

Hales Group Limited

Hales Group Limited - Ipswich

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

Hales Group Limited - Ipswich provides a personal care service for people living in their own homes. At the time of our announced comprehensive inspection of 2 October 2017 there were 102 people who used the service. We gave the service notice of our inspection to make sure that someone was available.

At our last inspection of 25 August 2015 the service was rated Good. At this inspection we found the service was rated Requires Improvement overall, improvements were needed in people's care records which were to guide care workers how the needs of people were met and their assessed risks were minimised.

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.

Improvements were needed in how the service provided guidance for care workers about how people's needs were to be met in their individual care plans. This was also the case for the risk assessments in people's care records which did not provide sufficient guidance for care workers about how the risks in people's daily living were to be reduced. The service was, at the time of our inspection, receiving support from the local authority in ensuring that care plans were person centred and reflected their needs and preferences. This was not yet fully implemented.

There were systems in place intended to reduce the risks of people being abused. Care workers were trained in safeguarding and understood their roles and responsibilities in reporting concerns.

There were systems in place to make sure that there were enough care workers to cover people's planned care visits. Robust recruitment procedures were in place.

Where people required support with their medicines, this was done safely. There were systems in place to identify any shortfalls and actions were taken to reduce the risks relating to people's medicines.

Care workers were trained and supported to meet people's needs.

The service understood the principles of the Mental Capacity Act 2005 and people were supported to have maximum choice and control of their lives and care workers cared for them in the least restrictive way possible; the policies and systems in the service supported this practice.

Systems were in place to support people to eat and drink enough, where they required support.

People were supported to have access to health professionals, where needed.

Care workers had good relationships with people who used the service. Care workers spoke about people in a compassionate manner and understood why it was important to respect their rights to privacy, independence and dignity. People's views and preferences were listened to and acted on.

A complaints procedure was in place and complaints were acted upon and used to improve the service.

The service has an open and empowering culture and quality assurance systems supported the management to identify shortfalls and address them promptly. Systems were in place to learn from incidents and issues and use them to improve the service. As a result the quality of the service continued to improve.

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 consistently safe.

The risk assessments in people's care records were not detailed enough to provide guidance to care workers about how to reduce assessed risks to people. This was being addressed by the service but was not fully implemented at the time of our inspection.

There were systems in place designed to reduce the risks of people being abused.

There were systems in place to complete the planned visits to people. Recruitment processes ensured that checks were made on staff working in the service to reduce the risks to people.

There were systems in place to provide people with the support they needed with their medicines, where required.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported and cared for by care workers who were trained and supported to meet their needs.

The service was working within the principles of the Mental Capacity Act 2005.

Where required, people were supported with their dietary needs and were supported to access health professionals.

Good ●

Is the service caring?

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good ●

Is the service responsive?

The service is not consistently responsive.

People's care records were not detailed enough to guide care workers on how people's assessed needs and preferences were to be met. At the time of our inspection the service was working on improving the systems in place to provide guidance to care workers about how people's needs were to be met. This was not yet fully implemented.

There was a complaints procedure in place and complaints were listened to, addressed and used to improve the service.

Requires Improvement 

Is the service well-led?

The service was well-led.

There was an open culture in the service and the comments of people and care workers were valued and acted on.

The service's quality assurance system allowed the management team to identify and act on shortfalls. The service had systems in place to learn from incidents and take action to reduce future risks. As a result the service continued to improve.

Good 

Hales Group Limited - Ipswich

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 checked 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 announced comprehensive inspection was carried out by one inspector on 2 October 2017. We gave the service 48 hours' notice of our inspection to make sure that someone was available.

Before our 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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

Prior to our inspection we sent questionnaires to 50 people who used the service, 50 relatives and 40 care workers. These were to gain their views of the service provided. We received completed questionnaires from 18 people who used the service, the relatives of four people and 11 care workers.

We visited the service's office and spoke with the operations manager, the registered manager, a field based care assessor, one senior care worker and four care workers. We reviewed the care records of five people who used the service and records relating to the management of the service, including the recruitment records of four care workers.

Following our visit to the service we spoke with four people who used the service and four relatives on the telephone.

Is the service safe?

