Hales Group Limited

# Hales Group Limited - Leeds

## Inspection report

First Floor, Unit 6
Hepton Court, York Road
Leeds
LS9 6PW

Tel: 01132083346
Website: www.halescare.co.uk

Date of inspection visit:
14 September 2018
17 September 2018
21 September 2018

Date of publication:
28 November 2018

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | Good |
| 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

This inspection took place on 17 and 21 September 2018 and was announced. At the last inspections in June 2017 and February 2018, we rated the service Requires Improvement. We found breaches in regulations which related to Regulation 12 (Safe Care and Treatment), 17 (Good Governance) and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at our last inspection in February 2018. We asked the provider to complete an action plan after both of our inspections to show what they would do and by when to improve the key questions of safe, effective, responsive and well-led to at least good. At this inspection, we found the service had made some improvements and was no longer in breach of the regulations, however the overall rating for the service remains requires improvement.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults.

Not everyone using Hales Group Limited – Leeds receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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.

The service had improved the quality monitoring systems since our last visit, and where errors in medicines administration records (MARs) were found, we saw evidence that they were dealt with appropriately. However, some inconsistencies remained with standards of recording.

We have made a recommendation about the management of records.

The service did not always operate under best practice guidance for the Mental Capacity Act (2005). The service conducted capacity assessments that were not decision-specific and where people were determined to lack capacity there was no evidence of what the outcome was for the person.

We have made a recommendation about the implementation of the principles of the Mental Capacity Act (2005).

Although the service conducted telephone surveys, and individual issues identified were chased up, it was not clear that this information was collated and analysed in a meaningful way or any actions taken as a result. Following our inspection the provider told us that feedback from care workers and people using the service had been analysed and used to introduce some new initiatives into the service. For example, the provider has told us that more focussed supervisions were carried out and people were involved in the

recruitment process.

People told us they felt the service was safe, and that they had not experienced missed visits. The service had procured an electronic monitoring system to help sustain improvements made.

Risk assessments were carried out appropriately and up to date, with clear information for staff to follow to mitigate risk. There was plenty of personal protective equipment such as gloves and aprons available, and staff completed basic infection prevention training.

People said they received their medicines safely. Staff were knowledgeable and staff competency was checked before they administered medicines unsupervised.

Staff were supported with regular training, supervisions and appraisals. Staff told us they felt well supported and could approach senior staff if they felt they needed help. The service supported new staff with an induction process which monitored staff progression.

People told us they felt their health and wellbeing was well supported, that their nutritional choices were taken into account and they were confident staff monitored their physical health and reported any concerns where necessary.

People told us staff were kind, caring and compassionate. Staff were knowledgeable about the people they looked after, and demonstrated they understood the importance of protecting people's privacy and dignity, and promoting their independence as much as possible.

The service recorded information about people's religious, cultural and spiritual needs and provided clear guidance for staff on how they could meet them.

Care plans provided good person-centred information with clear guidance for staff on how to meet people's needs effectively. Care plans included people's life histories, hobbies and social networks. Care plans were reviewed regularly or in response to a change in need.

People told us they were confident they knew how to raise a complaint and that their concerns would be dealt with appropriately.

Staff told us there were open and honest staff meetings and that there was a positive culture at the service. Staff told us they would recommend the service as an employer.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Good**

The service was safe.

There were enough staff to meet people's needs. Staff were recruited safely.

Risk assessments were carried out appropriately. Incidents and accidents were investigated thoroughly and staff were knowledgeable about safeguarding vulnerable adults.

People received their medicines safely, and staff were trained and assessed before administering medicines.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

The service was not always acting under the principles of the Mental Capacity Act (2005). Capacity assessments were not decision-specific, and there was no evidence best interest decisions had been made.

People told us staff were well trained and competent to deliver care. Staff were provided with adequate training and support.

People told us they were given enough to eat and drink and that their choices were respected.

### Is the service caring?

**Good**

The service was caring.

People told us staff were kind and caring, and staff were knowledgeable about the people they cared for.

Staff understood how to protect people's privacy and dignity, as well as promote people's independence.

