes in the service and where they could discuss the service provided and any concerns they had. The minutes of these meetings showed that care workers were consulted about planned changes in the service and kept updated with any changes in people's needs and how they were met. In these meetings staff were thanked for their hard work and for their vigilance in reporting concerns, which contributed to people's safety.

Good

Is the service well-led?

The management of the service worked to deliver high quality care to people. Records showed that spot checks were undertaken on care workers. These included observing care workers when they were caring for people to check that they were providing a good quality service. Where shortfalls were noted a follow up one to one supervision meeting was completed to speak with the care worker and to plan how improvements were to be made such as further training.

There were quality assurance systems in place which enabled the manager to identify and address shortfalls. The monthly branch manager review from August 2015 showed that action plans were in place where shortfalls were identified and these had dates for completion. Records showed that checks and audits were undertaken on records, including medicines and daily care records. Where shortfalls were identified action was undertaken to introduce changes to minimise the risks of similar issues reoccurring, such as advising care workers about good quality record keeping. This meant that the service continued to improve. This was evident in a previous quality monitoring report from December 2014, which showed that there were a high number of gaps in medicines administration records (MAR). We saw meeting minutes which showed that care workers had been advised that MAR checks were being undertaken and the importance of completing them correctly. When we reviewed MAR at this inspection there were no gaps identified. This showed that improvements had been implemented.

The area manager and manager told us how they had identified that some areas of concern had not been appropriately been reported and had taken action to report this when it had come to their attention. They said that they were committed to working in an open manner with other organisations to improve the service provided to people. They understood their roles and responsibilities of learning lessons and taking action to minimise the risks of issues happening again. A staff member confirmed this and commented that when things had gone wrong actions were taken to put them right and stop them reoccurring and that the staff team were, “Supported to put things right.” This showed that the service continued to improve.