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:
01 June 2017
08 June 2017
14 June 2017

Date of publication:
18 September 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was the first inspection of the service since it was registered in June 2016.

Hales Group Limited Leeds is a domiciliary care agency that is registered to provide personal care and support to people in their own homes in the Leeds area. At the time of this inspection the service was providing personal care and support to 165 people in Leeds, together with a further 66 people who were living in the Bradford area.

At this inspection we found shortfalls associated with the operation of systems and processes to monitor and assure the safety and quality of the service. We judged this to be a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the back of the full version of the report.

There was no registered manager for the service at the time of this inspection, following the previous manager for this role leaving in January 2017. A Regional Manager was managing the service in the absence of a registered manager and a replacement for this post had been appointed. We were told an application was in the process of being submitted to the Care Quality Commission. 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.

Whist care staff were safely recruited and knew how to recognise and report different types of abuse, there had been delays in thoroughly investigating safeguarding issues and ensuring actions were taken to minimise these from reoccurring.

People received their medicines from care staff who had been trained on this element of their role. However, some people's medicines administration support records had not always been regularly returned to the office, which meant these could not be checked. We have made a recommendation about this.

People told us that overall they felt safe although we found some experienced inconsistencies in relation to times of their visits from care staff who provided their support.

Training and development opportunities were available for staff. However, we found supervision and appraisals of their skills had not regularly taken place to ensure they were competent to perform their roles.

People confirmed their consent was obtained prior to care staff undertaking personal care interventions and that overall they were treated with dignity and respect and their independence was promoted.

Appropriate guidance was in place to ensure people received enough to eat and drink and systems were available for involving health care professionals when people's needs changed.

People's care and support was delivered in line with their assessed needs, however we found these were not always reviewed on a regular basis.

A complaints policy was in place to enable people's concerns to be responded to and addressed, however we found concerns had not always been actioned and addressed in a timely way.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Whilst people's medicines were administered by staff who had received training on this element of their role; their medication records had not always been audited to enable potential errors to be highlighted.

The need to investigate safeguarding incidents thoroughly had not always been recognised and addressed in a timely way.

Safe recruitment procedures were followed to ensure care staff did not pose a risk to people who used the service.

Is the service effective?

Requires Improvement

The service was not always effective.

Care staff were provided with a range of training to enable them to effectively meet people's assessed needs, but regular supervision and checks of their skills were not yet consistently carried out to ensure they were competent to carry out their role.

People were consulted about their support needs to ensure they consented to personal care interventions that were provided.

People were encouraged to maintain a healthy and balanced diet.

.

Is the service caring?

Good

The service was caring.

People were involved in making decisions and choices about

support and their personal preferences were upheld.

Care staff knew how to support people's dignity and understood the importance of maintaining people's independence.

People were supported by care staff who were friendly and kind and who respected their individual needs and wishes.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The service had not always investigated people's concerns in a thorough way although action was being taken to address this issue.

People's assessed needs were not always formally reviewed, to ensure meeting their changing needs were met although there were plans in place to implement this.

People's health and wellbeing was supported by professionals in the community when this was required.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was no registered manager for the service.

Failures in operational systems used to routinely monitor the service meant there had been delays in addressing shortfalls and taking action to resolve issues in a timely way.

People who used the service were consulted about their views to help the service to learn and develop.

Care staff told us that management was approachable and felt supported by changes that were being introduced.

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 announced inspection took place over three days: on the 1, 8 and 14 June 2017 and was completed by one adult social care inspector. We gave the registered provider 48 hours' notice because this location is a domiciliary care service and we needed to make sure there would be someone available to answer our questions and support the inspection.

Before our inspection visit we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service, including on-going safeguarding investigations, statutory notifications and incidents affecting the safety and well-being of people sent to us by the service. We contacted the local authority and Healthwatch to find out their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we made a visit to the registered provider's office and met the regional manager and staff who were based there. We looked at the care files belonging to six people who used the service and a selection of documentation relating to the management and running of the service, such as staffing records, quality audits, minutes of meetings and performance reports. We spoke with seven members of staff in person, including a training manager, care coordinators, care supervisors as well as care staff who were visiting the office. Following our inspection visit we subsequently spoke with a further six care staff by telephone.