People's protected characteristics were recorded and staff supported people to meet their cultural and religious needs.

## Is the service responsive?

Good

The service was responsive.

Care plans contained good person-centred information and there were clear guidelines for staff to care for people in the way they wanted.

Care plans were reviewed regularly or in response to a change in need such as a loss of mobility.

People knew how to raise complaints and were confident they could go to the service with any concerns and that they would be responded to appropriately.

## Is the service well-led?

Requires Improvement

The service was not always well-led.

Records were not always clear. Although quality monitoring arrangements had improved, we found medicines administration records were not always accurate or used effectively.

Although the service asked for people's feedback, it was unclear how this information was analysed and used to drive improvement. People we spoke with told us they did not receive quality monitoring calls.

Staff were positive about the culture of the service. Regular staff meetings took place where issues were discussed openly and staff kept informed. □

# Hales Group Limited - Leeds

**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 17 and 21 September 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is large and we needed to arrange home visits and interviews with people who used the service.

Inspection site visit activity started on 17 September 2018 and ended on 21 September 2018. We visited the office location on 17 September to see the registered manger and office staff; and to review care records, policies and procedures.

This inspection was conducted by an inspector and Expert 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.

Before the inspection we reviewed information we held about the service such as notifications the provider is legally obliged to send us and information from external agencies such as the local authority. We also 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.

We visited the office and reviewed a range of records relevant to people's care, such as 15 people's medicines administration records and 11 care plans. We also reviewed documents relating to the running and operation of the service such as five staff files, quality monitoring reports and staff meeting minutes.

We spoke with 13 people who used the service and three relatives of people who used the service by telephone. We also spoke with seven members of staff, including the registered manager, a co-ordinator, four care staff and a member of staff responsible for staff training.

Good

# Is the service safe?

## Our findings

At our last focused inspection in February 2018, we found there were shortfalls related to staffing, medicines administration, safeguarding concerns and risk assessments. We concluded the service was in breach of Regulation 12 (Safe Care and Treatment) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had made the required improvements and was no longer in breach of these regulations.

People told us they felt safe. Comments included, "I am well cared for and I'm not worried about any of the carers coming into my home and I am comfortable", "I feel as though I am in safe hands" and "Yes, I feel very safe and happy with the service."

There had been a reduction in the number of missed visits since our last inspection. There were improvements with recruitment and deployment of staff. People were positive about staffing levels, although people we spoke with had experienced some late visits they did not feel this was a regular occurrence or compromised their safety. Comments included, "My carers are never late, well no more than a few minutes", "The carers have been late from time to time but they always let us know by phoning us" and "I have never had a missed call, staff are never late. This also makes me feel safe".

Since our last inspection, the service had procured an electronic call monitoring system and had begun training staff on how to use it. This has enabled the service to more accurately monitor staffing levels and punctuality.

Staff we spoke with were generally positive about staffing levels. One staff member said, "In our area there are enough staff." All staff we spoke with told us they were frequently asked if they wanted to cover extra shifts, however no staff we spoke with felt pressurised into working longer hours. There was a 'rapid response' staff member on hand to deal with any sickness or absence that could not be reallocated.

Staff continued to be recruited safely. We reviewed staff personnel files which included application forms, an interview record, verification of identify and professional references. All staff had a valid Disclosure and Barring Service (DBS) check before working with vulnerable people who used the service. The DBS is a national agency which uses the police national database to help employers make safer recruitment choices by ensuring that prospective employees are not barred from working with vulnerable children and adults.

We reviewed the processes in place for managing people's medicines. Staff we spoke with demonstrated a good knowledge of medicines and what they were for. Staff's competency was checked by senior staff before they were able to administer medicines. This included observed practice and questions about medicines administration. Medicine administration records (MARs) had a clear layout, however we found that the quality of record taking by staff was not always satisfactory. Where issues were identified through the audit process, appropriate action was taken. We have considered this evidence further in the 'well-led' domain.

Comments from people included, "They are good at helping me with my medication, well, they remind me", "They always make sure I take my medication - they pass it to me and I take it", and "You can't miss your medication - they keep reminding you until you've taken it."