Our findings

At our last inspection of 25 August 2015 safe was rated Good. At this inspection we found that safe was rated as Requires Improvement. This was because improvements were needed in how care workers were provided sufficient guidance to reduce risks to people in their care records.

People's care records included risk assessments. However, these were not detailed enough to provide care workers with the information they needed to ensure what the risks to people were and how they were reduced. For example one person's bathing and showering risk management plan stated, "Assist and support when required ensure aids are used at all times." The aids listed were, "Rail and seat." There was no information about how and where care workers would assess them when they were required or what type of equipment was in place. In addition this person was registered as blind and there was no information in this risk assessment of how this affected the person and what support they needed. In relation to their loss of sight their moving and handling risk management plan said, "Patient and direct and support consideration of needs." No further information was in place for example, how care workers could ensure the environment was safe by making sure obstacles were not left in their pathway or what support the person needed in relation to their condition. In this same assessment it stated that if the person was, "Having a bad day [mobility equipment] can be used." There was no further information to indicate what a bad day could be and how the care workers could assess when the equipment was needed.

The risk assessment for another person who was living with dementia and was at risk of falls, also stated, "Assist and support when required ensure aids are used at all times," there was no information to guide care workers how the person's condition may affect them when receiving this care. This statement was also in another two care records which we reviewed, which meant that their risk management plans were not individualised and tailor made to the individual. There was reference to the person's risk of falls and the methods to support the person to reduce these were, "Support." There was no detail of what this support was.

In another person's care records to reduce the risks of pressure ulcers developing it stated, "Reposition and support to relieve pressure areas, check skin seek medical help should its condition change." There was no information about the person's current skin condition and what care workers should be aware of to report a change.

The service's management team told us that they were improving people's care records and that they were receiving the support from the local authority. This had not yet been fully implemented to reflect how the risks to each individual were assessed and guide care workers how to reduce these to minimise the risk of harm. When we had fed back the quality of the care records to the registered manager they started work to improve this. They sent us an updated care plan and risk assessment and told us that all of the others in place would be amended to this standard in the following two to three weeks. Therefore we were assured that action would be taken to address the shortfalls we had identified.

The operations manager and field based care assessor told us how they were taking action to reduce risks in

people's homes. This included discussion with the fire service about available adaptations people could access to reduce risks in case of a fire in their home.

Care workers told us that they were provided with the equipment they needed, such as disposable gloves, to support them to care for people safely, including minimising the risks of cross infection. One care worker shared examples with us about how they were aware of people's safety and took action where required. For example, when they had not been able to access a person's home, they had called the office, looked through the letterbox and spoke with a neighbour and identified that the person was safe.

People told us that they felt safe with their care workers and using the service. One person's relative told us that they, "Trust," the care workers who cared for their relative and they supported their relative in line with their needs and preferences in a safe way. Another relative commented that they felt that their relative was, "Absolutely safe."

There were systems in place designed to reduce the risks to people associated with abuse. People received care from care workers who were trained and understood how to recognise and report abuse. Records and notifications received showed that the service had raised safeguarding referrals to the appropriate organisation when concerns had been identified. We saw records which demonstrated that lessons had been learned and the service improved as a result of safeguarding concerns. This included disciplinary action.

In our questionnaire sent to people who used the service, we asked if they felt safe from abuse or harm from their care workers, all of which were positive responses, except one saying that they did not know. All four questionnaires received from relatives said that they felt that their relative was safe from abuse or harm from the staff at the service. All of the responses received from care workers in their questionnaires said that they knew what to do if they suspected that one of the people they cared for was being abused or at risk of harm and they felt that people were safe in the service.

People and relatives told us that there had been missed visits, but this had improved in recent months. However, relative told us that there had been the potential of a missed visit in August 2017, a replacement care worker had been sent but this resulted in the call being late. Records of missed and late visits were maintained which identified the reason for these and actions taken to reduce future risks included disciplinary action, improvements in the planning of scheduled visits and apologies being made to people. One person's relative we spoke with said that there had been some issues but they had spoken with the registered manager and things had improved. One person's relative commented, "Once or twice no one turned up, something went wrong in the office. They [office staff] apologised and it had been alright since."

