

Hales Group Limited

Harrison Park

Inspection report

Hall Road
Orchard Park
Hull
North Humberside
HU6 8AT

Tel: 01482231770

Date of inspection visit:
06 November 2019

Date of publication:
06 December 2019

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

Harrison Park is an extra care housing facility, which has 65 individual flats in one large building. The company commissioned to provide domiciliary care calls to people within Harrison Park is Hales Group Limited. The service can provide care and support to people living with dementia, learning disabilities or autistic spectrum disorder, mental health, older people, younger adults, people who misuse drugs and alcohol, people with physical disabilities and people with sensory impairment.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This means tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, 37 people were receiving personal care calls.

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

Since the last inspection, there had been improvements in medicines management, record keeping and quality monitoring. People had risk assessments and care plans which gave staff the information they needed to support people and keep them safe. Supplementary monitoring records such as food and fluid charts were well-maintained. People and their relatives were fully involved in developing and updating their planned care. People were safely supported with handling medicines; the number of medicine errors had significantly reduced.

The provider's quality monitoring system had improved. Audits, surveys and meetings were completed, feedback was listened to and shortfalls addressed. People told us they were confident complaints would be listened to and resolved.

Staff knew how to safeguard people from the risk of abuse and poor practice and knew how to raise concerns. People told us they felt safe with staff and trusted them.

Staff were recruited safely. There were enough staff to complete the care calls. Staff had received appropriate training and support to enable them to carry out their role. People considered they received consistent care from a skilled staff group.

Care and support was tailored to each person's needs and preferences. People and their relatives were fully involved in developing and updating their planned care. We received positive feedback from people about the support provided to them. People had good relationships with staff and told us staff were kind and respectful.

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

People who used the service were supported to maintain a healthy diet when this was part of their care

plan. The registered manager had developed positive links with health care professionals which promoted people's wellbeing.

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 and update for this service was requires improvement (published 25 October 2018). At the time, there were concerns with safe administration of medicines, records and ensuring a good quality assurance system.

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 and the provider was no longer in breach of regulations.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Harrison Park

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

The Inspection team consisted of two inspectors, an assistant inspector and an 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.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the CQC. 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 short notice of the inspection. This was because we needed to be sure that the provider's representative 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, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all this information to plan and support our inspection.

During the inspection

We spoke with 13 people who used the service and one relative about their experience of the care provided. We spoke with 11 members of staff including the regional manager, registered manager, quality manager, team leaders and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed. These included staff training, supervision and appraisal, and quality monitoring.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at medication information and 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 requires improvement. At this inspection, this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People were safely supported to take their medicines as prescribed. One person told us, "I always get my medicines on time."
- People were encouraged to manage their own medicines where they had those skills.
- Audits of people's medicine administration records showed there had been a significant improvement overall in the quality of recording and reduction in medicine errors. When errors had occurred, appropriate action was taken.
- The provider had recently introduced a new electronic medicine recording system. They had continued to maintain the paper recording system during this time and we found shortfalls in the standard of recording on some of these hand-written medicine administration records. The registered manager confirmed the electronic system was the primary system and they would discuss phasing out the use of paper records with the council contracts and commissioning team.
- Staff had received recent training and had regular competency assessments to ensure the safe management of medicines.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood how to identify and manage risks to people's health, safety and welfare. One person who used the service said, "I fall regularly. I have a buzzer on my wrist and when I ring it staff come immediately. I fell in the garden and they used an air bed to help me to get up."
- Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Staff knew how to support people to good effect when people exhibited distress or anxiety. Risk assessments were personalised and reflected people's individual needs.
- Accidents and incidents were recorded appropriately. The registered manager had oversight of these, although formal monitoring was currently completed at provider level. The registered manager confirmed they would look into review processes at service level.
- Learning was shared through staff meetings, memos and the registered manager's regular contact with staff. Staff told us they felt they were kept up to date and communication was good.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of how to recognise abuse and protect people from harm. They felt confident raising any concerns with their line manager and were aware of the whistle-blowing policy.
- All the people we spoke with said they felt safe whilst receiving care and support. One person said, "I feel very safe here."

Staffing and recruitment

- The provider operated a safe recruitment process; appropriate checks helped make sure suitable staff were employed.
- The provider worked with the local authority to ensure there were sufficient staff for each care visit and reviewed this.
- Some people felt staff were busy, they confirmed staff arrived on time and stayed for the allocated time. This was monitored through the electronic roster system.

Preventing and controlling infection

- Systems were in place to protect people from the spread of infection. Good standards of hygiene were promoted and maintained.
- Personal protective equipment was available to staff and used appropriately.

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 due a shortfall in consent records and timely referrals to health care professionals. 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.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- The provider followed the MCA. The registered manager liaised with appropriate people to make best interest decisions for those that lacked capacity.
- Staff asked for people's consent before supporting their needs.

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

- Staff sought medical advice promptly when people were unwell and helped people to manage their healthcare appointments. One person told us, "If I need the doctor they [staff] will get one as soon as possible."
- Guidance and support from health and social care professionals was obtained and followed. A visiting health care professional told us, "I visit the service regularly. Staff are always available, helpful and work well with us."

