

Hales Group Limited

Hales Group Limited - Letchworth

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?

Good ●

Summary of findings

Overall summary

About the service: Hales Group Limited - Letchworth is a domiciliary care service that provides care and support to people in their own homes. 84 people received support at the time of this inspection.

People's experience of using this service:

People were safe and protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. They were familiar with how to report concerns to agencies outside of the organisation. Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. People were supported by staff who had been safely recruited through a robust process.

People's medicines were managed safely. Staff had received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable in this area. Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. The management team took appropriate actions following any incidents and learning was shared with the staff team.

Before care delivery started assessments were undertaken to make sure people's needs could be met by Hales Group - Letchworth. Care plans were developed from these assessments for each person's identified needs and staff had clear guidance on how to meet those needs. Staff received training and support to enable them to carry out their roles effectively.

People told us staff prepared simple meals for them as needed and encouraged them to take fluids to maintain their health and wellbeing. Staff and the registered manager knew people well and were able to promptly identify when people's needs changed and they sought professional advice appropriately. Staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as needed. Mental capacity assessments were carried out where needed to establish if people had the capacity to make decisions affecting their health and wellbeing.

People and their relatives praised the kind and caring nature of staff. People received consistent care from a small team of staff. People knew about their care plans and could decide what care and support they needed. People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.

People received care and support as they wished. People told us they would be confident to raise any concerns with the management team. Everyone we spoke with during this inspection was satisfied with the care and support they received.

The registered manager understood their responsibilities under the Duty of Candour and was committed to providing a high standard of care for people as well as support for the staff team. People, their relatives and

staff members spoke highly of the registered manager and told us that they were always available and supportive. People told us that they were often asked for their views about the quality of the service.

Rating at last inspection: The service achieved a Good rating at the last inspection. Report published 02 August 2016.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Hales Group Limited - Letchworth

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by one inspector.

Service and service type:

This service is a domiciliary care agency. The service provides personal care and support to people living in their own homes so that they can continue to live as independently as possible.

Not everyone using Hales Group - Letchworth receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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 two days' notice of the inspection site visit. We needed to give the registered manager notice so that they could be available to support the inspection.

Inspection activity started on 17 April 2019 and ended on 26 April 2019. We visited the office location on 18 April 2019 to meet the registered manager and to review care records and policies and procedures. We

spoke with people who used the service and their relatives by telephone on 17 April 2019 and 26 April 2019 to gather their opinions about the care and support people received.

What we did:

Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We reviewed the Provider Information Return submitted to us in March 2019. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

As part of the inspection we spoke with eight people who used the service, relatives of five people who used the service, six staff members, the registered manager and the regional manager. We looked at care plans relating to three people and reviewed records relating to the overall management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. A person told us, "I do feel safe, they (staff) are kind and gentle with me."
- Relatives were confident that people were safe and well protected from the potential risks of abuse and avoidable harm. A relative told us, "I feel [person] is definitely safe with Hales Care. They (staff) are so good, they stay with [person] the whole allocated time and if they have finished the care tasks they chat with [person] and make us both laugh."
- Staff were knowledgeable about how to safeguard people from harm and described the risks and potential signs of abuse. They knew how to raise concerns, both internally and outside of the provider's organisation, and how to report concerns by whistle blowing if necessary.
- Where concerns had been raised they were investigated in accordance with the provider's safeguarding procedures and protocols and measures were put in place to mitigate the risks and help keep people safe.

Assessing risk, safety monitoring and management

- Where potential risks to people's health, well-being or safety were identified, they were assessed, and plans developed to mitigate the risks. Staff were knowledgeable about these risks and knew how to respond safely.
- The staff team received fire awareness training to help make sure they could recognise fire safety concerns in people's houses and take appropriate action where needed.

Staffing and recruitment

- Safe and effective recruitment practices were followed to help ensure that staff were of good character and sufficiently experienced, skilled and qualified to meet the complex needs of people who used the service.
- There were enough suitably experienced, skilled and qualified permanent staff deployed to meet people's individual support needs. One relative said, "Consistent staff, they never missed a call. Sometimes they are later than planned but that can't be helped if they have got caught up with a person earlier."
- Staff said they felt there were enough staff employed to provide people's care and support. One staff member said, "When I first started the rotas were all over the place and we didn't know where we were. That has now been sorted and the workload is manageable."

Using medicines safely

- Staff were trained and supported people to take their medicines at the right time and in accordance with the prescriber's instructions.
- The support provided for people with their medicines was dependent on their individual abilities. Some

people needed more support than others in this area.

- People's relatives said they were confident that staff provided good support for people to take their medicines.

Preventing and controlling infection

- Staff had received infection control training. People and their relatives told us that staff always washed their hands and used personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- Where lessons had been learned by the management team through investigating complaints or routine audits these were shared with the staff team to help bring about improvement. For example, concerns had been raised about inconsistent call times and a lack of communication when care staff were running late. The registered manager had analysed these concerns and shared them with the staff team together with constructive actions to be put in place to address the concerns.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed and documented people's needs and preferences prior to care delivery starting. The care and support provided was based on this assessment.
- People's outcomes were good. For example, one relative said, "(Person) gets the care they need to keep them safe and well. Staff also help to cheer [person] up and to motivate them too."
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as re-positioning to prevent pressure ulcers, were completed consistently when needed.
- Information on best practice guidance was available for staff to access as needed.