The registered manager and operations manager told us that the staffing levels were appropriate to ensure that there were enough care workers to meet people's needs safely. They told us that there were enough care workers to complete the planned visits to people. They said they would not take on any new care packages for people until they were assured that there were care workers in place to cover these. In addition they had developed their recruitment systems, for example by using social media campaigns and offering rewards to staff who introduced a friend to work in the service.

The service had developed a system which had been introduced to assist them to work with care workers to manage their sickness levels. This included identifying potential trends of sick leave, and welfare visits to those on long term sick. One care worker told us there had been high sickness levels in the team, but when this happened the office staff assisted with care visits to ensure they were completed. These systems were in place to reduce the risks of missed visits to people.

We received a comment from a care worker in their questionnaire that they worked long hours and the planning of visits was disorganised. Another said that they were expected to work long hours with no breaks, and that people using the service were upset by the lack of communication. We had also received a concern before our inspection about hours that care workers worked. We wrote to the operations manager and registered manager who looked into this. They had a system in place to check that care workers were not working excessive hours. The care workers and other staff we spoke with told us that they did take breaks and that the hours they worked were not excessive.

The service maintained recruitment procedures to check that prospective care workers were of good character and suitable to work in the service. This included checks from previous employers and with the disclosure and barring service (DBS). Care workers we spoke with told us that their checks were completed before they started to care for people. There was a new recruitment pack in place which provided the staff responsible for recruiting care workers with information and guidance on the checks they had to make. The information was in both picture and text format to guide them, for example what documents to examine for applicants who required permission to work in this country.

People told us that they were satisfied with how their care workers supported them with their medicines. One person said, "There have not been any problems with my pills. They [care workers] have to remind me to take them."

Medicines were administered safely. Care workers were trained in the safe management of medicines. Records included the support that each person required with their medicines and showed that medicines were given to people when they needed them.

The registered manager told us how they had improved the safe management of medicines. This included the introduction of a monthly care booklet for each person to be completed by care workers, including their daily care records and medicines administration. The document included guidance to care workers about what they must and must not do to assist people with their medicines safely. For example, using monitored dosage boxes prepared by the pharmacist. The care booklets were returned to the office at the end of each month and were audited by the registered manager. The registered manager and operations manager told us how they had taken action to reduce the risks to people in response to medicines administration records (MAR) shortfalls. This included systems developed to reduce risks, such as supporting and training care workers. We saw the minutes from a care worker meeting in August 2017 where they were reminded of the importance of ensuring the medicines administration records were completed appropriately.

Is the service effective?

Our findings

At our last inspection of 25 August 2015 effective was rated Good. At this inspection we found that effective remained Good.

One person's relative told us that they felt that the care workers that supported their relative were, "Absolutely trained." They commented that their relative required assistance with a prescribed medicine and how the service had ensured that the care workers were trained in this subject to allow them to support the person properly.

We received positive responses from people and relatives in the questionnaires sent to us regarding if the care workers had the skills and knowledge to provide the care that they needed. A comment in one questionnaire completed by person's relative stated, "The carers are all professional and conscientious."

We also received positive responses from care workers in questionnaires where we asked if they received an induction which prepared them fully for their role before they worked unsupervised and if they got the training they needed to enable them to meet people's needs, choices and preferences.

The service provided care workers with training and support to meet people's needs effectively. Care workers spoken with told us that they felt that they were provided with the training and an induction to their role which prepared them to care for people and meet their needs. One care worker listed their training which included safeguarding, moving and handling, medicines and practical training for using mobility equipment and continence equipment.

Records showed that training provided included safeguarding, infection control, health and safety and medicines. Before they started working in the service care workers were provided with an induction, training and they shadowed more experienced care workers. This was confirmed by care workers who we spoke with. Care workers were assessed on the care certificate, which is a set of induction standards that care workers should be working to.

Care workers were provided with a handbook which provided guidance on human resource information and the expectations of their role, including the code of conduct and wearing a uniform. It also included information about the policies and procedures they needed to adhere to, including safeguarding and whistleblowing (the reporting of poor practice).