At the last inspection, we found risk assessments did not contain enough detailed information and were often incomplete. At this inspection, the service had made the required improvements. Risk assessments were completed appropriately and with relevant information for staff to help reduce risks to people. The service used national recognised tools and guidance such as the falls risk assessment tool (FRAT) and control of substances hazardous to health regulations (COSHH) to protect people from harm and promote their wellbeing. The risk assessments identified who was responsible for the upkeep of people's specialised equipment such as hoists and bed rails.

Staff knew how to identify and report signs of abuse, and there were policies and procedures in place. One staff member said, "We've had safeguarding training, we know what to look for. Bruising, malnutrition, dehydration. When they [people who use the service] have no money or shopping that can be a red flag." Another member of staff said, "I would go to the co-ordinator first with an issue. There is an anonymous whistleblowing line available."

Accidents and incidents were reported and investigated appropriately. We saw one incident which was investigated with the outcome that the person was to have a positive behaviour support plan written, and we saw this was implemented effectively.

Staff received training in preventing infections, and there was a good supply of personal protective equipment (PPE) available. Staff told us they always wore PPE, and this was part of the standards staff were expected to meet at spot checks.

Requires Improvement

# Is the service effective?

## Our findings

At the last comprehensive inspection in June 2017, the service was rated Requires Improvement because regular supervisions of staff and assessments of their competence to administer medicines were not consistently carried out. At this inspection, although staff support had improved we found the service was not always operating under the principles of the Mental Capacity Act 2005.

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. Where people live in their own homes, applications to deprive people of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that the service was not always applying the MCA appropriately.

Capacity assessments were carried out that were not decision specific. Some capacity assessments were for 'health and wellbeing', and others did not have a reason given as to why they had been carried out. Where a person was found to lack capacity, and a decision should have been made (such as the person receiving care) this had not happened. Therefore, it was unclear what the outcome was for the person. This meant that the service was not following best practice.

We recommend the provider reviews and implements MCA best practice guidelines.

People we spoke with felt staff were well trained to perform their duties. Comments included, "It seems to me that the staff are very well trained", "They do the job very well - very professional and efficient" and "They appear to be trained - in fact, they tell you what training they've had - my carers are so well organised." The provider used a training matrix to identify staff compliance with training that they considered to be mandatory. This included basic first aid, fire safety, safeguarding vulnerable adults and medicines administration. Staff we spoke with told us they felt training was adequate for their needs.

Staff received an induction into their role which included 'shadowing' experienced staff, and at the end of the induction period staff were evaluated and either offered further support or allowed to deliver care without observation. Staff we spoke with said they felt well supported through supervisions and appraisals. Staff told us these could be individual or themed. One member of staff said, "I've had a supervision a few months ago, every six months. We discuss any changes to medications, any problems, I'm comfortable, they are good." Records evidenced that supervisions were carried out regularly and appraisals annually.

People told us they felt their nutritional needs were well met, and that staff took into account their likes and dislikes. Comments included, "I have a list of things I like to eat - and the staff work with that", "They always

leave me a nice meal", "If I am off my food, they make a note of it - then the other carers encourage me to eat and drink" and "They made a plan with me about the food I like - they do very well for me. Staff ensured people with specialised dietary requirements had their needs met, for example in one person's nutrition and hydration care plan it said, '[Name] cannot have sweets and cakes in a large amount (due to diabetes), I have a sweet tooth. Cannot have microwave meals due to sugar content. I can become dizzy.'

People felt their health and wellbeing was monitored adequately by staff. Comments included, "They get straight on to my family if they are concerned about me" and "They are especially caring if I am poorly - and they let my family know straight away - they once waited with me until my daughter came." The service recorded relevant guidance and information from other healthcare services in people's care plans for staff where necessary. This included information and advice shared with the provider by speech and language therapy teams, general practitioners and district nurses.

The service conducted assessments which took into account people's medical history, key contacts and other important information about them. This meant people's needs were assessed appropriately.

