

Hales Group Limited

Cecil Gardens

Inspection report

Hawthorn Avenue
Hull
North Humberside
HU3 5JX

Tel: 01482235286
Website: www.halesgroup.co.uk

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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

About the service

Cecil Gardens is an extra care housing complex providing 95 individual flats. Not everyone living there receives a regulated activity. 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.

The Care Quality Commission only inspects the service being received by people provided with 'personal care', for example, help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of the inspection, 68 people were receiving the regulated activity of personal care. There were also 94 people who lived in the surrounding area who also received calls for personal care from Hales Group Limited.

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. The quality of care records in relation to risk, consent and daily recordings had improved. Where people required support with their medicines this was managed safely; the number of medicine errors had significantly reduced.

The provider's quality monitoring system had improved. Audits, surveys and meetings were completed, and shortfalls addressed. All feedback was used to make continuous improvements to the service.

Staff were recruited safely. There were enough staff to complete the care calls. Most people confirmed they received care at their preferred times from their regular care staff, but at times some people had not received care from a consistent group of staff. We have made a recommendation about this.

People were supported to remain independent and access local activities within the community. People told us staff respected their privacy, although one person raised issues around staff access to their apartment, which we have passed to the registered manager to follow up.

People and relatives said the service was safe. They were supported by staff with the skills and knowledge to meet their needs. Staff had regular training and felt confident in their role. Risks to people's health and wellbeing were assessed and mitigated. Where required, people had access to appropriate equipment and were supported to ensure their homes remained safe.

People 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.

People and family members told us staff were kind and caring and they felt at ease with them.

People felt listened to and told us staff had time to sit and chat with them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 23 November 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?

This service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

This service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

This service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

This service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

This service was well-led.

Details are in our well-led findings below.

Good ●

Cecil Gardens

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 three inspectors, an assistant inspector and two Experts 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 this information to plan and support our inspection.

During the inspection

We spoke with 20 people who used the service and three relatives about their experience of the care provided. We spoke with 14 members of staff including the regional manager, registered manager, quality manager, team leaders and care workers.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed. These included staff training, complaints, safeguarding and quality monitoring.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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. Comments from people included, "They [staff] look after me and make sure I get my medication on time" and "Our medicine is kept in a locked cupboard in our room and we are supervised taking it."
- 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.
- Staff had received recent training and had regular competency assessments to ensure the safe management of medicines.

Staffing and recruitment

- Overall, there were enough staff to meet people's needs. Most people were very satisfied with the timing and length of their calls and with their allocated carers. Some people raised concerns about the consistency of staff when their regular carers were absent. We identified one person with complex needs received calls from a large group of different staff as they had not yet been allocated to a care team. We recommend the registered manager audits the staff rotas to ensure greater consistency.

- Staff told us they covered for each other with the support of senior staff during holidays or sickness. Staff confirmed they had a regular routine of calls to the same people and had enough time to travel between their calls.
- The provider worked with the local authority to ensure there were sufficient staff for each care visit and reviewed this.
- The provider operated a safe recruitment process; appropriate checks helped make sure suitable staff were employed. The registered manager was actively recruiting staff to ensure numbers were maintained.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Individual risks to people and the environment had been assessed and were managed appropriately.
- Care records provided clear information around identified risks in order for staff to keep people safe from avoidable harm.
- People told us they felt safe with the staff who supported them. Comments included, "No worries about harm, they are a good bunch and I trust them [staff]", "I feel safe with the staff" and "They [staff] make sure that everything is safe, I have no worries when they have been."
- Staff received training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident reporting safeguarding concerns.
- The registered manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action taken to minimise further occurrences.

Preventing and controlling infection

- Staff had received training around preventing and controlling infection and had access to relevant guidance and information. They used personal protective equipment (PPE) and good hand washing techniques to minimise the spread of infection.

Learning lessons when things go wrong

- The service kept a record of any incidents including accidents that occurred within people's homes. Incidents were reviewed by the senior management team. Action was taken to prevent incidents occurring in the future.
- The service showed evidence they were able to learn from lessons by implementing new systems following incidents/events, such as additional checks to ensure all new clients were on allocated rotas and their calls covered.

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 good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff felt supported in their role and received one-to-one supervision.
- People and family members told us they felt staff had the skills and knowledge to provide the right support. Comments included, "All the girls do a fantastic job; they check [Name's] skin and always do pressure care" and "I think the staff have enough training, they are very skilled."
- Staff were competent, knowledgeable and skilled and carried out their role effectively. Newly recruited staff had completed a comprehensive induction and shadowing period.
- Staff continued to receive training throughout their employment in order to maintain up-to-date skills and knowledge; training received was appropriate to people's needs and the requirement of staff roles.

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.
- Assessments were completed prior to people receiving support to ensure the service was able to meet their needs.
- People and family members told us they were involved in the assessment process.
- People told us staff knew them well and how best to meet their needs.

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.

