

Hales Group Limited

Hales Group Limited - Norwich

Inspection report

First Floor, Jacquard House
Queen Street
Norwich
Norfolk
NR2 4SX

Tel: 01603358639

Date of inspection visit:

09 November 2020

10 November 2020

11 November 2020

12 November 2020

18 November 2020

Date of publication:

11 January 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Hales Group Limited – Norwich is a domiciliary care agency. It provides personal care to adults living in their own homes, so they can live as independently as possible. At the time of this inspection 117 people were using the service.

People's experience of using this service:

The management and staff team worked to ensure people's care and support needs were met. However, feedback from people we spoke with confirmed improvements were still needed. People were happy with staff and the care received but were not happy with the inconsistent call times and not knowing who would attend the calls. People told us they would like to have regular times and staff.

People using the service and relatives confirmed they were happy with the care they received and talked about staff positively. They confirmed staff supported them in a kind and caring way.

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. Systems used to manage visit times did not always support people's preferences.

The provider had quality monitoring processes to review the service. However, not all people's support needs were managed appropriately around home visit times and communicating changes.

The registered manager demonstrated their commitment to learn lessons and improve the service where required. People and staff confirmed they were given opportunities to make suggestions and provide feedback about the service.

Rating at last inspection:

The last rating for this service was requires improvement (published 5 July 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected:

We undertook a focused inspection to review the key questions of Safe and Well-Led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. However, we have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hales Group Limited – Norwich on our website at www.cqc.org.uk

Follow up:

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our safe findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below

Requires Improvement ●

Hales Group Limited - Norwich

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

This inspection was carried out by one inspector and an assistant inspector. The assistant inspector contacted people who used the service for their experiences about the care and support they received.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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 over 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since their last inspection. We contacted staff, service users and their family members for their experiences.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke over the telephone with seven people and four relatives who used the service about their experience of the care provided. During the inspection process we spoke with nine staff. We also spoke with the registered manager and director of operations about the service.

We reviewed a range of records we requested from the provider. We looked at two staff files in relation to recruitment, training and staff supervision. We also looked at a variety of records relating to the management of the service, including audits and quality assurance reports and surveys.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing

- People did not always receive their home visits at a time agreed. Some people's visit time were changed without them being informed.
- Staff were sometimes late for care visits due to unplanned staff absences. Staff had raised concerns about this with the registered manager however it continued to be an issue. A staff member confirmed because of these changes they had been late attending a visit.
- People wanted to know what staff member would be coming and at what time. People told us, "They are coming either very late or very early". "I would like to know the time when carers are coming". "I would like my call time 09:00 - 09:30 but I don't know what time they will come". "I don't know who is coming or what time they are coming." One relative said, "Sometimes my husband is sitting around for ages. My husband gets wound up not knowing when carers are going to arrive".
- People were also concerned about the number of different staff they had. The records confirmed that one person had fourteen different staff in one month.
- We also reviewed recent surveys that showed there were people who were very happy with their call times and confirmed they had regular staff. However, this was not the experience for all people who used the service.
- The provider had protocols in for unplanned staff absence. This meant that people would receive their care calls.

Using medicines safely

- People's care plans contained the information needed for staff to support people with their medicines safely.
- People were happy with the medicine support they received from staff. However, one person told us that due to staff running late they could not always have their breakfast at the time they would like. This was because their medicine had to be taken within a specific time frame, before consuming food.

Staff training and competency

- Staff had received appropriate training and completed inductions. Staff had regular unannounced spot checks and competency assessments to ensure best practice was maintained.

Recruitment

- The provider had a recruitment process to ensure that staff were suitable to work with vulnerable people. Disclosure and Barring Service (DBS) record checks and previous employment checks were in place. Records

we reviewed demonstrated the provider followed good practice.

Assessing risk, safety monitoring and management

- People had risk assessments and guidance in place to support staff to reduce the risk of harm occurring. Staff had access to people's information on their mobile phones, this included risk assessments to help keep people safe, for example to help people maintain the condition of their skin.
- People had detailed information in their care plans regarding their medical conditions. This enabled staff to provide the appropriate support, any changes to people's needs could be updated immediately on the electronic system.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that they felt safe with the support they received from staff.
- The service had systems in place to protect people from harm. Staff received safeguarding training. Staff understood when and how to report any concerns and how to escalate concerns if required.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff documented incidents, as required, appropriately. The registered manager reviewed all incidents and an action plan was implemented to reduce the risk of these reoccurring.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. Staff had good access to personal protective equipment such as masks, gloves and aprons to support people with their personal care.
- Staff understood the importance of infection control and received regular updates from the registered manager.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had opportunities to respond to surveys and provide feedback about the service received. In a recent survey people were positive about the care provided, however, not everyone was happy with call times and were not always aware of which member of staff would be arriving.
- One person said, "I'm not unhappy, probably things could be made a bit better. I would like to know the time when carers are coming." Another person told us, "Sometimes the [staff] will tell me what time they are coming, if the company changes it, I don't know." The provider had taken steps to improve this by reviewing staff rounds based on postal areas. Initial feedback from this was positive but further work was required.
- We talked about people's experiences with the registered manager and the director of operations. They explained that they agree a call time for people's home visits. Thirty minutes are allowed either side of an agreed call time before the call is classified as a late call. When we reviewed people's home visits during September 2020, we found that some people's agreed call times had regularly been changed and people had not been informed.
- One person had an agreed morning visit for 09:20am, to support them with their breakfast. On one occasion they received their breakfast call at 11:15am. The staff member confirmed the call was planned for 11:15am on their rota. As the call time had been changed on the system, the call was not classified as late, despite being nearly two hours after the time agreed with the person. This meant the call was not identified as late, by the provider, as part of monitoring checks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The registered manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed. However, communication to people needed improving. People's visit times were not managed in a way that promoted person centred care.
- One person confirmed they wanted a rota and have had one sent on a couple of occasions, but this did not happen regularly. The registered manager had asked staff to verbally update people they were supporting. They were to tell people what staff members were attending their calls and at what time. This system was not working.
- People we spoke with were happy with the care and the kindness of staff. They wanted call times they could rely on.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had an oversight of the service with audits that were completed and reviewed regularly. Audits failed to identify and address the late calls.
- Surveys were completed to ensure people had a voice. The provider wrote to people to share the findings from a survey in September 2020, this included the improvements they would make. One key area for improvement was punctuality of staff. However, plans in place were not effective.
- The providers systems in place to ensure people were contacted about their care and any changes to their support were not sufficient and needed to be improved.

Continuous learning and improving care

- The registered manager used information gathered from audits, spot checks, surveys and feedback to develop the service and make improvements.
- The registered manager completed trend analysis to identify if there were trends and action plans were reviewed to ensure completion.

Working in partnership with others

- Staff and the manager worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received appropriate care.