Good

# Is the service caring?

## Our findings

At the last comprehensive inspection, the service was rated good for 'Caring'. At this inspection, the service continued to be good.

People we spoke with told us they enjoyed good relationships with staff who were kind, caring and compassionate. Comments included, "They are kindness itself - nothing is too much trouble", "The girls that come to care for me are really sweet and kind", "I can have a real laugh with the staff - they are so friendly", "It is their kindness and helpfulness that helped me settle in" and "They are so caring and polite - they cheer me up every day."

People told us their privacy and dignity was respected. Comments included, "The carers respect my dignity - this summer I wanted all the doors and windows open - the carers then spoke quietly - or closed the doors if I had visitors", "They always knock on the door and shout hello as they come in" and "Before they do anything personal for me - they always ask permission." Staff described how they protected people's privacy and dignity. One member of staff said, "When helping people wash for example, we will always cover people's private areas with a towel, always ask and always give them choice."

People felt staff supported them to lead independent lives. Comments included, "They work hard to make sure I don't lose my independence- they encourage me to use my frame for walking", "I can be really difficult at times - they seem to understand that - they know me so well" and "They have made me more independent." One care plan instructed carers, 'Please try to promote my independence by encouraging me to wash my face and hands, I will need full assistance in washing the rest of my body.' A staff member we spoke with said, "We encourage them (people), you don't go in telling them what they are going to wear or eat, always ask them. If they don't know go through a list of things they like, or go to the fridge and say what is in there."

People we spoke with said they felt involved in their care planning. Comments included, "The agency made sure that I fully agreed to my care plan before the carers came", "I am involved in everything the staff do for me", "They asked me lots of questions before the care started - they also involved my family."

Staff we spoke with were knowledgeable about the people they cared for, their life histories, interests, and how they wanted things done. For example, staff told us about people's favourite meals, how they wanted their hair done, their hobbies and details about their social networks. This demonstrated that staff were caring and committed to improving people's wellbeing. Comments from people included, "They are a fantastic team - they have got to know me and all my funny ways" and "They know what makes me tick".

People's cultural and spiritual needs were considered by the service, and good detailed information was included for staff to educate themselves on how to support people in a meaningful way. For example, one person said it was very important for them to observe the Islamic ritual for washing. Their care plan included information about the ritual, and photographic guidance for staff on how to help them perform it.

Good

# Is the service responsive?

## Our findings

At the last comprehensive inspection in June 2017, we found the service was rated Requires Improvement because the service did not always investigate people's concerns and people's needs were not always formally reviewed. At this inspection we found the service had made the required improvements.

Care plans we reviewed were person-centred and contained good detailed information on how to meet people's needs. Care plans included a detailed life history, preferred mode of address and any social or healthcare contact information. One person's care plan read, 'I will always look well presented. If my lipstick or make up is not on this could be a sign I'm not feeling too well. I know you as 'the dinner ladies'. Introduce yourself and explain why you are here. I may ask you to leave and assure you I don't need support. If so approach calmly and gently. Encourage me to let you stay, speak about a topic that interests me'.

Care plans were reviewed depending on need. For example, if a person had requested no changes with their support package or no significant changes to their health and wellbeing, a review would be conducted annually. However, if there were changes such as a hospital visit or a complaint was made, care plans would be reviewed responsively. We saw one 'Changed needs' meeting where a person now required support to eat, and the care plan was updated appropriately.

Staff supported people to maintain active social lives. In one person's care plan, staff were instructed, 'I have a social inclusion visit [date and time], with each visit to Armley Leisure Centre bring my wheelchair, ensure the brakes are on. Assist me to mobilise with Zimmer frame.' Another care plan instructed staff to prepare clean religious clothes so they could attend religious services every week.

People told us they felt confident they knew how to raise complaints. Blank complaints forms were held in people's care plans at home. Comments included, "Make no mistake about it - I would complain if anything was wrong", "I have a leaflet that explains how to make a complaint - I have never used it" and "The staff in the office respond immediately if I ever raise a concern - I have never had to complain - it never comes to that." We saw one instance where a person had complained because they were unhappy with the consistency of care staff and staff not staying for the full amount of time. In response, a meeting was held, the care plan reviewed and the coordinator worked to alter the rota. We reviewed the service's complaints file and found that they were responded to appropriately.

