Hales Group Limited

Hales Group Limited - Leicester

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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

This inspection took place on 29 August 2018 and was announced.

When we last visited in July 2017, the provider was found in breach of three legal requirements. These were Regulation 11, Consent to care and treatment; Regulation 12, Safe care and treatment; and Regulation 17, Good Governance. We asked the provider to complete an improvement action plan to show what they would do and by when to improve the key questions Safe, Effective, Responsive, and Well-led to at least good. During this inspection visit we found the provider had improved.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to both older and younger adults with a range of needs. At the time of our visit, the service supported 44 people.

The service had 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.

There continued to be some people who experienced calls not at the time they expected, but the provider had recently recruited new staff and they hoped this would improve staff attending calls at the expected times. There had not been any recent missed calls.

Medicines were administered as prescribed although staff did not always complete the medicine administration records correctly.

Staff understood the importance of good hygiene and used personal protective equipment such as disposable gloves and aprons to keep people safe from infection.

The provider ensured the risks to people's health and welfare were identified and staff understood the actions required to reduce any risks to people's health.

Staff recruitment processes reduced the risk of employing staff unsuitable to provide care to people.

The registered manager and their staff team understood the importance of safeguarding people from harm, and how to notify the safeguarding authorities if they were concerned people were not safe.

People received care from staff who were trained to support people's health and welfare; and who understood the provider's policies and procedures. Staff understood the importance of confidentiality.

Staff received support in their work through regular meetings with their line manager and through team

meetings.

The service was working within the principles of the Mental Capacity Act. People had been assessed to determine whether they could make, and understand the decisions they had made. Staff did not carry out care unless people or their representatives agreed to care provided.

People were satisfied with the support they received from staff in heating and preparing their meals and drinks.

Staff ensured people who were unwell received support from medical services.

People thought staff were kind and caring. Staff were trained to ensure people received care in a respectful way, and one where their dignity was maintained.

People and their advocates were involved in their initial assessments, care planning and care reviews. Care plans provided staff with detailed information about what people's care needs were, and how they would like staff to support them in their delivery.

People knew how to make complaints, and had opportunities to inform the provider of their views of the service through entries in log books, returns of quality assurance questionnaires, and through care reviews.

The management of the service had improved. The provider had sent an action plan to the CQC following the previous inspection visit, and had worked to the action plan to improve the service provided.

The registered manager met their legal obligations to notify us of events which impacted on people who used the service; and to have their inspection rating easily accessible to people.

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 is mostly safe.

There continued to be some people who experienced calls which were not at the time they expected.

Medicines were administered as prescribed although staff did not always complete the medicine administration records correctly.

Staff understood the importance of good hygiene and used personal protective equipment such as disposable gloves and aprons to keep people safe from infection.

The provider ensured the risks to people's health and welfare were identified and staff understood the actions required to reduce any risks to people's health.

Staff recruitment processes reduced the risk of employing staff unsuitable to provide care to people.

The registered manager and their staff team understood the importance of safeguarding people from harm, and how to notify the safeguarding authorities if they were concerned people were not safe.

Is the service effective?

Good

The service was effective.

The provider worked within the principles of the Mental Capacity Act.

Staff received appropriate training to meet people's needs.

When required, people were supported by staff to have meals and drinks.

Staff understood the importance of liaising with healthcare services when necessary to provide effective care.

Is the service caring?

Good

The service was caring.

People mostly reported staff were kind and caring.

Staff had received training to support people's dignity and treat them with respect.

Care plans provided detailed information about people's needs.

The serviced ensured people's information was confidential.

Is the service responsive?

Good

The service was responsive.

People's care plans were reviewed regularly or when their needs changed.

The provider welcomed feedback about the service provided.

The registered manager addressed complaints in line with the provider's complaints procedure.

Staff were provided with training to support them deliver end of life care.

Is the service well-led?

Good

The service was well-led.

The provider and registered manager had worked to improve the service since our last inspection to ensure the service met its legal requirements.

The registered manager was open and transparent about the issues which faced the service, and how these were being addressed.

Staff felt supported by the registered manager.

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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 site visit took place on 29 August 2018 and was announced. We gave the service five days' notice of the inspection because the manager is often out of the office undertaking assessments and supporting care. We needed to be sure they would be in. During our site visit we spoke with two care workers, a care coordinator, an administrator, the registered manager, and the operations manager. We looked at four care records, safeguarding records, staff recruitment files, complaints records, daily log books, incident and accident records. After our visit we looked at the training records sent to us by email.