We visited the homes of two of the people who used the service to ask them about the quality of provision they received. We subsequently contacted 14 people who used the service or their relatives by phone in order to obtain their views.

Requires Improvement

Is the service safe?

Our findings

People who used the service expressed mixed views in relation to the service and how it helped them to make choices and feel safe. One person said, "The girls (care staff) are fantastic, I can't fault them, but the office is in a bit of turmoil, I have spoken to them about it today." A relative told us, "[Person's name] is lucky I'm watching their back, I can think of instances when they (care staff) didn't turn up and no explanation was given. For the first few weeks I was appalled; there wasn't a proper care plan in place."

We received a concern from a relative about staff failing to attend at their stated time that had resulted in medication not being given at the correct time. We were told this had been raised as a safeguarding concern and that arrangements had been subsequently made to address this issue.

The local authority told us they were monitoring the service and an action plan had been developed to address shortfalls they had noted, to ensure improvements were made to the service.

A member of care staff told us, "There needs to be better communication from the office, I was double booked over the New Year and was sent to the wrong address." They went on to tell us however improvements had recently been made following a reorganisation of office arrangements and staff responsibilities and commented, "Things are now settling down and the office is better co-ordinated."

Whilst some people told us they had received their care and support from a team of consistent care staff who called at regular times and stayed the agreed length of time, others said they had experienced missed or late calls, or had not always received their correct paperwork on time and that communication from the office was poor. One person told us, "On the whole care staff time keeping is pretty good, they usually come within five minutes either way of their agreed time." Other people however expressed dissatisfaction with the level of service provided. Their comments included, "At the beginning they came at any time, and on one occasion turned up at 10.30 am to give [Name of person] their dinner. We were told the service relied on care staff contacting the office when they arrived and completed their visits, but found these calls had not always been effectively logged. We were told an improved electronic system had now been commissioned to enable care staff visits to be monitored more effectively but saw this had not yet been fully implemented.

Care staff told us they received training in medicines support management and saw evidence this element of staff practice had been provided and discussed in a recent team meeting with staff. We looked at medicine administration arrangements when we visited people in their homes with a member of office staff. We found medication administration records (MAR's) had been issued to people, but saw these had not always been returned to the office when required, which meant they could not be audited to enable potential errors to be highlighted and ensure measures were put in place to prevent their reoccurrence. We saw a medicines support assessment for one person did not record the level of support they needed and that the associated MAR had not always been documented in a consistent way. We spoke to the regional manager about this and saw action was taken to remedy this shortfall immediately, with additional training and supervision arranged for the member of staff concerned.

We recommended the service considers current NICE guidance on managing medicines for adults receiving social care in the community and takes action to improve their practice accordingly.

We looked at how people who used the service were protected from risk of abuse. We found safeguarding policy and protocols were available to help guide care staff when reporting safeguarding concerns, which were aligned to the local authority's guidance and procedures about this. Care staff confirmed they had received training on the protection of vulnerable adults to ensure they could recognise issues of potential abuse and were aware of their duties to report concerns or issues of poor practice to management. A member of care staff told us, "I won't hesitate to bring issues to the office attention and have done so in the past and these were dealt with by management and action was taken."

A number of safeguarding concerns had been reported to the local authority which indicated people who used the service had been placed at potential risk from missed or late calls and medication issues. We found the regional manager was in the process of exploring these incidents of concern at the time of our inspection. They told us this was because they had previously not always been investigated effectively by the previous manager in a clear and transparent manner. We saw actions had resulted in disciplinary sanctions being taken including dismissal of care staff and further training implemented as required.

Overall we found risks to people were managed so they were kept safe from harm. We saw people's care files contained assessments of known risks that covered a range of issues, such as moving and handling, abilities to carry out tasks of daily living, their domestic environment and health and safety issues, together with details about their nutritional and hydration needs when this was required. We found a potential concern from risk of choking had not been fully addressed in one person's care file; however we saw a district nurse was monitoring this issue and making regular visits to ensure their health and wellbeing was promoted. There was accompanying guidance showing how these risks could be minimised by care staff in these areas.

