

Hales Group Limited

Hales Group Limited - Stevenage

Inspection report

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22 June 2016

28 June 2016

30 June 2016

27 July 2016

01 August 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced inspection on 22 June 2016 where we attended the offices for Hales Group Stevenage. We also made telephone calls to staff and people who used the service on 28 and 30 June 2016. We also received post inspection incident information on 27 July 2016, 1 and 2 August which was also investigated.

Hales group limited in Stevenage provides care and support to people in their own homes. At the time of the inspection, there were 93 older people receiving care and support in the Stevenage area and 23 older people receiving care and support in the Watford area.

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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who knew their likes and dislikes and daily routines. Relatives we spoke with described the staff as good and caring.

People had been assessed prior to support being provided, and care plans took account of their individual needs, preferences, and choices. Staff supported people to access health and social care services when required.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of care.

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 was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported to maintain their independence where possible.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was well-led.

The manager was involved in on going improvements of the service.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were in place and people were able to provide feedback on the service.

Hales Group Limited - Stevenage

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 over a three day period and was announced. We visited the provider's offices on 22 June 2016. We contacted people who used the service and their relatives by telephone on 28 June 2016 and we spoke with staff on 30 June 2016 and also investigated a post inspection incident between 27 July and 2 August 2016. We gave the provider 48 hours' notice because the service is a domiciliary care service and we needed to ensure somebody would be available in the office to meet us.

The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager and the quality and compliance manager. We spoke with five staff and seven people who used the service; We also spoke with two relatives. We looked at the care records of nine people who used the service and the recruitment and training records for six staff employed by the service. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service. We reviewed information from the local authority in relation to concerns that were raised about the service.

Is the service safe?

Our findings

People told us that the service being provided by Hales Group kept them safe so that they could continue to live in their own homes. One person said, "oh yes, I feel very safe, there is a girl that comes around, I can't fault her." One other person told us, "I feel safe, yes very safe." Staff also told us that their role was key to keeping people safe in their own homes.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. They were also aware of external agencies they could report concerns to. Staff said that if they had concerns, they would report them to the manager. They also said that if needed, they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm. When discussing raising concerns with us a member of staff said, "If I'm concerned, I won't leave. I stay longer and extend the call if needed and I will raise my concerns." We noted from our records that the provider had over the past year experienced an increase in safeguarding concerns being raised. We discussed this with the registered manager and the quality manager and they were able to show us the actions the provider had taken to improve the service and to reduce the number of safeguarding concerns. This was also evident from our recent records which showed a reduction in concerns about the service over the past six months.

Individual risk assessments had been undertaken in relation to people's identified support needs. Risk assessments were discussed with the person using the service or their family members and put in place to keep people as safe as possible within their homes. One relative said, "Yes, they do their job and keep [Relative] safe". Staff recorded and reported on any significant incidents or accidents that occurred whilst supporting people in their homes and these were reported in accordance with the provider's policies. One member of staff said, "I check the [person] is safe, I will make sure doors are locked and the key safe is locked, I have to keep [person] safe." We saw that where an incident occurred, the provider took steps to learn from it and further minimise the risk to people. For example, where staff had made an error with medicines the manager carried out supervisions and reconfirmed best practice to all staff to ensure that errors were kept to a minimum. We were informed of concerns about a person not receiving the agreed support by staff, which was raised by the Local Authority after our inspection. We saw that the manager worked with the local authority to investigate concerns that were raised and took swift action to report the concerns and assist with the investigation through safeguarding meetings with agreed actions.

Staff employed by the service had been through a thorough recruitment process before they started work to ensure they were suitable, and safe to work with the people they supported. Records showed that all necessary checks were in place and had been verified by the provider before each member of staff began work with the provider. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check.

People we spoke with commented negatively about the weekend staffing arrangements. One person said, "Weekends are hopeless, don't know who is coming when, and times aren't always right." The manager told us that there had been an issue with retaining staff for weekend work which meant that people did not always have the same staff allocated to them at weekends. We saw from documents provided that they were actively recruiting new staff and working towards incentives in order to retain staff and encourage best practice. We saw from care documents and heard from staff that there was enough staff to support people safely at the time of our inspection. The registered manager told us that they put people's safety first. For example, they told us that a person they supported needed two people to support them rather than one staff, in order to keep the person safe during transfers and to also maintain the safety of staff. The provider added an additional carer to the person's package at transfer times to meet this need. The registered manager said, "It was more important to keep them and my staff safe first, I am still waiting for the local authority to come back to me [regarding funding for the second carer], but it couldn't wait."