Prior to our site visit, experts by experience spent two days on Thursday 23 and Friday 24 August contacting staff and people by phone to hear what their experiences were of working for, and using the service. An expert by experience is a person who has experience of using this type of service. They spoke with 10 people and their relatives, and two care staff.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications the service is required to send us. A notification is information about specific important events the service is legally required to report to us.

At the time of our inspection visit, the service supported 44 people.

Requires Improvement

Is the service safe?

Our findings

At our last two inspection visits in December 2016 and July 2017, we found that the provider had not provided safe care to people. Medicines had not been managed safely; risks to people had not always been identified and action taken to reduce the risk; people did not always receive their care calls at the expected time and sometimes their care calls were missed completely. Staff recruitment procedures were also not always robust. This meant the provider was in breach of Regulation 12 of the health and social care act 2008, Regulated Activities 2014; safe care and treatment. During this inspection visit we found the service had improved sufficiently to meet the requirements of the Regulation, but some further improvements were still necessary.

After our last inspection, we asked the provider to send us an action plan to inform us how they were going to improve the service.

At this inspection, people we spoke with told us they received medicines as prescribed. One person's relative said, "Medications are placed in a dosette (medicines) box. Staff make sure [person] has taken this and time sheets are signed," and another person told us, "I do my own medication but they [staff] do ask if I've taken it"

The action plan sent by the provider told us they were going to ensure staff had a clearer knowledge of the medicines they administered to people, by transcribing the prescription on to the medicine administration chart. The provider informed us that all staff had received medication training, and where errors had been identified, these would be investigated under the company's disciplinary procedure.

During our visit, we found the registered manager had made the improvements detailed on the action plan. However, whilst the daily care records demonstrated people had received medicines as prescribed, staff had sometimes not recorded this information on the medicine administration record (MAR). This meant it was not always easy to see whether people had received their medicines.

The provider had up until recently, been checking all the MARs monthly, but had reduced this to a selection of MARS because staff had been completing them correctly. They told us considering what we found, they would re-instate checking of each MAR.

At our last visit there were concerns that the technology used by the provider did not alert them to people who had not received their expected care calls, and that sometimes calls were missed without the provider being aware. We were informed that this had been resolved and now the office staff were fully aware of when staff had not attended a call at the expected time, and were able to make sure the call was not missed. One person told us, "In recent times they've never had a missed visit."

We received mixed views from people about staff attending calls at the expected time. One told us their care worker should be at their home between 10am and 2pm but would come between 11am and 3pm. They told us the service could ring at 11am and tell them the care worker wouldn't be coming or would be half an

hour late. Another said that whilst they had the same three or four familiar faces, they didn't know what time in the morning staff would arrive. They said occasionally staff were rushed and whilst they preferred staff attending to them early morning, this was rare. A relative told us they sometimes felt frustrated by the different staff who attended the calls and lack of consistency.

A member of staff explained the turnover in staff meant they had to fit in more work and this meant they struggled to get to places on time. They said, added to this was staff going on annual leave, so the work 'is shuffled about again." However, they went on to tell us they thought things were beginning to improve again. Another member of staff said they often got called to do last minute calls. We looked at the call records of some of the people being provided care, and saw people were not always getting the calls at the expected time.

The service had experienced a high level of staff changes since our last visit. The Provider Information Return (PIR) informed us 13 staff had left the service and 13 new staff had been recruited. At the time of our visit, there were three full time posts vacant which other staff had to cover to ensure people's care calls were completed. We were informed staff had been recruited and the service hoped this situation would be rectified soon because new staff would be starting their induction to the service the week after our inspection visit.

Whilst some people had experienced calls which were too early or too late, others had a good experience of the service. One said, "[Person] gets along with her staff, there has been no missed or late calls"; and "They stay the right amount of time 45 minutes in a morning, then half an hour lunch and evening. Staff have never given me a reason to raise a concern which is good. Mainly the same staff, but we do get the odd different ones every now and again."

Assessments of people's care needs had been undertaken to determine whether there were any risks to the person or staff associated with their needs. For example, assessments had been carried out to determine if people who were less mobile were at risk of skin damage through pressure being placed on their skin through sitting or lying down, and staff were informed of action they needed to take to ensure the risk of damage was minimised.