We saw evidence recruitment procedures were followed and checks carried out before new staff were allowed to start work, to ensure they did not pose an identified risk to people who used the service. We saw evidence this included obtaining clearance from the Disclosure and Barring Service (DBS) about past criminal convictions and not included on an official list that barred them from working with vulnerable people. The DBS complete criminal background checks and enable organisations to make safer recruitment decisions. We found that references were followed up and checks of potential applicants' personal identity and past work experience were made, to highlight unexplained gaps in their history before an offer of employment was made.

People told us care staff were issued with uniforms and identity badges when attending their homes, together with personal protective equipment, such as aprons and gloves. This enabled care staff to promote positive infection control measures.

Requires Improvement

Is the service effective?

Our findings

People who used the service and their relatives told us care staff supported them to live their lives in the way that they chose and that the service had helped improve the quality of their lives. One person said, "The care staff know what they are doing and prompted me the other day to check [Person's name] blood, as they are a diabetic." Another told us, "I am really pleased with them, they (care staff) are doing a good job. They most definitely know what they are doing."

Other people however indicated care staff skills could be improved to ensure they were supported in a consistent way. One person commented, "The standard of the carers varies widely. Some are very good, some are not so good" This person went on to tell us, "Many staff have obviously never previously dealt with people with my issues and could do with training rather than learning on the job." Another person said, "They didn't know how to wash me properly and just stood there and didn't know what to do." This person advised they were supposed to have had a meeting, because they were not happy with the service provided, but went on to say, "Things have improved since we made a complaint." The regional manager confirmed they were now taking steps to ensure this situation was addressed.

A relative described how they recently contacted the office, due to a member of care staff not having the confidence to use an item of equipment that had been recently obtained. The relative however told us this issue had been subsequently resolved.

Following training concerns being previously identified by the local authority, we saw improvements had been recently introduced to ensure care staff were equipped with skills needed to safely carry out their roles. The regional manager told us, "As part of our on-going improvement we have commenced revamping our induction training including policies, procedures and documentation." However we saw these measures had not yet been fully implemented.

We found care staff attended a five day classroom based induction that was based around the requirements of the Care Certificate. The Care Certificate is a nationally recognised set of standards to ensure care staff have the right skills, knowledge and behaviours. There was evidence a 'stepping stones' system of training had recently been rolled out, that involved care staff completing work books, observational assessments and testing of their proficiencies and skills, together with opportunities to shadow more experienced staff, before they were fully signed off as competent to perform their role.

We saw additional e learning was available for care staff that covered a range of issues considered mandatory by the service. We found this included modules on fire safety, nutrition, re-enablement, safe handling and administration of medicines and courses relating to the specialist needs of people who used the service, such as diabetes and dementia awareness. We found staff progress on this was being monitored by the registered provider to ensure this was completed in a timely way.

There was evidence the registered provider had previously signed up to the Social Care Commitment and

had recently renewed this. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services.

Whilst we saw evidence of progress in implementing the updated staff training and development programme, the regional manager acknowledged further improvements were still required before this was fully embedded across the service. Care staff told us they had undertaken various modules of the care certificate; but some said they had yet to complete their work books or receive regular supervision, to enable their performance to be discussed. Whilst there was evidence of a programme of staff supervision that had been recently developed by the regional manager, we found observational assessments of staff competencies and skills required further development, which meant people who used the service were exposed to care staff who potentially did not have the right skills to meet their needs.

People who used the service told us care staff consulted and communicated with them about decisions concerning their support to ensure they were in agreement with how this was delivered. Care staff confirmed they understood the importance of gaining consent and agreement from people about their support. We saw people's care plans had been signed to demonstrate their agreement and consent to their support.

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. For people in the community who need help with making decisions, an application should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found people's liberty was not being restricted and that the registered provider understood their responsibilities in relation to the MCA.

There was evidence in people's care files of support plans that had been developed to address their health and medical conditions. People advised care staff involved community healthcare professionals when this was needed. They also said care staff encouraged them to maintain a healthy diet when required.

Good

Is the service caring?

