

Hales Group Limited

Hales Group Limited - Leeds

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

About the service

Hales Group Limited – Leeds is a domiciliary care agency providing personal care and support to 154 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People and relatives said there were enough staff who were well trained to meet their needs. Staff received training in safeguarding vulnerable adults.

People received their medicines as prescribed and were supported to eat and drink enough to maintain a healthy diet.

People and relatives said staff were kind and caring, and people's independence and dignity were protected by staff. People's views were taken into account when planning their care.

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

Care plans contained good person-centred detail, and care plans were reviewed regularly. People and relatives said they knew how to raise complaints.

There were clear processes in place for monitoring the quality of the service delivered and acting on feedback from people and staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 November 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hales Group Limited - Leeds

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was conducted by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a large service and we needed to ensure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with five members of staff including the registered manager and care workers.

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

After the inspection

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

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems and processes in place to safeguard people from the risk of abuse. Staff received training in safeguarding vulnerable adults and staff were able to describe how they would protect people from abuse.
- There was a confidential whistleblowing service available for staff to raise concerns anonymously.
- Safeguarding concerns were investigated and reported to the local authority and CQC appropriately.

Assessing risk, safety monitoring and management

- Risks to people were assessed appropriately. There were generalised risk assessments, for example of the person's home environment, and specific risks to each individual dependent on their circumstances ranging from falls to potential financial vulnerability and alcohol abuse.

Staffing and recruitment

- There were enough staff deployed to ensure people's needs were met.
- People and relatives we spoke with said there were enough staff to meet people's needs. People and their relatives said staff did not miss visits.
- Some people and relatives gave mixed feedback on staff communication around timeliness. Some people said staff would phone ahead if they were going to be late, but others said this did not happen. This feedback had been received by the provider at the last service user survey and the registered manager was working to ensure consistency and timeliness was continuously improving.
- There was an electronic monitoring system in place which ensured missed visits were not occurring and timeliness was under constant review. There was a 'rapid response' team able to cover calls where necessary.
- Staff were recruited safely. This included an identity and background check, professional references and a disclosure and barring service (DBS) check. The DBS is a national agency linked to the police national database which helps employers make safer recruitment decisions.

Using medicines safely

- Records showed people received their medicines as prescribed. Staff received training in medicines administration as well as checks of their competency conducted to ensure they were meeting best practice guidelines.
- Audits of medicines records took place and clearly identified and followed up issues found with staff to

ensure recording of medicines administration was accurate.

Preventing and controlling infection

- Staff received training in preventing the spread of infection. There was plentiful stock of personal protective equipment available at the office location.

Learning lessons when things go wrong

- Lessons learned from incidents were shared at one to one conversations, supervisions and through team meetings. Incidents were discussed at management meetings, and trends or themes analysed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they used the service. This included gathering information about a person's medical history as well as their life history and key social and professional networks.

Staff support: induction, training, skills and experience

- Staff we spoke with said they had the right induction, training and support to meet people's needs.
- Staff received a programme of training the provider considered to be mandatory, and this was tracked to ensure compliance with internal targets. Staff received ongoing support through supervisions, one to one conversations and random spot checks.
- People and relatives we spoke with said they felt staff were competent to meet people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. Care plans contained clear guidance on people's eating and drinking needs, preferences and habits.
- Where people required their food and fluid intake recording we saw evidence this was carried out.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and wellbeing, this was clearly recorded in their daily notes. Where concerns about people's health was identified this was followed up and referred to the relevant health and social care agency.
- Guidance from external care providers such as local district nurses was clearly recorded in people's care plans, for example one person required specialist support to maintain their nutrition, there was clear guidance and training provided by the district nurses for staff to follow.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff received training in the principles of the MCA.
- People's capacity was assessed appropriately and best interests decisions made on their behalf with the involvement of other professionals and family members.
- Consent forms were signed by legal power of attorney representatives where a person lacked capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives said staff treated them with kindness and compassion. Comments included, "Staff always respectful and kind. Very kind on the whole", "Staff are always kind and polite", "Kind and compassionate, they never leave before they are supposed to, always say things like they are going, take care see you Wednesday, I can't grumble."
- Care plans contained good detailed information on people's specific cultural and religious needs and how they wanted them met by staff. Providing clear guidance for staff on how to help a person wash in accordance with their religious rituals and beliefs, and how this was important to them.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in decision making. Care plans clearly stated whether people had advocates (people who help vulnerable adults make important decisions about their care) or independent mental capacity advocate (an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them) involved in their care.
- People's views were captured at care plan reviews where they discussed what worked well and what changes they wanted. One care plan review read: 'My care package is working well- my carers are great and I have a good relationship with them.'