At our last inspection visit the provider had not always requested references from a prospective member of staff's last employer or the most relevant employer to ensure they were suitable to work in care. At this inspection visit recruitment records showed the provider had received references from people's previous employer or character references if the person had not been previously employed. They had also received criminal record checks from the disclosure and barring service prior to the person starting employment.

People were protected from abuse because staff had received training to help them understand what constituted abuse and what their roles and responsibilities were in reporting allegations or concerns. The registered manager had a good understanding of their role to alert the local authorities if they were concerned people who used the service were not safe. Since our last inspection visit, the provider demonstrated their understanding of the local authority safeguarding policies and procedures by alerting them when they had concerns a person may have been harmed. They also fulfilled their legal responsibility to notify us if there had been any allegations or concerns abuse had taken place.

Staff understood the importance of good hygiene and the use of personal protective equipment (PPE) such as using disposable gloves and aprons when undertaking personal care. This reduced the risks of infection spreading from one person to another on the member of staff's clothes. The provider had a good supply of PPE so staff always had this equipment available to use. People confirmed staff wore PPE, "They do my

personal care every morning – they wear gloves and an apron."

The registered manager was open about errors made and learned from mistakes. They told us of a recent incident involving a person who used the service; and how this had led them to improve their communication with the person and their family.

Good

Is the service effective?

Our findings

At our last inspection visit, the key question of 'effective' was rated as 'requires improvement'. This was because there was a breach of Regulation 11 of the health and social care act (2008) Regulated Activities 2014; Need for consent. At this inspection visit we found the service had improved and the legal requirement was met.

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.

At our previous inspection, the service had not met the principles of the MCA because relatives were supported to make decisions on a person's behalf without having the legal authority to do so. Also, information about a person's capacity was not linked to their capacity to make specific decisions. The provider's action plan informed us all care plans had been reviewed to ensure they met the principles of the MCA. Relatives were not routinely asked to make decisions about a person's care unless they had the legal authority to do so in a person's best interest. Where people had capacity to make decisions, they now signed the care records to say they consented to the decisions made about how their care and support was to be provided.

The service was aware of their responsibilities to apply for deprivation of liberty safeguards if staff had to undertake a care task which the person did not have capacity to agree to and required a high level of staff intervention and supervision. The service was currently working with the local authority social services department to apply for a DoLS for one of the people who used the service.

At this inspection visit we found improvements outlined in the action plan had been made. We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People told us they thought staff had the right skills and knowledge to support them with their care. One said, "I think they have the right skills. When a new one is taken on they come with someone I already know." Another said, "My mother gets along with her staff, there has been no missed or late calls, special training is required to suit [person's] needs."

Staff had undertaken training considered essential to meet the health and care needs of people they supported. This included first aid, moving people safely, medicine management, and food and nutrition.

The service had its own training rooms at the location. One room was set up as a bedroom with equipment used for moving people safely; it also had continence products, and a first aid manikin to help staff with practical training.

Staff new to the service received an induction which included a period where they worked along-side more experienced workers to help them get to know people who used the service and to become more confident in their work. A new member of staff told us they received training in the first week of working at the service, and they then worked alongside another member of staff for the second week. The registered manager told us new staff had an individual supervision after working for the organisation for six weeks, and then further ones at nine and 12 weeks before they completed their probation period. During this time, they also had three 'observations' in the community, and their competency checked for administering medicines and moving people safely. Once the registered manager was satisfied that the member of staff was competent to work safely, they were 'signed off' from their probation period.

Staff new to care completed the Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

Staff were supported to continue with their training after induction, and the PIR informed us 10 staff had a level two or above NVQ or Diploma in social care. The registered manager also set aside four training weeks during the year where they focused with staff on different aspects of care.

Some people who used the service required staff to support them with meals and drinks. Staff mostly heated up meals for people and made them drinks. Most people we spoke with were happy with the way staff supported them with meals and drinks, but one relative told us sometimes the lunch call was too early for their relation to want to eat their food. The manager told us the recruitment of staff and changes to rotas would mean staff attended the calls at the times people wanted.

Staff understood the importance of ensuring other health and social care professionals were contacted when people's needs required it. For example, on arrival at a person's home, a staff member found the person in a very unwell state. They phoned the emergency services who gave them directions over the phone to support the person until they arrived with an ambulance to take the person to hospital. The person recovered from this illness and has since returned home from hospital.