Records and discussions with the registered manager and care workers showed that care workers received one to one supervision and annual appraisal meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. Of 11 questionnaires received from care workers 73% agreed that they received regular supervision and appraisal which enhanced their skills and learning, 9% did not know and 18% disagreed. Care workers we spoke with said that they felt supported and received regular one to one supervision meetings.

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 checked whether the service was working within the principles of the MCA.

People's care records identified their capacity to make decisions and included signed documents to show that they consented to the care provided by the service. Care workers had been trained in the MCA, this was confirmed by all the care workers who responded to our questionnaires. People told us that they felt that the care workers asked for their consent before they provided any care or support.

The service continued to support people to maintain a healthy diet, where required. Records demonstrated that people were provided with the support they needed in this area.

People continued to be supported to maintain good health and had access to health professionals where required. One person told us, "I know if I am not feeling well, they [care workers] will help me call the doctor in."

Is the service caring?

Our findings

At our last inspection of 25 August 2015 caring rated Good. At this inspection we found that caring remained Good.

People told us that their care workers treated them with kindness and respect. One person listed their regular care workers and how much they liked them, "[Care worker] is the best, [care worker] is a good [gender], very good always on time." They told us that they had received a birthday card from the service which they said was, "Very nice to receive." Another person also listed their preferred care workers and said, "If I am dull [care worker] cheers me up." One relative said, "They [care workers] are all nice and pleasant, always ready to help." Another person's relative told us that because we had planned to call them they had spoken with their relative about how they felt their care workers treated them. They said that their relative had told them that the care workers who supported them were, "Very nice with me." They added that the care workers were respectful and patient. Another relative commented that the care workers were, "Very respectful, we have no problems at all with any of the carers. They [care workers] are happy and bubbly."

We asked people in our questionnaire if they felt that the care workers treated them with respect and dignity and were caring and kind. The responses we received were positive. One person commented, "All carers who come into the home are kind, helpful and provide good support." All relatives who responded said that they felt that the care workers were caring and kind and treated their relatives with respect and dignity. All of the responses from care workers said that people were always treated with respect and dignity.

In the service's records of compliments a relative stated in July 2017 following an illness of their relative, "What a wonderful bunch of carers you have here in [area]. Not only have they cared for [person], phone calls, cards and flowers these [care workers] have sent have given me a lot of support. [Person's] words were on [day] was 'I will be alright now I have my lovely [care workers] to look after me,' and the smiles and hugs were much appreciated."

Care workers understood why it was important to respect people's dignity, independence, privacy and choices. There was a dignity tree in the office where care workers had written on leaves to show what they understood by dignity and how they ensured people's dignity was respected. Care workers and other staff we spoke with talked about people in a caring and compassionate manner. One care worker said, "I make sure I do everything that they [people] need before I leave, it is all done before I finish. We are all going to be old one day, that is why I do the job." They gave us an example of where they had gone over and above their work role, which included visiting a person they cared for in hospital. We spoke with the registered manager who confirmed that the care worker had kept them updated with the actions that they were taking. Another care worker said, "I love the people, I have got a lovely round [people they visited]." A senior care worker told us, "I make sure that I always leave [people] better than I found them." They went on to explain how they did this in their caring approach, and said, "This is what I tell the carers when they are shadowing. This job has the feel good factor, I love it, I absolutely love it."

People and relative's told us that the care workers respected people's privacy. One person's relative said

that, "When they [care workers] are helping [person] in the toilet, they close the door and when they go back in they knock the door and ask if they can enter."

Our questionnaire for people using the service asked if the support and care they received helped them to be as independent as they could be. We received positive responses. All of the four questionnaires from relatives agreed that the care that their relatives received helped them to be independent. One person's relative who we spoke with told us that their relative, "Can do most things, they [care workers] only help with the things we have asked for. We are happy."

People told us that the care workers listened to them and acted on what they said. One person's relative told us that they felt that they and their relative were listened to about how they wanted to be cared for and the help that they needed. Another relative told us that a member of staff who worked for the service had visited them and their relative together and planned the care and support that the person needed. They felt that the process was positive and they felt consulted. Another relative said, "[Name of staff member] came out and discussed [person's] care, we were very happy with that."