Medicines records instructed staff on how people should be supported with their medicines, including the administration of 'as and when required' (PRN) medicines. Medicines administration records (MAR) showed that medicines had been administered as prescribed. Staff were aware of people's routines and did not rush them to take their medicines.

Is the service effective?

Our findings

Staff were able to demonstrate to us that they knew the people they provided care to. A relative we spoke with told us that people were supported well by the staff. One relative told us, "[staff] are pretty good, not sure about some of the new ones, but they are new." Another relative said, "I've got nothing bad to say about them, they are pretty good."

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff told us that they were supported by the provider to gain further qualifications. One member of staff said, "We have quite a variety of training available." Records we reviewed showed that staff had received appropriate training such as moving and handling, safeguarding, health and safety, basic first aid and mental health.

We ask staff how they supported people who exhibited behaviour that could be challenging to other and one member of staff told us, "I will try and calm [person] down; I take a step back and try not to stress them out." Staff said that they understood each person's needs and assisted them as best they could.

Staff we spoke with told us that they had received regular supervision and appraisals, and the records we looked at confirmed this. Staff told us that they felt supported, "I feel supported, if I have a problem, then it gets sorted." Another member of staff said, "As a peer group we support each other."

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. We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff we spoke with demonstrated an understanding of how they would use their MCA and DoLS training when providing care to people.

Staff told us that they would always ask people for their consent. People told us that staff assisted them to make decisions about their care and support. We saw that consent forms had also been signed by people or a representative to confirm that they were happy for the support to be provided to them.

People were supported to maintain good health and to eat well. Where required, staff recorded people's nutritional and fluid intake. Staff told us that they left people with a drink or snack in between visits to ensure that they were hydrated. Where staff provided a meal service they ensured that the person ate well and if they had any concerns they would raise it with the family or the office. One person told us, "[staff] make me drinks every morning and at the end of a visit."

Is the service caring?

Our findings

People and their relatives commented positively about the staff. One person said, "they are lovely." Another person said, "they are brilliant." We were told that staff would also provide support to relatives as well as the person using the service. A relative told us that sometimes they struggled and that staff took time to ask them how they were and check on their well-being as well. They said, "They come in and sit for five minutes with me and sit and talk."

Staff knew people's routines and preferences and created a positive experience for them when providing care and support. People we spoke with also felt that staff knew them well and how best to support them and their changing needs. One person said, "Yes they know me well, we sit and have a nice chat." Staff were able to talk with us about how they met people's needs and managed behaviour that challenged others in a caring manner. For example, one member of staff told us that they would speak softly to the person and if they were upset then they would leave them to 'calm down' and discuss what was worrying them. They said that if the person was still not happy then would ask a family member for support. Relatives we spoke with also told us how staff were able to support relatives. One relative said, "[person's] diagnosis of dementia means that sometimes [they] won't co-operate, [staff] are good, they will calm [them] down and call me, they know [they] will be calmer if [they] see me."

We did find however that some people using the service said that there had been issues in the past year. They told us that staff had not been consistent and that they were not always kept informed of changes in the rota or if staff were not able to attend a visit. One person said, "the office staff are not brilliant, are they short? I don't know really, they are not efficient." One relative also said "There has been a little bit of agro, I think they have been short of staff." People also told us that in the past they were not always been informed when care staff were running late, they said that if staff were not arriving they were given little notice of this. One person said, "I wasn't told when they are late. There have been times when they don't come at all." People did however comment that since the new manager came into post this had now improved. It was easier to contact the office and staffing had improved. The manager also told us that the new recruitment drive was looking to recruit the right people for the job who would be reliable and people focused.

Care plans detailed people's individual backgrounds, ages, likes and dislikes and when we spoke with staff they were also fully aware of them. A member of staff said, "[People] are happy, we do what we can to support them." Another member of staff when speaking about the care they provided to people said, "We go over and above for [people]." People we spoke with and staff confirmed that people's independence was promoted where possible and they were supported to make choices about their daily routine. A member of staff said "even if the task is difficult, I encourage [person] to do it at their own pace." The care records we looked at showed that people or their relatives were involved and supported in making decisions and planning their care package.