Good

Is the service caring?

Our findings

At our last inspection in July 2017 this key question was rated as 'good'. During this inspection visit it continued to be 'good'.

Most people we spoke with were very positive about the care provided to them by staff. Comments included, "They are lovely ladies – I can't fault them;" "The carers are brilliant... my mother is perfectly safe with them and she's quite happy;" and, "The company gives us two female carers, lunchtime and tea. They are wonderful and there are no problems or improvements that need revising."

The service's last quality assurance results in March 2018 informed us that of the 27 people who completed the survey, 25 thought staff's caring was either 'good' or excellent', and 25 thought staff treated them with dignity and respect (two people did not answer either question).

The service had discussed with people their care needs, and worked with them to draw up a written care plan for staff to work to. One relative told us, "My parents have separate care plans but the same carer. I and my parents were involved in the care plans. I am overall happy." A person explained to us that the, "Manager has visited a couple of times to review the care package. This has been extremely helpful and I have been involved in discussions to what needs and is provided. I have no reason to complain so I am happy and understand the wording in contracts."

Care plans had detailed information about people's needs. They were written from the perspective of the individual (person-centred) to help staff understand how and why the person wanted to be supported. The plans we looked at made it easy to understand what people's needs were and how they wanted staff to support them.

Daily records demonstrated that staff completed the tasks identified in the care plans, and staff detailed if there were any concerns for other staff to be aware of. For example, we saw for one person, care staff had identified the person's skin was reddening. They highlighted this to make sure all staff were more observant of this development so any risk of skin breakdown could be stopped.

The provider information return informed us the values of the service. These included supporting a person's independence, compassion, patience, respect, honesty, commitment and communication. Most people and relatives we spoke with felt the care workers and office staff upheld these values.

People told us care workers treated them with respect. One person told us, "They're lovely and respectful to us", a relative said, "[Person's] allocated carer treats her with respect." A third told us that their relation was not able to reply to staff when they spoke with them, but this did not stop staff speaking to them as they should. Staff's initial, and annual 'refresher' training included training in 'dignity and respect' and 'privacy.'

Care planning supported, where possible, people's independence. One person said, "The company communicate verbally and vice versa, they are very lovely people…Hales Group say yes to independence."

People's care information was kept confidential. Their information was stored securely in the office, and at their homes in an area of their choice. In the office information stored on computer systems was pass-word protected.

Good

Is the service responsive?

Our findings

At our last inspection in July 2017, this key question was rated as 'requires improvement'. This was because the service had not reviewed people's care to ensure care remained responsive to people's needs. During this visit we found improvements had been made.

The registered manager and management team had worked through people's care plans to update them and make them more person centred. In the early stages of care provision care plans were reviewed after three months to check whether people's care reflected their needs, but then review meetings were yearly unless the person's care needs changed before the review was planned.

People told us, I've been with the company a couple of months and I've just got the care plan in writing. They came out to see me and I was involved with it." And, "I'm actually having a review today 23rd August 2018. This is to discuss the care plan which is good."

People were supported to do as much as they could for themselves when personal care was provided; and the service also offered support to people to become more confident and independent in the community. This included supporting people to go to the shops or engage in activities.

There had been changes made with the office team and this had improved their responsiveness to people's queries and concerns. One person said, "I have had no complaints so far – there was only one carer who I didn't click with and vice versa but they changed the lady straight away." Another said, "Where Hales struggle is in the office, being shorthanded and not meeting all the demands. Complaints about the carers themselves, no, they're lovely and respectful to us." The registered manager told us the addition of a new office co-coordinator would continue to improve their responsiveness to people, and provide further support to ensure rotas reflected the times that people wanted and ensured staff could meet those timescales.

The service continually sought people's views. There was provision in the daily log books for people to make comments about their care. This was an "Are we Caring" monthly survey, and was looked at when the log books were returned to the office each month. There were also quarterly quality assurance questionnaires sent to people to check what their opinions were of the service provided. One had been sent out in July 2018 but at the time of our visit the results had not been received back from the provider.

We looked at the March 2018 quality survey outcome. The results were mostly positive about the service provided. Most people felt the service catered for their needs. The areas where people showed the most dissatisfaction was in staff not turning up at the expected time, and there not being unannounced checks on staff at people's homes. The registered manager informed us there were more visits now taking place to check staff were supporting people correctly; and they were working hard to improve staff rotas and to recruit new staff to ensure care calls were at the expected time.

