

Hales Group Limited







# Hales Group Limited - Thetford

## Inspection report

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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?	Requires improvement	

### Overall summary

This was an announced inspection that took place on 21 and 28 October 2015. On 21 October we visited the central office of the service and on 28 October we made phone calls to people who used the service to obtain their feedback on the care that was being provided.

Hales Group - Thetford is a service that provides personal care to people in their own homes. At the time of this inspection there were 97 people using the service.

There was a manager working at the service and she is in the process of registering with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

# Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People received care from staff who were kind and caring and who treated people with dignity and respect. The staff were well trained and the provider had systems in place to protect people from the risk of abuse. There were enough staff to meet people's needs.

People received their medicines when they needed them and staff asked them for their consent before providing them with care. The staff acted within the law when providing care to people who were unable to consent to it themselves.

The staff were happy working for the provider and felt supported in their role. The provider had promoted an open culture where both staff and people using the service could raise concerns without fear of recriminations. People knew how to complain and any complaints were investigated and responded to.

The provider learnt from incidents that had occurred or complaints that had been received, to improve the quality of the service that people received.

The systems in place to monitor the number of staff required to meet people's needs had not been effective in the past. This had meant that some people had not received the care they required. Improvements in relation to this had been identified by the provider and were being implemented.

# Summary of findings

## 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 safe.

Staff knew how to protect people from the risk of abuse and took action to reduce the risks to people's safety.

There were enough staff to meet people's needs.

People's medicines were managed safely.

Good



### Is the service effective?

The service was effective.

Staff had received training to enable them to provide people with effective care.

Staff understood their legal obligations on how to support people who could not consent to their own treatment.

Where the service was responsible for providing people with food and drink, this was being received to meet their needs.

Staff would assist people to contact other healthcare professionals if needed to support them to maintain good health.

Good



### Is the service caring?

The service was caring.

The staff were caring and kind and treated people with dignity and respect.

People were not always visited by the same staff which meant it was sometimes difficult for staff to develop positive and caring relationships with people however, improvements were being made in this area.

People's independence was encouraged and they felt involved in making decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People's care needs had been assessed and staff were responsive to their changing needs and individual preferences.

People knew how to make a complaint and any complaints made had been investigated and responded to.

Good



### Is the service well-led?

The service was not consistently well-led.

Requires improvement



# Summary of findings

There had been a failure in the provider's systems to make sure that there were always enough staff to meet people's needs but improvements were being made.

The staff felt supported and listened to and were able to raise concerns without fear of recrimination as were the people who used the service.

People were asked for their opinion on how to improve the service and these were acted upon.

# Hales Group Limited - Thetford

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 28 October 2015 and was announced. The provider was given 48 hours' notice before we visited the office because the service provides care to people within their own homes. Therefore the provider and staff operate from a central office and we needed to be sure that they would be on the premises so we could talk to them during the inspection. On 21 October two inspectors visited the central office of the service and on 28 October an expert by experience made phone calls to

people who used the service to obtain feedback on the care they received. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information that we held about the service. This included information contained in 14 questionnaires completed for us by people who used the service. We had also requested feedback before the inspection from the local authority safeguarding and quality assurance teams.

During the inspection we spoke with another nine people who used the service and three family members of people receiving care, seven care staff, the manager and the operations manager of the provider.

The records we looked at included six people's care plans and other records relating to their care and four staff recruitment and training records. We also looked at records relating to how the provider monitored the quality of the service.

# Is the service safe?

## Our findings

All of the people we spoke with told us they felt safe when the staff were in their homes. One person said, “We feel safe when they (the staff) help us, making sure we don’t tumble over and things like that.” Another person told us, “They (the staff) keep me safe when they help with my personal care. I feel safe when the carers help me to make sure that I don’t trip up.”

All of the staff we spoke with knew how to protect people from the risk of abuse and told us they received regular training on the subject. They understood the different types of abuse that could occur and how to report any concerns. Any issues identified by staff had been reported and investigated appropriately. We were therefore satisfied that the provider had taken steps to protect people against the risk of abuse.

Risks to people’s safety had been assessed. These included risks in relation to supporting people to move, taking medicines, equipment they used and the environment. There was clear information within these assessments to guide staff on how to reduce these risks. The staff we spoke with were knowledgeable about risks to people’s safety and were able to explain to us how they managed these. For example, removing trip hazards from the environment when providing people with care.

Records showed that incidents or accidents that had occurred whilst staff had been providing people with care had been investigated by the manager. Action was taken to reduce the risk of the incident from occurring again to help keep people safe. The staff were also able to demonstrate to us that they understood what action to take in the event of an emergency, such as if they found someone unconscious when they visited their home. We were therefore satisfied that risks to people’s safety had been assessed and that actions were being taken to mitigate these risks.