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said staff promoted people's independence, privacy and dignity. Comments from relatives included, "Staff are encouraging [Name] to do things for themselves, they are in bed a lot at the moment, so staff are encouraging them to have a little walk", and "Staff always shut doors when delivering personal care, there is only me here but I know when they help [Name] in the toilet they come out and sit on the stairs they are very mindful of that, especially if there are any family here."
- Care plans contained language guiding staff to emphasise people's privacy, dignity and independence when delivering care. Staff we spoke with described how they would protect people's privacy and dignity. One staff member said, "We just make sure doors are closed, keep people warm and covered with a towel when we can. Get dressed as quickly as they can, just keep chatting to distract them, if they don't like something they don't have to have it done."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained good person-centred information with clear guidance for staff on how to meet people's needs. Care plans contained information about people's personalised preferences, for example where in their home they wanted to be supported to eat their meals as this was important to them.
- One staff member said, "The care plan is very in depth compared to my previous company, these ones are very detailed".
- Care plans were reviewed regularly to ensure they continued to be effective.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communications care plans in place, which detailed their communicative abilities, sensory abilities and whether they used any sensory equipment such as glasses and hearing aids to help them communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans contained information about people's life histories, hobbies and interests. Care plans also contained information about people's important social networks, and how they wanted staff to support them to follow their interests.
- Carers supported people to meet religious obligations or access the community by ensuring they were cleaned and dressed appropriately.

Improving care quality in response to complaints or concerns

- There was a complaints process in place. People and relatives we spoke with said they knew how to raise concerns and that they were generally satisfied with the service's responsiveness to their concerns.
- Complaints we saw were responded to in line with the provider's policy.

End of life care and support

- There was an end life policy and procedure in place. The policy was clear and linked in with up to date

national best practice. Nobody was receiving end of life care at the time of the inspection. Staff had been trained in providing end of life care.

- The registered manager understood the delegation of responsibility when a person became near the end of their lives and the importance of working with other health and social care agencies in providing end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service promoted inclusivity and a person-centred culture. Staff and people said there was an open and positive culture and that they were confident in the leadership of the service. Comments from staff included, "We always get a thank you. We are spoken to like people", "The management team are great, helped me through a lot, always there when I need them."
- A relative said, "The office staff are always very responsive, always been very nice".

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

- There was a clear programme of audits and meetings held to discuss findings. There was an organisational action plan with clear targets and a delegation of responsibility for completing them.
- Audits and actions from them were followed up and any learning shared with staff. The provider also conducted CQC style inspections to highlight areas of improvement and gauge compliance with CQC standards and regulations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had improved its engagement with people who use the service. At the last annual survey there were 124 responses received.
- Trends from the survey highlighted consistency of staff and timeliness of staff had improved, concerns identified were responded to in a 'you said, we did' format. For example, where people and relatives had concerns over the new electronic monitoring of staff, following the survey they were emailed data that provided them with reassurances about service performance.
- There were regular team meetings and communications sent to staff. Staff leaving the service completed exit surveys so improvements could be made to recruitment and retention.
- The service had partnered with charitable organisations to raise funds and share information and resources with staff and people using the service. The registered manager had completed training and taken on board HR processes which promote support for staff living with long term and terminal illnesses.

Working in partnership with others

- The registered manager worked in partnership with the local authority to ensure incidents were investigated and important information shared.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a duty of candour policy in place. We saw that when issues arose, people and their relatives were informed as well as stakeholders like the local authority and CQC.