Complaints people made were fully investigated. The provider information return told us since our last

inspection there had been 12 complaints made to the service. We checked how the complaints had been addressed. We were satisfied the registered manager had worked within the organisation's complaint's policy and procedure. The registered manager informed us there had been no trends or themes relating to the complaints made about the service.

The results from the March 2018 quality assurance questionnaire showed that of the 12 people who responded to the question about how complaints were handled, nine considered they had been handled to their satisfaction or better. Three people had identified it as a poor response. The registered manager had followed this up to try to find out why the three people considered complaints had been handled poorly but was unable to identify why.

People's diverse needs were respected. Discussion with the registered manager showed that they respected people's differences so people could feel accepted and welcomed in the service. The equality policy covered all aspects of diversity including race, sex, sexual orientation, gender re-assignment and religion. The registered manager informed us of two people whose diverse needs they had either met or were continuing to try to access support to meet.

Staff supported people with end of life care. The registered manager informed us staff had recently supported a person with their personal care needs, and liaised with the person's district nurses to ensure all their care needs were met during their last weeks. Staff received end of life care training, and the service had also had a staff development week which focused on providing staff with further training in relation to end of life care.

Good

Is the service well-led?

Our findings

At our inspection in December 2016 we rated this key question as 'inadequate', and at our last inspection in July 2017, we rated this key question as 'requires improvement.' This was because whilst there had been some improvements made, we continued to have concerns about the management and administration of medicines; people were at risk because office staff were not always aware of care calls which had been missed; recruitment practice was not robust; people's feedback was not always listened to; and audits did not always identify issues which required addressing. This meant there was a continued breach of Regulation 17; Good Governance. The provider was issued with a warning notice, and a condition added to their registration to limit the number of people who used the service.

At our last visit in July 2017, the service had a registered manager in post. The registered manager had only been registered with the CQC for one month at the time of our last inspection visit. After our visit in July 2017, the service was asked to provide us with an action plan detailing how they were going to improve. During this visit we found the action plan had addressed most of the areas of concern and the service had improved.

Whilst some people we spoke with were frustrated by not knowing when their care workers would arrive for the call, most people were happy with the care provided. One person told us, "Hales Group deserve a very good rating, no improvements. I would recommend them." And another said, "The company is not bad at all and I would recommend it."

A more robust system of checks to ensure the service delivered care to people which met their expectations, and those of the commissioners of care, had been implemented. The outcome of the checks was analysed by the registered manager and senior managers to determine whether any lessons could be learned, and whether changes were necessary.

The recruitment process had been reviewed and updated. This time recruitment files demonstrated the provider's 'safer recruitment' policy was adhered to.

The electronic monitoring of calls had improved; and there were no missed calls in recent months. The provider informed us they were also getting ready to implement a new IT system; where care workers would use hand held devices which would enable the service to track and monitor care delivery, tasks completed, and share information with people and family members electronically. They hoped this would aid the communication between the service and people, further reducing the risk of late or missed visits, medication errors or incomplete tasks.

The local authority informed us they last visited the service in May 2018 and were satisfied that the service had made improvements with the quality of service provided.

The registered manager had an 'open door' policy with staff. They told us they hoped staff would feel able to speak with them if they had any concerns. A member of office staff told us they felt the atmosphere in the

organisation had improved since the registered manager came into post. They said they felt the service was going in the right direction and felt this was, "Because of the [registered manager]. Her knowledge is good. From the minute [registered manager] walked in, in June things improved." They went on to say, "The structure here is far better, we have far more support than we used to."

As well as having an open-door policy, there were paid monthly and bi-monthly meetings with staff to ensure staff understood policies and procedures and had the opportunity to discuss issues about the service. Staff had an IT 'portal' they could access on their phones or on their home IT equipment which provided them with information about policies and procedures, and training. Staff also had observed practice sessions with their line manager to ensure they supported people in a safe way; and if necessary to provide them with further training if the observation determined this was necessary .

The provider ensured they met their legal obligation to ensure the public were aware of their latest rating. The ratings poster from the previous inspection had been displayed in the office and on their website. The display of the poster is required by us to ensure the provider is open and transparent with people who use the services, their relatives and visitors . They had also met their obligations to send us statutory notifications to inform us of events which might impact on the care provided to people.