Our findings

People who used the service and their relatives were overall positive about the caring approach of care staff. People told us care staff involved them in the planning and the organisation of their care and support. People told us care staff helped them to be as independent as possible and that overall their dignity and human rights were promoted.

People who used the service confirmed care staff respected their needs. They said care staff carried out their roles in a friendly and courteous manner and listened and involved them in decisions about their support. People told us care staff respected their privacy when they had visitors and we saw evidence of staff being mindful of this on our visits to see people who used the service.

One person told us, "I have never had any problems with the care and respect that is shown. They cover me up when it's needed." Another person said, "I have one or two staff who are really great, they help shower me and get dressed. They help to tidy the kitchen in the morning and in the evening they get me ready for bed." Speaking about a particular member of care staff, a person told us, "[Name of care staff] is really brilliant and ever so helpful. They are really tuned in and not brash."

People told us they experienced positive relationships with their care staff but said that consistency and availability of regular staff was sometimes an issue and that communication with the office about this could be improved. One relative commented, "The girls are all lovely and the care and kindness they show is really good." However the relative continued, "I stressed it would not work if they sent lots of different carers, but this happened just recently, I had three or four different carers last week." Another person told us "It goes in waves, I get a good team of staff but then they are moved by the office, some of the girls are three quarters of an hour late on occasions." We spoke with the regional manager about this issue and they told us this issue would be addressed with the office restructuring arrangements.

Care staff were knowledgeable about people's individual characteristics and specific support preferences and need. Care staff spoke about people with compassion and respect and it was evident they took their work seriously. We observed care staff demonstrated a positive understanding of what mattered to people and the need to ensure their confidentiality was upheld at all times.

We saw a customer survey had been completed for the service in January 2017 that highlighted positive results in relation to consideration of dignity and respect and the politeness shown by care staff.

There was evidence people who used the service were provided with information to help them to know what to expect and who to contact in emergency situations if this was required. We saw that information in people's care records contained assessments about their personal preferences and histories, together with details about a range of their individual social, religious and cultural beliefs to ensure their dignity and wishes were respected and promoted.

Requires Improvement

Is the service responsive?

Our findings

We received mixed views from people about the responsiveness of the service and how well it was organised to meet people's needs. Whilst people confirmed they knew how to raise a complaint, some people told us they lacked confidence they would receive feedback about their concerns or whether these would be resolved and dealt with in a timely way.

People's comments included, "There's not a lot of communication comes back from the office when you make a complaint." "The carers came very late and this was raised as a complaint, but I still don't know the reason or outcome for this." "They told me someone would get back to reply to us, but this didn't happen and no explanation was given." "No apologies were received or explanation given of why it had occurred, it's communication that's the issue."

There was evidence details about how to raise a complaint were included in information given to people at the start of their use of the service, to ensure their concerns could be listened to and acted upon. We found the service maintained a record of complaints to ensure these were addressed and enable potential trends to be highlighted and make improvements when required.

The local authority advised they had been concerned about complaints management in the service and had raised this with a Director, due to issues not having been previously investigated in a thorough manner by the previous manager. We found the regional manager was in the process implementing an action plan for this and exploring these incidents further, together with taking action to address issues that had been highlighted. We saw a letter had been recently issued to people, acknowledging their frustrations concerning the responsiveness of the service, together with details that were planned to address this with improved and restructured office arrangements.

Care staff demonstrated a good working knowledge of the people who used the service they supported. We found information about people's needs was recorded in their care files, together with details about their personal preferences and individual strengths and needs to enable care staff to support people's wishes for independence and self-control. People told us care staff involved them in making decisions with issues such as routines for bathing, choices about food, involvement of others in personal care and how they liked to be addressed. This enabled a person centred approach to the delivery of support that was provided and ensured people received their support in a way that focussed on their known wishes and feelings.

There was evidence in people's care files of daily recordings completed by care staff to enable them to document the support that had been delivered. We were told reviews of people's support were carried out to enable their needs to be reassessed, however people told us and we saw evidence this had not always occurred in a planned or systematic way. Whilst we saw care staff daily recordings generally corresponded with details provided about people's needs, we found these had not always been collected by the office for updating and auditing purposes. Commenting on this one person told us, "The care staff are religious about completing the documentation in the care plans, but the office is not good at collecting them."

