Hales Group Limited

# Hales Group Ltd - Lincoln

**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? | Requires improvement |

## Overall summary

This was an announced inspection carried out on 17 June 2015.

There was a registered manager. 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.

Hales – Lincoln provides care for people in their own homes. At the time of our inspection the service was providing care for 167 people most of whom were older people. The service covered Lincoln, Grantham and surrounding villages.

Staff knew how to recognise and report any concerns so that people were kept safe from harm and abuse. People

# Summary of findings

had been helped to avoid having accidents and medicines were managed safely. There were enough staff and background checks had been completed before new staff were appointed.

Staff had received the training and guidance they needed to provide people with the care they needed including helping them to eat and drink enough. People had been helped to receive all of the healthcare assistance they needed. Staff had ensured that people's rights were protected. This was because the Mental Capacity Act 2005 Code of Practice was followed when staff contributed to decisions that were made on their behalf.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

People had received all of the care they needed including people who had special communication needs and were at risk of becoming distressed. People had been consulted about the care they wanted to receive and they were supported to celebrate their diversity. Staff had offered people the opportunity to maintain their independence and to pursue their interests.

Some of the quality checks were not robust. The service was not always run in an open and inclusive way that encouraged staff to contribute to its development. People who used the service had been consulted about its development and had benefited from staff being involved in good practice initiatives.

# 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?**
The service was safe.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

People had been helped to stay safe by managing risks to their health and safety.

Medicines were managed safely.

There were enough staff and background checks had been completed before new staff were employed.

Good

**Is the service effective?**
The service was effective.

Staff had received training and guidance to enable them to provide people with the right care.

People were helped to eat and drink enough to stay well.

People had been supported to receive all the medical attention they needed.

People's rights were protected because the Mental Capacity Act 2005 Code of Practice was followed when staff contributed to decisions that were made on their behalf.

Good

**Is the service caring?**
The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Good

**Is the service responsive?**
The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who had special communication needs or who could become distressed.

People had been supported to celebrate their diversity and to make choices about their lives including pursuing their interests.

There was a system for resolving complaints.

Good

# Summary of findings

**Is the service well-led?**

The service was not consistently well-led.

Some of the quality checks were not robust.

The service was not always run in an open and inclusive way.

People had been asked for their views about the service.

People had benefited from staff receiving nationally recognised good practice guidance.

**Requires improvement**

# Hales Group Ltd - Lincoln

**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 registered persons were 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.

Before our inspection visit to the service we reviewed notifications of incidents that the registered persons had sent us. In addition, we contacted local health and social care agencies who pay for some people to use the service. We did this to obtain their views about how well the service was meeting people's needs. We also spoke by telephone with 20 people who used the service and with three of their relatives. In addition, we spoke by telephone with eight members of staff who provided care for people.

We visited the administrative office of the service on 17 June 2015 and the inspection team consisted of two inspectors. The inspection was announced. This was because the registered persons were sometimes out of the office and we needed to be sure that they would be available to contribute to the inspection.

During the inspection visit we spoke with a senior member of staff who was responsible for organising the visits completed to people's homes. In addition we spoke with the registered manager and the quality and compliance manager. We examined records relating to how the service was run. These included five care plans that described the assistance each person wanted to receive and which listed the care that had actually been delivered. We also examined records relating to visit times, staffing, training and health and safety.

Good

# Is the service safe?

## Our findings

Records showed that staff had completed training and received guidance in how to keep people safe from situations in which they might experience abuse. Staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. They were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. Staff knew how to contact external agencies such as the Care Quality Commission (CQC) and said they would do so if their concerns remained unresolved. We saw that the registered persons had taken appropriate action when there had been concerns that someone might be at risk of harm. For example, the registered manager had notified the local safeguarding authority when it appeared that a person was not being treated in a compassionate way by one of their relatives.

People said that they felt safe when in the company of staff. A person said, "I find the staff to be really helpful. The staff are genuinely caring and I like to see them in my home." Relatives were reassured that their family members were safe. One of them said, "I've no problems at all with the staff who are very attentive. You might get the odd one for whom it's just a job, but they don't last long."

Staff had identified possible risks to each person's safety and had taken action in conjunction with other health and social care professionals to promote their wellbeing. For example, people had been helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas.

In addition, staff had taken action to reduce the risk of people having accidents. For example, staff had helped to ensure that people had been provided with equipment to help prevent them having falls. This included people benefiting from special beds for which the height can be adjusted.