We asked people in our questionnaires if they felt that they were involved in decision making about their care needs, all of the responses we received agreed and one did not know.

Records and discussions with the registered manager demonstrated that people continued to make decisions about their care and that their views were listened to. People's care records identified that they had been involved throughout their care planning and reviews. They had signed documents to show that they agreed with the contents.

Is the service responsive?

Our findings

At our last inspection of 25 August 2015 responsive was rated Good. At this inspection we found that responsive was rated as Requires Improvement. This was because improvements were needed in how the service provided guidance to care workers in people's care plans about how their needs were to be met.

There were records in place relating to needs assessments and reviews which were undertaken with the consultation of people and, where appropriate, their relatives. However, the care plans we reviewed were not detailed enough to guide care workers on how people's assessed needs were to be met and did not identify warning signs that care workers needed to be aware of in relation to their condition. For example one person's care records stated that they had had a stroke. There was no information to guide care workers on how this had affected them and how the care workers were required to support them. For example, whether the stroke had left the person with a weakness in any of their limbs, which would affect how they would be supported with their personal care.

Another person's care records stated that they were living with dementia. There was no detail to show how their dementia affected them other than, "Confused." Nor was there any detail about the support the person needed.

Another person's care records stated, "Make sure you push fluids," there was no information why this was needed and how much fluids were needed. Another person's records said that, "I am very nervous that I may fall and need reassurance to overcome this by working on this gently over time." There was no specific guidance on why the person may be nervous and what reassurance they required to support them, or how this was being reviewed over time. Another person's care records said, "I need support with my personal care," with no information about what support this person may need and which personal care needs it referred to.

The service's management team told us how they were working with the local authority to ensure their care planning documents were person centred and to give guidance to care workers on how people's needs and preferences were to be met. A meeting was planned for October 2017 for a member of the local authority's provider support team to accompany the field work supervisor on assessments. A system had been developed to record care planning and risk assessments on a computerised system, which allowed any changes to be completed immediately. The improvements to the care planning documentation was undergoing phased implementation.

When we pointed out the shortfalls in the records to the registered manager they told us about the specific support for one of these people and started to update their care plan to reflect this. Following our inspection visit they sent us the updated care plan which reflected the information they told us about and said that they planned to update all of the care plans to the standards in the following two to three weeks. We were assured that this action would be completed to reduce any risks to people from receiving inappropriate care.

In addition the care workers we spoke with were knowledgeable about the care that the people they cared for needed and preferred. We asked the care workers in their questionnaire if they were told about the needs, choices and preferences of people, 82% agreed and 18% disagreed.

People's daily records included information about the care and support provided to people each day and their wellbeing. A new booklet had recently been introduced in September 2017 which included all the records of the actual care provided to people at each visit. These included guidance to care workers how to complete them in line with best practice, including not making assumptions about the person, not to use abbreviations and gave examples of good records. To further improve the quality of care records the service had a planned workshop for care workers in report writing delivered by the local authority for October 2017. The records we saw were person centred and reflected how people were provided with choices, for example what they wanted to wear and eat.

Despite the shortfalls we found in care records people and their relatives told us the service responded well to people's individual needs. One person's relative told us that they felt that the service met the needs and preferences with their relative and that the service was, "People orientated, we are very happy." Another relative said, "The care [relative] gets is second to none. They [care workers] always do what is expected of them." Another relative said, "We are happy with what is going on, no problems, the carers are very kind, willing and always willing to be helpful."

We asked in our questionnaire if people were happy with the service they were provided with, 82% agreed, 12% did not know and 6% disagreed. Our questionnaire also asked if the care workers completed all of the tasks that they should do during each visit, 61% of people agreed, 6% did not know and 12% disagreed. The questionnaires from relatives said that the care workers did the tasks planned when they visited their family members.

Our questionnaire to people who used the service asked if their care was provided by familiar and consistent care workers, 75% agreed with the question, 6% said that they did not know and 19% disagreed. A comment in one questionnaire completed by a person who used the service stated, "My quality of care improved hugely on my long standing carer returning to my care, as opposed to a different body of carers arriving haphazardly from the point of view previously."