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

- Where people received additional support from health and social care professionals this was recorded in their care records.
- The registered manager and staff were aware of the process they should follow if a person required support from any healthcare professionals. We spoke with three healthcare professionals who confirmed staff made timely referrals, followed their guidance and supported their visits well.
- People told us if they had concerns about their health staff would talk to them about it and support access to health services if required.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty. At the time of our inspection no one using the service was subject to any authorisations under CoP.

- People told us they were offered choice and control over the care they received. Comments included, "The staff always ask what I need" and "The staff ask me what clothes I want to wear and I get to make a choice."
- Records showed consent for care had been signed by the right person and relevant people were involved in best interest meetings.

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

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

- People and family members spoke positively about the caring nature of the staff and the support they provided. Comments included, "The staff are friendly and kind to me", "They [staff] are always making me smile, we are always laughing, and I feel really happy and safe here" and "Staff help me, and they are all good. I really like them, and they care about me."
- People told us staff took their time and provided compassionate care when supporting them. One person told us, "If I need anything they always talk to me and if I'm upset they come and sit with me and talk to me."
- Staff knew people well and showed genuine care and concern for the people they supported.
- Equality and diversity support needs were considered as part of the assessment process; the registered manager had a good understanding of their role and responsibility to ensure appropriate support measures were in place.

Respecting and promoting people's privacy, dignity and independence

- People and family members mostly told us staff always treated them with dignity and respect and provided care and support in a way that made them feel comfortable. Comments included, "They always knock and come in", "Yes, very respectful", "Staff are always very polite, they care, they are very good" and "They [staff] are very pleasant and always treat me with dignity and respect."
- One person raised a concern relating to their privacy and access arrangements which we passed to the registered manager to look into.
- Staff supported people to remain as independent as possible. One person told us, "They [staff] try and help me be independent; they put things out for me so I can get washed."
- Staff understood the importance of maintaining people's confidentiality and gave examples of how they did this.

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

- People and family members told us they were given the opportunity to share their views about the care they received.
- 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; people and family members told us they were given the opportunity to share their views about the care they received.

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.
- People's care plans included some information regarding their social history, likes and dislikes and cultural and religious beliefs to allow staff to get to know people before providing support.
- Staff knew people's routines and people were supported in line with their preferences. People's comments included, "I have a care plan and staff look at it when they come" and "Any new girls are aware of my care package and they have the information to help them and that's really good."
- 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.
- The staff team supported people at the end of their life according to their wishes to enable them to stay in their own home if they chose to do so.

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, "I like [Name of carer], he's my friend and we go out a lot."

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.

- The service recorded and shared information relating to people's communication needs. Care records provided guidance for staff to effectively communicate with people who were identified as having communication needs or difficulties.
- The registered manager was aware of the need to ensure that information was made available to people in a way they would understand, such as large print for those with sight impairment, should they require it.

Improving care quality in response to complaints or concerns

- People received a copy of the complaints process when they started using the service and told us they knew who to contact if they had any concerns.
- Complaints were recorded and investigated, and every effort made to address them to the complainant's

satisfaction. There had been delays in responding to two complaints as they had been sent to the wrong address.

- One person told us they had raised concerns, although there were no records of these. The registered manager confirmed they would ensure staff recorded any verbal concerns, so they were able to ensure these were fully investigated and addressed.

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 full and complete 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.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 17.

- Effective quality assurance systems were in place and followed to monitor the quality and safety of care provided.
- The quality of recording on care and medicine administration records had improved through more regular and robust auditing.
- Senior management completed an assessment of the service and produced a 'Quality Improvement Pathway' document. The regional manager monitored progress with compliance.
 - The registered manager was supported in their role by other management staff who had daily oversight over staffing and care co-ordination.
 - Staff were clear about their roles. People spoke positively about the caring nature of staff and told us overall, they were happy with the service they received. One person said, "There's a good team spirit here, the staff are lovely."

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

- Some staff spoke about their frustrations with the pay rates and how this was affecting morale. The registered manager was aware of these concerns and confirmed the new electronic rostering system would help staff to complete their timesheets accurately.
- The registered manager was supportive of people and staff with protected characteristics such as those within the LGBT community.
- The service involved people and their families through regular reviews, conversations and surveys to allow them to put forward their views about the service.
- We received some mixed views about the communication with the office. Some relatives felt staff were

very helpful with changing call times for appointments, but some felt their messages had not always been passed on to the care staff. The registered manager was aware of the issues. They confirmed they had made some recent changes with the office staff and were currently reviewing the staffing structure and office accommodation.

- There were tenant's meetings between the registered manager, people who lived at Cecil Gardens 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 told us they had met with the registered manager and she was approachable. Some staff felt the registered manager could be more visible.

Working in partnership with others

- The staff team had close links with external agencies and worked in partnership with health care professionals to support good outcomes for people.

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 provider and registered manager were aware of their responsibility to be open and honest with people and to apologise when care did not meet expectations. The registered manager described situations when they had spoken with people individually to resolve issues.
- The registered manager ensured we were notified of events as required by regulation.