Seven of the nine people we spoke with told us that the staff had always visited them when they should have done. Two however, did say that the staff had not turned up for a visit in the past but that they had not experienced this issue recently. Therefore they felt there were currently enough staff to meet their needs. All of the staff we spoke with told us they were able to meet people’s care needs and that they had not missed any visits.

The number of staff required to meet people’s needs was based on the number of hours of care the provider had to give. The manager told us that they currently had enough staff in place to meet people’s needs. The provider used bank staff and existing staff to cover any absences such as sickness or annual leave. We were therefore satisfied that there were enough staff to meet people’s needs.

From looking at staff employment records, we saw that the provider had carried out all the required checks to make sure that staff were of good character and safe to work with people before they employed them.

Where staff were responsible for giving people their medicines, people told us that this always happened. One person told us, “Oh yes, I receive my medicines.” Another person said, “They give me my medication when it’s due and they stop with me until I have taken it.”

The staff we spoke with told us they had received training in how to either give people their medicines or prompt them to take them and that their competency to do so was regularly checked. We checked six people’s medicine records. We found that these indicated that people had been given their medicines as required by the person who had prescribed them. We were therefore satisfied that people’s medicines were being managed safely.

# Is the service effective?

## Our findings

The people we spoke with told us they felt the staff were competent to provide care for them. One person said, “I have some wonderful carers and they are very good at their jobs.” Another person told us, “They (the staff) are very competent at doing the work.” People who answered our questionnaire also agreed that the staff were well trained.

All of the staff we spoke with told us they had received enough training to enable them to provide people with effective care. This included training in a number of different areas such as infection control, food hygiene, supporting people to move and safeguarding adults. This was either delivered face to face, via the computer or through the use of practical hands on training sessions.

The manager told us that the provider was supportive in providing bespoke training to staff if they needed it to help increase their knowledge about how to meet some people’s specific care needs. For example, some people required care that meant the staff needed training in catheter and stoma care. The staff told us that they had received this training from a district nurse and that they did not provide this care unless the nurse thought they were competent to do so. Other training was also available to staff regarding stroke, Parkinson’s disease and autism.

The manager told us that new staff received a comprehensive induction to their role as a carer. This included shadowing an experienced carer and observing care practice. Once the provider was satisfied that the new member of staff was competent to perform their role, they were allowed to work with people independently. The provider was also in the process rolling out the Care Certificate for new staff to complete during their training. The Care Certificate is a nationally recognised qualification that covers a number of standards for new staff to meet so they are competent to perform their role.

Staff told us they felt they received enough supervision from their manager and that they could discuss any issues regarding training or support they required if they needed to. We were therefore satisfied that the provider had made sure that the staff had received the required training and supervision to provide people with effective care.

People told us that the staff asked for their consent before they provided them with care. One person said, “They (the staff) chat away saying what they would like to do and asking was that okay.” Another person told us, “They always ask me first if they want to do anything.”

The registered manager told us they provided care for some people who lacked capacity to consent to their own care. Therefore, the provider and the staff had a legal requirement to provide these people with care in line with the requirements of the Mental Capacity Act (MCA) 2005.

All of the staff we spoke with and the manager had a good understanding of the MCA. The staff told us how they supported people to make decisions. For example by showing people a choice of clothes to wear or food to eat. They were aware that any decisions made for people who lacked capacity had to be in their best interests.

Assessments of people’s capacity to make decisions had been completed and there was clear information within people’s care records to guide staff on how to support people with their decision making. We were therefore satisfied that the provider had taken steps to make sure that the staff understood their legal obligations when caring for people who lacked capacity to make their own decisions.

People told us that where it was part of their care package, that staff prepared their food and drinks to their liking. One person told us, “I tell them what food I would like and they do it for me, it’s always hot and tasty. They leave me with snacks and drinks for during the day.” Another person said, “They cook our meals for us and they make sure the food is nice and hot.” A further person told us, “They cook my food lovely and leave me with snacks and drinks until they come next time.”

During conversations with staff, they demonstrated they had a good knowledge of how to meet people’s dietary needs where people had specialist diets such as those with swallowing difficulties or who were diabetic. They told us that they encouraged people where necessary to eat and drink and reported any concerns to the office staff who would then contact the person’s GP to alert them of the concern.

People told us that staff would assist them if they needed to make appointments to see other healthcare

## Is the service effective?

professionals such as a GP if needed. One person told us, “If I’m not well they arrange for my doctor to come and see me.” Another person said, “Oh yes, they are very good at that arranging for a GP to visit.”