This had also been confirmed in correspondence we had received from a person using the service prior to our inspection. They had raised concerns with us about their regular care worker being moved to another round, which they had not been given any reason for. We fed this back to the operations manager who told us they would look into it. We then received feedback from the person thanking us for our input and how happy they were that their regular care worker was now visiting them again. The registered manager told us how they worked to ensure that people were provided with a regular team of care workers who were known to them. Care workers we spoke with said that they worked on a regular 'patch' or 'round', meaning that they supported and cared for a regular group of people. Changes sometimes happened to cover for unplanned and planned leave. We asked care workers if people received care from familiar and consistent care workers, 82% agreed and 18% disagreed.

There was a complaints procedure in place. Each person was provided a copy with their care plan documents. People told us that they knew how to make a complaint and were confident that any concerns would be addressed. One person told us how they had contacted the registered manager with concerns such as care workers not locking their door when they left and when care workers did not stay for the planned length of time. They said, "[Registered manager] spoke to them [care workers] and it gets better." One person's relative told us that they had raised complaints with the service and felt that they were, "Taken

seriously," and action was taken to their satisfaction. Another person's relative said that they had not made a formal complaint because any concerns they had were addressed promptly.

We asked people if they knew how to make a complaint in our questionnaire, 93% agreed and 7% did not know. We asked if care workers responded well to any complaints, 71% agreed, 24% did not know and 6% disagreed. We also asked if the service responded well to any complaints, 17 responses were received 65% agreed, 12% did not know and 24% disagreed. A comment in one questionnaire completed by a person who used the service stated, "There has been a few problems with timing, but this was addressed promptly by the office when they were told."

We had received a comment of concern in one of the questionnaires completed by a person who used the service. Before our inspection visit we wrote to the registered manager to advise them of the concern and asked them to look into it and take action where appropriate. The registered manager wrote back to us with details of their investigation. During our inspection we spoke with the registered manager about this and they advised that they were unable to identify where the issue had arose. However, to improve the person's views of their service they apologised for how they felt and sent them flowers to demonstrate that they were a valued customer. Following another concern we had received and asked the service to investigate, we saw that the operations manager had written to care workers to remind them that they must follow people's care plans in relation to how they were supported to take their medicines. This showed that the concerns we had asked the service to look into were addressed.

Records showed that complaints and concerns were taken seriously and actions were taken to improve the service and people's views of the service. For example, a repair had been made in a person's home when it had been damaged and care workers were reminded of their responsibilities. Disciplinary action had been taken when a complaint related to the poor practice of a care worker. Where people had raised a concern the service provided an apology when things had gone wrong.

We saw records which included compliments from people, relatives and other professionals. For example we saw a compliment had been received in September 2017 from a healthcare professional regarding the, "Wonderful carers," that supported a person.

Is the service well-led?

Our findings

At our last inspection of 25 August 2015 well-led was rated Good. At this inspection we found that well-led remained Good.

There was a new registered manager in post who had been working in the service since April 2017 and was registered with the Care Quality Commission in September 2017. The registered manager promoted an open culture where people and care workers were asked for their views of the service provided. We received positive comments about the registered manager and how they led the service. One person told us, "I am very pleased with [registered manager]. I like [them] very much, [they are] available and improving things. I am sure that if they [service] keeps on with [registered manager] and the good carers it will keep getting better." We asked people in our questionnaires if they knew who to contact in the service if they needed to, 94% agreed and 6% did not know. All of the questionnaires from relatives said that they knew who to contact.

Care workers told us that they felt supported by the service's registered manager. They were committed to the service's aims and objectives and providing people with good quality care at all times. This was evident in the care worker's understanding of reporting concerning practice, known as whistleblowing. We asked care workers in our questionnaires if their managers were accessible, approachable and dealt effectively with any concerns they raised and felt confident about reporting any concerns or poor practice to their managers, 91% agreed and 9% disagreed.

One care worker said, "[Registered manager] is lovely, I can call anytime if there are any problems." Another care worker said, "They are all supportive, [registered manager], coordinator, out of hours on call. Someone is always available." Another care worker commented, "I love working for Hales, all approachable, [registered manager] definitely is." A senior care worker told us, "Changes in management have made a massive improvement, amazing team in the office pushing to make it a reality [good service]. No atmosphere, feel supported, sometimes over and above." They shared an example of where they had felt that the management team had supported them.