Staff spoke with us about their understanding of how they maintained people's privacy and dignity. Staff said that they always treated people with respect and dignity and would only assist people if the person was happy with it. One member of staff said, "if [person] is not happy then I will speak to them about what I am

doing if they still don't want me to do it then I respect their choice."

Is the service responsive?

Our findings

Documentation showed that people's support needs were assessed prior to them being supported by the service and care plans were developed with input from the person or relatives. We saw that detailed person centred care plans were in place so that people received care which appropriately met their individual needs and preferences. Daily routines had been completed and were centred around the person's wishes. The manager told us that they worked with families to help them understand that the care routines were the choice of the person using the service. The manager said sometimes family members wished to be involved with a person's care routine even though the person had capacity. For example the manager told us, "[Person] has full mental capacity and is able to make decisions to their care needs and support, we have to explain to [family member] that the carers must discuss the care provision with [person] and not [relative]. We respond to [person's] needs not what [relative] needs.

We saw evidence of reviews being undertaken for people using the service and that relatives and people using the service were involved with the reviews. People told us that the support they received was dependent on their needs and that staff responded to what their needs, choices and preferences were. One person said, "They help me when I need help." When we asked a person if staff moved at a pace which was suitable for them they responded, "oh yes, I do something's myself, they don't rush me."

There was a system in place to review care plans periodically and we saw that where necessary, these were also reviewed more often to reflect any changes to people's needs. The registered manager also told us that the provider was in the process of launching a new system which would further assist them in keeping up with reviews and other such documentation. Staff and people using the service told us that they would generally have the same people supporting them. One person said, "During the week it's always the same girls, they are lovely." This allowed for staff to really get to know the person they were supporting and identify quickly if a person was unwell or in need of additional support. A relative told us, "the coordinator works with us, they are very patient, I can't fault them." We saw that where packages did not always work then the provider was able to change them according to the preference of the individual or the family. For example one person said, "[person] doesn't like one of [staff], so they don't send [staff] anymore, if there is something [they] don't like then they change it." Staff we spoke with also said that they regularly monitored people they supported and if they saw any changes in their needs then they would inform the office so changes could be made to the care documents. One member of staff said, "If I think there needs to be a change, then I will make sure the care plan is updated."

The provider had a complaints policy and procedure in place and people were made aware of this. We saw the office staff also regularly asked people about their experience. People we spoke with knew who they needed to speak to if they had any issues or concerns. One relative said, "I tell the office when there is an issue." The provider had received nine complaints over the past year which had been recorded and investigated by the manager.

Is the service well-led?

Our findings

The service had a registered manager in place. The registered manager had been employed at the service since August 2015. Prior to the manager being appointed we had received information that the provider was not meeting the expectations of people using the service. We spoke with the registered manager and quality manager about this. They told us that the provider had experienced issues in 2015 with a decline in standards which is why a new manager had been appointed. We saw from evidence provided that they were working towards implementing new processes and procedures which fell in line with the regulations set by the Care Quality Commission. They also showed us how action plans had been set up to further ensure that improvements were made to the service being provided.

We spoke to staff about the recent changes in the leadership and processes, One member of staff said, "It seems fine." We saw that staff meetings we carried out although the manager told us that it was not always possible to get all staff to attend. They did however say that where information needed to be shared with staff then this information would be sent out via E-mail and they were also looking at setting up a monthly newsletter in order to share information with staff.

Staff told us that the new registered manager provided stable leadership, and the support they needed to provide good care to people who used the service. People who used the service were unsure of who the registered manager was, although one person did ask us, "is it [managers name], no I haven't met her." Staff knew their roles and responsibilities well and had been given opportunities to further increase their knowledge. Staff said that they knew what was expected of them.

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations. We saw that regular feedback was sought from the office staff whenever a call was received into the office. People were also encouraged to provide feedback about staff that supported them. The manager told us that they were also looking at creating a regular newsletter for people to share information about the service and staff. For example a carer of the month, or employee recognition for good work. The provider regularly sought people's views about the quality of the care through annual questionnaires. These questionnaires were sent to people and their relatives and information received back was analysed and used to further improve on the service being provided.

The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. The manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.