Staff support: induction, training, skills and experience

- People and their relatives felt staff were skilled and competent. A relative said, "Staff are brilliant, they have clearly had the training and have the support they need to do such a great job."
- Staff received training and refresher updates in subjects relevant to their roles. This included topics such as moving and handling, safe administration of medicines, fire awareness, food safety, infection control and safeguarding vulnerable people.
- Senior staff carried out competency assessments to help ensure the staff team remained competent in their roles, for example with moving and handling and supporting people with their medicines.
- Staff had regular meetings with managers and senior colleagues to discuss and review their personal development, performance and issues that were important to them. Staff said they felt valued, listened to and were well supported by their management team.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs and requirements were identified in their care plans and staff had a good understanding how to support people with these.

Staff working with other agencies to provide consistent, effective, timely care

- Staff maintained good relationships with external professionals who had contact with the service.
- Health professionals were confident that people received good support from the service.

Supporting people to live healthier lives, access healthcare services and support

- A person complimented the staff team for the support they had received from staff when they had been unwell. Staff had contacted the person's GP for them and stayed with the person to give them comfort and reassurance until the GP arrived.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.
- Staff members sought people's consent to the care and support they received, together with that of their relatives where appropriate.

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

Good: 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 were positive about the quality of care provided by the staff who supported them. For example, a person said, "All the staff have been kind, friendly and obliging. They have a chat with me if they have the time once they have finished my care."
- People's relatives complimented the staff team for the care and support they provided. For example, one relative said, "I really like them, they are the best carers [person] has had. They are very thorough."
- Staff told us they believed they provided a caring service. A staff member said, "We have enough time to care properly. We have travelling time allocated between care calls, that really helps as it means we don't get held up too much."
- Staff had developed positive and caring relationships with the people they supported and were knowledgeable about their individual needs, personal circumstances and factors that affected their moods and behaviours.

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

- People told us they were fully involved in the planning and reviews of their care and support.
- Where appropriate, family members were also involved in people's care and support. One relative told us, "If they (staff) have any concerns at all they don't hesitate to call me. For example, if [person] is running low on food. It gives me peace of mind to know that there are people looking out for [person]."
- People were familiar with their care plans and told us they often reviewed the contents with staff.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people whilst respecting their privacy and promoting their dignity. People told us staff made sure curtains and doors were shut when personal care was being provided.
- Staff provided personal care and support in a way that both respected and supported people's choices and preferences. For example, personal and intimate care provided by a person of the same gender.
- Confidentiality was well maintained throughout the service and information held about people's health, support needs and medical histories was kept secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support that took account of their preferences and personal circumstances. Detailed information and guidance had been developed about people's preferences, routines, medicines and dietary requirements to help staff provide consistent and personalised care and support.
- Support plans set out how people should be supported in a way that best suited them and their needs. For example, one support plan stated, 'Some days I may not feel like talking and would like you to respect this and not push me into conversation. Please make sure you are patient with me and if necessary repeat instructions when you are providing my care.'

Improving care quality in response to complaints or concerns

- People and their relatives said they knew how to make a complaint and told us that the management responded to any concerns raised in a prompt and positive way.
- Complaints were robustly investigated, and appropriate actions were taken by the management team to address people's concerns.
- People were encouraged to complete quality assurance surveys to help them share their views about the service they received. Feedback from these surveys showed that the service had effectively addressed some issues that had been raised as concerns.

End of life care and support

- The service cared for those people who do not wish to move to a clinical setting as they approached end of life. Relatives told us they had been impressed with the compassion and quality of support provided. For example, one relative told us, "[Person] was very poorly towards the end of their life. The staff sat with [person] and held their hand through the night. They were brilliant, couldn't fault them."

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives were positive about how the service was managed. A relative of one person commented, "It seems to be well managed, it all runs smoothly, and I wouldn't hesitate to recommend the service to anyone looking for care in their own home."
- The registered manager carried out regular checks and audits in a wide range of key areas. These included the management of medicines, record keeping, staff performance and people's support plans. Outcomes of these audits were shared with the staff team to help encourage improvement in these areas.
- The management team were clear about the provider's values and the purpose of the services provided. Staff also understood these values.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities and knew what was expected of them. They told us the registered manager was effective in their role, approachable and gave them clear and consistent leadership.
- Staff told us they enjoyed working for the Hales Group and felt well supported in their roles.
- Staff told us they were confident that any concerns were listened to and that they had a voice about how the service operated.

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

- People and their relatives told us they were kept informed about any changes to the care provision.
- The registered manager was knowledgeable about the people who received support, their needs, personal circumstances and the relationships that were important to them. They ensured that staff had the tools, time and training necessary to meet the varied needs of the people they supported.
- The provider sought feedback from people, staff members, relatives of people who used the service and health professionals. The feedback was used positively to drive forward the standard of care and support provided.

Continuous learning and improving care

- The views, experiences and feedback obtained from people, their relatives and professional stakeholders about how the service operated had been sought and responded to positively.

Working in partnership with others

- Health and social care professionals said the staff and management team were responsive to comments and suggestions and were committed to working collaboratively with people, their families and external professionals.