All of the staff we spoke with had a good understanding of the different types of healthcare professional that could be

involved in supporting someone with their health. They confirmed that they had often arranged for other healthcare professionals to visit such as a district nurse or occupational therapist where they had concerns. We were therefore satisfied that the provider supported people to maintain their health.



# Is the service caring?

## Our findings

All of the people we spoke with told us that the staff were kind, caring and polite. One person told us, "They are polite and caring. They do sit and chat which I like." Another person said, "They are kind and compassionate." A further person told us, "I look forward to the carers coming to see me. They are very nice people and they often talk to me about how I'm feeling." A relative told us, "They (the staff) are polite to my relative." All of the people who completed our questionnaire told us that they felt the staff were kind and caring.

When asked whether staff knew them well one person told us, "Yes, we have an excellent relationship with all the carers. It's mutual respect, we have a joke so it's fun too." Another person said, "Yes, I think they know me quite well." However, three people told us that they did not always see the same carers which made it difficult for them to build relationships with the staff. One person told us, "It's a shame really because I get different carers each time." A relative told us how their family member was being visited by a number of different staff which in their opinion, meant the staff did not understand their family member's needs fully. Another relative told us, "I need continuity with the carers as new carers distress my relative then it's difficult to calm my relative down." Two other people indicated on their questionnaires that this was also an issue for them.

The staff we spoke with told us that in the main, they were able to provide consistent care to people but that on

occasions, they were asked to provide care to people they were not familiar with. From the care records we checked, we saw that people were receiving care from the same staff regularly which indicated that improvements were in the process of being made within this area.

People told us they were involved in making decisions about their care, that they felt listened to and that their decisions were respected. One person told us, "We meet up and discuss the changes I want to my care." Another person said, "Yes, they listen to me." We saw from the care records that people or their relative were involved in the initial assessment of the care they required when they started using the service. They were also involved in reviews of their care that happened periodically during the year. All of the people who completed our questionnaire also stated that they felt fully involved in making decisions about their own care.

People told us that the staff treated them with respect, were mindful of protecting their privacy whilst providing them with care and encouraged their independence. One person said, "They (the staff) respect our privacy by closing the curtains and doors." A relative told us, "My relative is treated with dignity and respect." All of the people who responded to our questionnaire said that the staff encouraged their independence and treated them with dignity and respect.

The staff we spoke with were knowledgeable about how to protect people's privacy and dignity and the importance of helping them to remain as independent as possible.

# Is the service responsive?

## Our findings

An assessment of people's individual needs had been conducted before people used the service. This was completed by a member of staff who visited the person to understand what care they required. The assessment covered people's care needs and their individual preferences such as what time they liked to get up in the morning or whether they preferred a male or female carer.

The people we spoke with told us that the service met their individual needs and that their choices were respected. However, six people did comment that sometimes the staff were a little late but added that this did not adversely impact on them. One person said, "They are a few minutes late sometimes but that's okay." A further person said, "The carers are mostly good with their time keeping and are only a few minutes late sometimes." However, all of the people who completed our questionnaire said that the staff arrived at their preferred time to provide them with care. From the care records we checked, we saw that staff arrived on time and that they stayed with people for the length of time that they were contracted to do so. Therefore we were satisfied that the staff being late on occasions was not impacting adversely on the care that people received.

The staff we spoke with told us that any change in people's care needs were communicated to them in a timely way. This included if people had returned from hospital and if they needed more care. The information was communicated to them via the staff working in the office or during team meetings that they held regularly to discuss the needs of the people they cared for. They also told us that people's care records reflected the care that people needed, were up to date and easy to follow. The care records we looked at provided clear and detailed guidance

for staff on what care they needed to provide to people and we saw that these had been regularly reviewed. We were therefore satisfied that the provider was responsive in meeting people's needs.

All of the people we spoke with told us that they didn't have any complaints but that they knew how to make a complaint if they needed to. They said they were confident that action would be taken in response to this. One person told us, "If we had concerns or needed to complain we talk to the staff and they would help put things right." Another person said, "If I had concerns or needed to complain I would call the office." The majority of people who completed our questionnaire also told us that they knew how to make a complaint and were confident that the service would respond to these.

The majority of relatives were happy that any complaints they had made were listened to and that action was taken. One relative told us that they had recently had to complain about the times the staff were providing care to their relative. They said they were happy with the response, that they had been listened to and the care had improved. However, another relative said they had made a number of complaints in the past that had not been acted upon which made them feel it was not worth complaining. The relative was not aware that a new manager was now in place at the service and we encouraged them to contact her if they were unhappy with the care being received by their family member.

The provider had received 21 verbal and written complaints so far in 2015 from various sources. These included the local authority safeguarding team, ourselves and people who used the service or their relatives. We saw that the concerns raised had been fully investigated and comprehensive responses had been sent back to the complainants. We were therefore satisfied that people's complaints were taken seriously and were dealt with appropriately.