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

- Social workers liaised with the service and the council to nominate people to live at the service. The registered manager was involved in the decision making around admissions.
- The provider had installed an electronic care records system, which guided staff through an assessment, risk assessment and care plan process. The new system was more comprehensive and information included what was important to the person.

- Care and support was delivered and monitored in line with current best practice and evidence-based guidance.

Staff support: induction, training, skills and experience

- Staff were equipped with skills to provide effective care and support. One person told us, "The staff seem well trained and I have no complaints."
- Staff completed a comprehensive induction supported by a structured training program. A member of staff told us, "We are always learning and we can always seek support from health professionals."
- Staff felt supported by the registered manager and received regular supervision meetings to develop their practice.

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

- Staff supported people to maintain a diet of their choosing. This included support with shopping, eating and drinking or preparing meals.
- Staff were knowledgeable about people's dietary requirements and these were followed.

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

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

- Staff supported people to make their own decisions and people and their relatives had been included when care was being planned.
- Staff supported people to access advocacy services if required.
- People had care reviews with relevant others present, where they were able to comment about the care delivered to them.

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

- People spoke very positively about the staff. Comments included, "The staff are kind, caring and compassionate", "I am very happy here and the extra care they show me really helps. The girls come to see me often", "My care is excellent" and "I like it here. I am settled. The carers are very good, and I feel looked after."
- Staff spent time getting to know people's preferences and used this knowledge to care for them in the way they liked.
- People's equality, diversity and human rights were respected. Staff completed equality and diversity awareness training during induction. Staff understood what mattered most to people. A member of staff told us, "Two individuals with the same disability are not the same person."

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to maintain their independence; care plans recognised what people did for themselves and reinforced the importance of encouraging and supporting with this.
- People's rights to privacy and dignity were embedded in staff practice and the culture and values of the service.
- People were supported to maintain and develop relationships with those close to them, social networks and the community.
- Systems were in place to maintain confidentiality and staff understood the importance of this.

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; End of life care and support

- People continued to receive individualised care which was responsive to their needs. One person told us, "The care is very good, and I feel my care needs are all met."
- People contributed to their care plans. Staff were continuing to improve the level of person-centred information on the new electronic recording system.
- Staff knew people's routines and people were supported in line with their preferences.
- People were supported at the end of their lives. Staff worked with community healthcare professionals to ensure people received dignified, comfortable and pain free care and their cultural and spiritual requirements were met.

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

- Staff supported people to maintain relationships and follow interests and activities where this was included as part of their care. We spoke with one person who received one-to-one support to access the local community. They told us how much they enjoyed visiting local shops, cafes and the cinema.
- One person described how staff had helped them set up a bible study and prayer group at Harrison Park, which they found rewarding.

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.

- Peoples' communication needs were assessed and recognised. A member of staff described how they had referred one person with significant communication needs to the speech and language therapist and the person had been provided with a tablet computer. They said, "This person now has their voice back through technology."
- The provider made sure people had information available in a format they could access.

Improving care quality in response to complaints or concerns

- There were systems in place to respond to any complaints. Records showed complaints had been recorded and addressed effectively.
- People told us they felt able to complain.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the provider had not consistently ensured complete and contemporaneous records were maintained and there were shortfalls with governance systems. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective quality assurance systems were in place to monitor the quality and safety of care provided.
- The recording of the care delivered, and medicines administered to people had improved through more regular and robust auditing. The provider had recently introduced new electronic recording systems with good results.
- Senior management completed an assessment of the service and produced a 'Quality Improvement Pathway' document. The regional manager monitored progress with compliance.
- Staff were clear about their roles. People told us staff supported them with their needs in a caring and responsible way.
- The provider and registered manager understood their responsibilities to notify CQC and other agencies of incidents, which affected the safety and welfare of people who used the service.

Working in partnership with others

- The service worked closely with key organisations and had good links within the local community to ensure good outcomes for people.
- The registered manager had improved communications with healthcare professionals and had developed good working relationships with the housing provider and local authority contracts and commissioning team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of the service was open, honest and caring. A member of staff told us people were at the heart of the service and they were proud of the care they delivered.

- Staff and the registered manager involved people and their relatives in discussions about their care. Feedback from people described good outcomes.
- Surveys were completed with people who used the service and with staff. This enabled people to comment on how care was delivered to them and whether they felt improvements could be made.
- There were tenant's meetings between the registered manager, people who used the service and Riverside (the company who owned the building) to discuss any areas of concern.
- The registered manager arranged surgeries for people to talk with them on a one-to-one basis. People knew the registered manager and considered the care service was well-managed.
- Staff felt engaged in the service and supported by the management team. They told us they enjoyed their work and felt valued by the provider. A member of staff told us, "My manager has an open door."
- There were regular staff meetings. These included discussions of good practice and ways the service could improve.

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

- The management team were open and transparent when dealing with issues and concerns. They gave detailed feedback and apologised if things went wrong.