Records showed that when accidents or near misses had occurred they had been analysed and steps had been taken to help prevent them from happening again. For example, when staff had noted that a person was at risk of tripping over some rugs they had arranged for them to be removed.

There were reliable arrangements to consistently provide people with the assistance they needed to safely administer their medicines. Staff had received training and were correctly following written guidance so that people were helped to receive all of the medicines that had been prescribed for them.

The registered persons had established teams of staff in each of the two main geographical areas covered by the service. Staff said that there were usually enough of them to reliably complete all of the visits that had to be completed. A minority of people who used the service told us that the registered persons should employ more staff so that absences due to sickness could be covered without the need to change visit times at short notice. A person said, "There's too much chopping and changing of visit times. If someone goes off sick, there's no backup system and the remaining staff have to rush around doing extra visits." However, most of the people using the service said that they usually received their visits on time and the records we examined showed this to be the case. A person said, "While there will be the odd late visit in general the staff are pretty punctual and really quite reliable given all the problems they face with traffic and not knowing exactly how much care each person will need on a particular day."

We looked at the background checks that had been completed for two staff before they had been appointed. In each case a check had been made with the Disclosure and Barring Service. These disclosures showed that the staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Good

# Is the service effective?

## Our findings

Staff had regularly met with a senior member of staff to review their work and to plan for their professional development. We saw that most staff had been supported to obtain a nationally recognised qualification in care. In addition, records showed that staff had received training in key subjects including how to assist people who experienced reduced mobility or who needed extra help to eat and drink enough. The registered manager said that this was necessary to confirm that staff were competent to care for people in the right way. Staff said they had received training and we saw that they had the knowledge and skills they needed. For example, staff were aware of how important it was to make sure that people had enough to drink. In addition, they knew what practical signs to look out for that might indicate someone was at risk of becoming dehydrated.

People were confident that staff knew what they were doing, were reliable and had their best interests at heart. A person said, "I find the staff to be really helpful. Apart from when they've had to change my regular carer I don't have any problems because she knows exactly how I like things."

When necessary people had been provided with extra help to ensure that they had enough to eat and drink. Records showed that some people were being given gentle encouragement to eat and drink regularly. This included staff keeping a record of what people had eaten and drunk each day so that they could respond quickly if any significant changes were noted.

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted in order to promote people's good health. A relative said, "My family member's care worker has contacted me to let me know if a doctor needs to be called and I appreciate that because it's not actually their job to do this. The staff do it because they care."

The registered persons were knowledgeable about the Mental Capacity Act 2005. This law is intended to ensure that staff support people to make important decisions for themselves. For example, these decisions could refer to the management of someone's finances or significant medical treatment. We found that staff had worked together with relatives and other health and social care agencies to support people to make important decisions for themselves. In addition, they had consulted with people, explained information to them and sought their informed consent.

When a person is not able to make decisions for themselves the law establishes safeguards to ensure that decisions are made in their best interests. We noted that the registered persons had made the necessary arrangements and so could ensure that people's best interests were promoted.

Good

# Is the service caring?

## Our findings

People and their relatives were positive about the quality of care provided in the service. A person said, "I've got to know my main care workers really well over time and I really do look forward to seeing them. They're kindness itself." Another person said, "My care worker is local and we both know the town and we have a chat about the shops and how things are. She's more like a friend than an employee."

People said they were treated with respect and with kindness. A person said, "The care workers if they've got time do little extras for me like a bit of shopping on their way to me." Another person said, "My care worker always stays for as long as she needs even if it's over the planned time and she's not getting paid for it."

We noted that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. Staff also gave people the time to express their wishes and respected the decisions they made. For example, we were told that one care worker bought a newspaper for a person who used the service and gave it to them before she started her first visit. They did this so that the person did not have to wait until later in the day to read the news.

Most people could express their wishes or had family and friends to support them. However, for other people the service had developed links with local advocacy services that could provide guidance and assistance. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

Staff recognised the importance of not intruding into people's private space. When people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes.

Staff had received training and guidance about how to correctly manage confidential information. They understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to- know basis. We noted that staff were aware of the need to only use secure communication routes when discussing confidential matters with colleagues. For example, staff said that they never used social media applications for these conversations because anyone would be able to access them.

Records that contained private information were stored securely in the service's computer system. Staff could only access the system when they had an authorised and unique password.