The regional manager acknowledged further work was still required to address the issues highlighted in their action plan. Whilst we found this had included a review of documentation and processes, and plans to improve and develop people's support arrangements, we saw further work was still required to ensure improvements were fully embedded across the service.

Requires Improvement

Is the service well-led?

Our findings

This service is required to have a registered manager who is registered with the Care Quality Commission under the Health and Social Care Act 2008 and associated Regulations. The service had not had a registered manager in post since the previous manager had deregistered in January 2017. Whilst a new manager had been appointed to manage the service, an application had not been received by the CQC for them to be registered for this position. We were subsequently advised this application was in the process of being submitted.

At the time of the inspection a regional manager was overseeing the day to day management of service, following concerns that had been raised by both the service commissioners and people who used the service.

We received mixed views from people about the service and how well it was managed and led. Some people said they had no concerns and were happy with the service they received. One person told us, "I am pleased with all the care support I get for myself, my family are happy with the care I get too. Another person commented, "I get good care and on time."

Other people said they thought improvements needed to be made to the service. Their comments included, "I get the impression the office is chaotic and administration needs a lot to be desired", "I don't feel there is enough communication between office and staff, for instance yesterday I got a call after I had informed the office it was not needed," and "They do not advise who is coming or at what times unless prompted to do so. To my thinking their organisation skills need considerable attention."

Whilst we saw action had been taken to improve the service in response to people's concerns, there was evidence further development was still required in relation to routine monitoring and operation of different elements of the service. We saw for example shortfalls associated with the quality assurance and management of issues, such as the analysis of safeguarding, complaints and incidents. We found issues for these had previously not been centralised to ensure trends could be identified and enable actions to be taken to minimise them from reoccurring. We found there had previously been delays in reporting some significant issues to CQC in a timely way, although saw action the regional manager had subsequently taken action to address this shortfall. We were also told about plans to develop incident reporting to enable the registered provider to gain feedback and ensure lessons were learnt to help the service develop.

There was evidence that people's care notes and medication support records had not always been returned to the office on a regular basis, which meant they could not be checked and updated when required. Whist we saw plans had been implemented to develop the support available for care staff, we found spot checks and direct observations of their skills had not yet been consistently carried out across the service. We were told about plans to improve the monitoring of calls to people, but found the system for this had not yet been operationalised, which meant the service could not always tell whether people had experienced any missed calls.

From the above we concluded the service did not have effective quality monitoring arrangements in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The regional manager told us they had identified a need to make improvements in relation to the organisation of the office and was implementing changes that included a restructured staffing structure for the office, with care co-ordinators for designated geographical areas, together with supervisors directly responsible for overseeing the care staff delivery to people. We found office staffing arrangements had been recently increased to provide an improved availability of contact and support at weekends and out of hours. We were told the service had appointed a new manager and was waiting for them to commence work pending recruitment checks to be completed. We were advised the new manager had a business management degree and a background in health and had applied to undertake a level five qualification in health and social care, to ensure their skills were kept up to date.

Both care and office staff told us they were happy with the recent changes implemented by the regional manager. One supervisor told us they knew further work was still required in relation to people's care records, but commented, "I feel there is now more support available and we work better as a team." A member of care staff advised, "In the past the on call phone was never answered, but now they are quick to answer and there's always someone available to answer our calls."

There was evidence the service consulted people who used the service in order to gain their views in order to help it to learn and develop. We found surveys had been sent out to people in recent months and saw evidence of actions taken in response to their feedback.

Office and care staff advised they had confidence in the regional manager's approach and felt they were approachable and honest. We saw meetings had been recently taken place with staff to ensure they were informed about the changes being introduced and enable them to understand their accountabilities and receive leadership and direction. We found a staff recognition scheme had been recently introduced to ensure care staff felt valued by the service. A member of care staff told us, "I attended a carer meeting recently and [Name of regional manager] was very open with us and explained the new structure of working."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to monitor and assess the quality and safety of the service were not effective or robust. Regulation 17 (1), (2) (a), (b), (c), (f).