# Is the service well-led?

## Our findings

Prior to the inspection, we had received a number of concerns that staff had not visited some people when they should have done. This meant that these people did not receive the care they required. Some of these concerns had been investigated by the local authority safeguarding team and had been substantiated. We discussed this issue with the manager. She told us that there had been a lack of available staff to meet people's needs during the transfer of a local authority contract to another care provider when a large number of staff left the service in a short period of time. This demonstrated that the system in place at the time of the transfer to make sure that people received the care they needed was ineffective.

In response to this issue the provider and manager had made a number of improvements. The manager told us that more staff had been recruited to work for the service. This included an increase in the number of bank staff to cover staff absence. The manager had also reviewed how the staff were deployed so that they did not have to travel so far when they visited people. This helped staff to be on time for their visits and complete all the visits on their rota. A number of discussions had taken place with the local authority regarding how to improve the handover of contracts of business. A revision of the provider's current processes and procedures had then taken place to reduce the risk of people experiencing poor care during any transfer of contracts between care providers in the future.

From our discussions with staff and the records we looked at during the inspection, we could see that improvements had been made in relation to staff meeting people's needs. We saw that staff were arriving when they should to provide people with care and that people were seeing the same care staff which was important to them. We have therefore concluded that improvements have been made to the staffing levels so that people receive the care they need. However, these improvements need to be sustained and we will therefore check that this is the case at our next inspection of the service.

All of the people we spoke with and the majority of relatives were happy with the care that was provided by Hales Group - Thetford and told us they would recommend the provider to others. One person told us, "I'm really pleased with the company. I'm very happy with the service they give me." Another person said, "Me and my wife both

have carers from the company and we are pleased with what they do for us." A relative told us, "They look after my relative very well." All of the people who answered our questionnaire said they would recommend the service to others.

The manager has been working for the service since June 2015 and is currently in the process of registering with us. The staff told us that they felt the manager demonstrated good leadership and that they felt supported in their jobs and understood their individual roles and responsibilities. They said they could raise any concerns with the manager, who they felt was approachable, without fear of recrimination and were confident that actions would be taken in response to these concerns. They added that they felt the morale amongst the staff was good. The people we spoke with also told us that they felt comfortable raising concerns with either the staff or the main office. This demonstrated an open culture where people and staff felt able to voice their opinions about the care being provided.

The provider monitored the quality of the service in a number of different ways. Audits of people's medicine records were completed to make sure that these indicated that people had received their medicines as they should have done. Where shortfalls were identified, such as staff not completing the medicine records correctly, action was taken. For example, one member of staff received some further training on the subject and was not able to give people their medicines until they had been re-assessed as being competent to do so.

The daily care records completed by staff were also audited. However, only 10% of these were audited each month. One concern we had been received previously was that the person's daily care records indicated that they had not received a number of visits but that this had not been picked up by the provider's quality assurance processes. We discussed this with the manager and the operations manager of the provider who told us they were looking to increase the number of daily care records that were audited to at least 20% so they were more effective. They also told us that a new system was being implemented where staff had to 'clock in' and 'clock out' when they visited someone's home and that this information would be sent to a central source who could monitor whether staff

## Is the service well-led?

had visited and the length of time they had stayed with the person. These two changes would help the provider to monitor that staff had provided people with the care they needed.

The completion of staff training and supervision was monitored to make sure that it was up to date. Staff practice was monitored by conducting 'spot checks' when they were providing care to people. These were in place to check that the staff had the required skills and knowledge to care for people safely. The areas covered in the 'spot checks' included personal care, infection control, food hygiene, dignity and respect and medicine management. The number of staff required to visit people was also monitored in advance so that people received the care they needed.

People, staff and healthcare professionals were asked for their opinion on the service regularly and were encouraged to identify areas that could be improved. This was either conducted by sending out a questionnaire or telephoning people for their feedback. We saw that this information was analysed and that people were contacted to advise them of

the outcome of the surveys. The main issue that was raised during the last survey was regarding the service providing people with the same staff to provide them with care. Improvements were being made in this area.

The manager told us of some changes she was looking to make to improve the quality of the service that people received. One area was in relation to the risk of some people using the service becoming socially isolated. In response to this, a coffee morning had been held in aid of MacMillian Cancer where some people using the service came together and made friends. The manager felt that this had been a success and so was looking to implement further meetings for people who used the service at Christmas and in the summer. The manager was also working on putting together information packs regarding other services that people may find useful. These included contacted details for Age UK, food suppliers, the local fire safety service and social clubs. This information was to be placed within the initial guide that people received when they first used the service.