Records reviewed in the office included compliments which included one from a care worker, "We are now on manager number three in 14 months...and after six weeks I feel more confident as regards [registered manager]...as [registered manager] takes actions when we ask."

Where comments from people were received the service continued to address them. The service contacted people by telephone to check that they were happy with the service provided. We saw that actions were taken as a result of people's comments. For example, ensuring that people were provided with care workers which they got on with. People also completed satisfaction questionnaires, the most recent completed in August 2017 by people using the service identified positive comments. The registered manager had completed an analysis of these and where improvements were needed, actions were taken. This included improving how they managed the rota and planning for visits. We asked people in our questionnaires if the service asked what they thought about the service they provided, 76% agreed, 12% did not know and 12%

disagreed.

The communication file showed how the registered manager and the operations manager contacted staff to feedback compliments received from people using the service and from their audits of records of visits. For example one person had contacted the office following the support provided by two care workers which stated, "Both brilliant carers, professional and kind." There was also a newsletter to the care team which introduced new office staff and included development and training updates.

Care workers were provided with the opportunity to comment on the service. The minutes from a team meeting in January 2017 identified that care workers were advised to keep in contact with the office if they were unable to complete visits or were running late to allow them to be covered and to tell people if their care workers were running late. The notes also recorded that a suggestion box had been placed in the office where they could make suggestions to improve the service. The management of rotas and ensuring care workers called the office to advise of lateness was discussed in other meetings in 2017. In the minutes for March 2017 care workers were informed that a new electronic visits tracker had been introduced to check that visits were being done where planned. In addition there were office staff meetings where the visits and how these were managed were discussed, reminders to be polite at all times when speaking with people and care workers was also discussed. Care workers were observed in their usual work practice to check that they were meeting the required standards when caring for people.

The service carried out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management and the care provided to people. We saw that these audits and checks supported the registered manager in identifying shortfalls and to take action to address them. This meant that the service continued to improve.

For incidents, complaints and safeguarding the service's management team had completed lessons learned document. These identified what had gone wrong and the actions in place to reduce future occurrences. The computerised systems in place allowed the operations manager and the provider's other management team to audit remotely. This included significant events. Records of incidents and missed and late visits were kept and these included trends analysis. Actions had been taken to improve people's experiences and learning from incidents to reduce future risks. This included changes in the office staff and improved planning of rotas. In addition the service communicated with people to apologise for any incidents of missed and late visits. This was implemented as a result of listening to people and making improvements of notifying people of late visits.

We received varying comments from people and relatives about late visits, however, most identified that they had seen improvements made in recent months. We also received comments from people about the rota which was sent to them each week advising of their planned visits. We fed back this information to the registered manager, who took immediate action and wrote to people to explain the procedure for when issues arose.

The registered manager told us how they calculated care worker travel times, this included doing a google search. Care workers we spoke with said that they were provided with travel time. One care worker said that sometimes, due to traffic or road works, the time allowed was not enough but mainly it was sufficient. Another care worker commented that the travel time they were given was enough to get between people's homes at the planned times.

The registered manager told us how they kept their knowledge updated and researched any changes in the care industry to ensure that they were up to date. Discussions with the registered manager and operations

manager identified that they were committed to improvement and providing the best possible care they could to people. Where improvements were needed they had identified these and were taking action to reduce the risks to people, for example with the care planning documentation including whether visits were time critical was being recorded. An improvement plan was in place which was added to and updated where improvements had been implemented and where shortfalls were identified. We saw records which showed that this system had been effective and actions taken. For example by ensuring that care workers were booked on training courses when they needed updating and that they all had attended training in specific medicines.

Ongoing improvements included the introduction in September 2017 of a monthly care booklet for each person which was completed by care workers, including their daily care records and medicines administration. These were returned to the office the end of each month and there was a system, in place to audit them. As a result of the audits we saw records which identified that the operations manager had written to individual care workers regarding the positive and person centred way they had recorded people's daily records, such as how they reflected people's choices and well-being.