The service worked with partner agencies such as district nurses to help facilitate end of life care. The registered manager demonstrated that they understood what was required of staff when delivering end of life care. Where necessary, 'Do Not Attempt Cardiopulmonary Resuscitation' forms were prominently placed in people's care plans. This meant should a person suffer a cardiac arrest a decision had been made to not attempt to resuscitate them.

The service was working under the principles of the accessible information standard, which is a legal requirement for NHS and social care services to comply with. The Accessible Information Standard was introduced to make sure that people with disability or sensory loss are given information in a way they

understand. The service recorded people's sensory needs and how to communicate with them in a way they understood.

Requires Improvement

# Is the service well-led?

## Our findings

At our last focused inspection in February 2018, we found shortfalls in quality monitoring at the service, and we concluded that the service was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act (2008) Regulated Activities (Regulations 2014). At this inspection, although we found improvements and that the service was no longer in breach of the regulation, the service remained rated requires improvement in 'Well-led'.

The service was now conducting regular audits of medicines administration records (MARs) and daily notes. We saw evidence that appropriate actions were taken where errors were identified. These could be in the form of a group supervision where errors were made across the team, or individual one to one conversations and training courses. At one such supervision meeting, the registered manager explained the errors found, lessons to be learned and if any support was needed. We reviewed the audits from June, July and August 2018 and found the number of errors identified was decreasing.

However, we still found MARs records that were of variable quality. MAR sheets contained separate sections for prescribed medicines, 'As and when required' (or PRN) medicines and topical medicines, and we found examples where staff had recorded PRN and topical medicines in the prescribed medicine section. We found in some of the 15 MARs we reviewed that there were significant gaps without an explanation provided in the available section. Further investigation of other records such as care plans and daily notes found that there were reasonable explanations for the lack of evidence, such as self- administration or the end of a prescribed course of medicine.

At the last internal audit in July 2018, MAR records were identified as a concern which reflects what we found. It identified that errors were common and that consistent actions were not applied, and that audits were not carried out effectively.

We found one MAR audit which signed off the record as complete with no actions, however we found that there were missing signatures which were not explained. The registered manager told us they would take actions to investigate this.

We recommend the provider reviews the management and maintenance of records within the service particularly those related to medicines management and the application of the Mental Capacity Act 2005

Other aspects of quality monitoring had improved, for example the service sent regular reports to the local authority discussing safeguarding incidents, accidents, staff turnover, complaints and other aspects of service delivery. As an action from the latest review of complaints which identified missed calls, disciplinary processes were enforced against staff following investigations. Trends and themes were analysed and discussed. The service conducted an internal audit which gave feedback to the registered manager. The registered manager also attended meetings with other registered managers employed by the provider so that lessons learned were shared and good practice discussed.

The service carried out 'Are we caring?' phone calls and telephone surveys to gather feedback about the service. It was not clear from the records provided that 'Are we caring?' surveys had been analysed in a meaningful way or any actions generated to improve the service as a result. Where individual surveys had identified issues that required individual investigation, this was carried out appropriately, for example a potential safeguarding concern was followed up. However, this information was not available as part of any analysis or collation of the surveys conducted. People we spoke with did say they were confident they could contact the office if they had any concerns. Following our inspection the provider told us that feedback from care workers and people using the service had been analysed and used to introduce some new initiatives into the service. For example, the provider has told us that more focussed supervisions were carried out and people were involved in the recruitment process.

Staff were positive about the culture of the service. One staff member said, "Their intentions are good and they do their best. They all have a genuine interest in the service users, even those they have never met, you can still talk about them. Didn't find that with office staff at other places. They were administrators not carers. It's nice to see."

Staff meetings took place. Staff told us they felt able to discuss issues in an open and honest way. One staff member said, "We had one on Thursday. Can discuss issues, complaints and problems or suggestions. We get listened to. They ask me if I want to pick up calls. Mostly I do. If I can't I just say. They are fine with that."