Good

# Is the service responsive?

## Our findings

Each person had a written care plan. People said that they had been invited to meet with senior staff to review the care they received during each visit to make sure that it continued to meet their needs and wishes. A person said, "I do see the senior care person who asks me if I'm still happy with the care I'm getting and things like that. It's quite reassuring to be asked." Records showed that the registered persons had responded promptly when a person had requested a change to the time of one of their visits. They had informed the person that unfortunately they could not manage the revised time. In addition, they had referred the matter back to the relevant care manager (social worker) so that alternative arrangements could be made that met the person's wishes.

People said that staff provided all of the practical everyday assistance that they needed and had agreed to receive in their care plans. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. A person said, "I like to do things in my own way as I've always done and my care worker knows that and fits around me." We examined records of the tasks two different staff had undertaken during 20 visits completed during the two weeks before our inspection. We found that the people concerned had received all the care they needed as described in their care plans.

Staff were confident that they could support people who had special communication needs. We noted that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. For example, a member of staff described how a person used gestures to indicate from a variety of foods what particular meals they wanted to have prepared for them. In addition, staff knew how to effectively support people who could become distressed. For example, a member of staff described how they sat and chatted about local news stories with a person when they became upset. The member of staff said that over time they had learnt that the person found reassurance in this activity. Special arrangements had been used to ensure that another person was always introduced to a new care worker. This had been done after it had been noted that the person had been distressed when a new member of staff who was not previously known to them had visited their home.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they had put this into action. For example, staff were aware that some people wanted to have quiet time to watch religious services on television. We saw that the registered manager knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services who would be able to befriend people using their first language.

Staff had supported people to pursue their interests and hobbies. For example, a person had been supported to write a list of things that they wanted to buy when they were accompanied to the shops by their relative. The list included their favourite magazine and their local parish newsletter.

People who used the service had received a document that explained how they could make a complaint. The document included information about how quickly the registered persons aimed to address any issues brought to their attention. In addition, the registered persons had an internal management procedure that was intended to ensure that complaints could be resolved quickly and effectively.

In the year preceding our inspection the registered persons had received 19 formal complaints. Records showed that each of these complaints had been investigated correctly so that they were resolved to the satisfaction of the complainant.

Requires improvement

# Is the service well-led?

## Our findings

During the evenings, nights and weekends there was always a senior member of staff on call. This was done so that staff could seek advice. It was also intended to ensure that checks were completed on how the service was working. However, the system was not robust. This was because the person who was on call did not have access to important electronic records that showed which visits had been completed. In addition, there was no clear alternative system that enabled checks to be made to ensure that all planned visits had been completed. These shortfalls increased the risk that mistakes could occur that could not be promptly identified and resolved.

Staff said that they worked well with their local colleagues. However, most of the staff we spoke with said that they were not confident about their relationships with senior staff. In particular, they said that they did not consider their views were taken into account when changes were made to the way in which visits were planned and organised. Some of them went further and said that they avoided contacting senior staff whenever possible. We noted that the registered manager regularly held staff meetings. These were intended to provide an opportunity for staff to receive information from senior staff about how best to care for people who used the service. However, the records of the most recent staff meeting showed that only 11 out of 57 staff had attended. Shortfalls in the ways in which senior staff communicated with their colleagues increased the risk that unreliable working practices would develop that could not be quickly identified and addressed.

The registered persons had regularly completed quality checks to ensure that people reliably received the care they needed. These checks included examining the records that showed when visits had been completed and what assistance staff had provided. In addition, senior staff had completed regular 'spot checks' to ensure that staff were completing their duties in the correct way. This involved taking part in visits to people's homes so that they could observe the way in which care was provided and recorded. However, these various checks had not fully addressed some people's concerns about visits sometimes not being completed at the right time.

People had been invited to give their views on the service by completing quality questionnaires. The results showed that the majority of people were satisfied with the service they received. We noted that the registered manager had written to everyone who used the service to inform them about the feedback that had been received and about the improvements that the registered persons intended to make.

Staff knew about their responsibility to speak out if they had any concerns about the conduct of another staff member. They had received training and written guidance about steps they could take to raise concerns both with the registered persons and with external bodies such as CQC.

The registered persons had introduced a number of initiatives that enabled people who used the service to benefit from staff receiving good practice guidance. This included encouraging staff to become Dementia Friends and Dignity Champions. Membership of these national schemes enable staff to receive guidance about how to develop their professional practice in ways that promote the wellbeing of people who use health and social care services.