

Hales Group Limited

Hales Group Limited - Hull

Inspection report

Unit 5c & 5d
Marfleet Environmental Technology Park, Westgate Way
Hull
HU9 5LW

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Tel: 01482979036

Website: www.halescare.co.uk

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 - Hull is a domiciliary care agency providing care and support to people in their own home. At the time of inspection, the provider delivered services to 85 people. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were happy with the support they received and spoke positively about staff who provided their care. Staff wore personal protective equipment (PPE) appropriately which helped to protect people from the risk of infection. Medicines were administered safely.

Right Care:

Effective recruitment procedures were in place and there were enough staff employed to meet people's needs. Staff received regular training and supervision to provide care in a person-centred way. Risks to people's health, safety and well-being were effectively managed.

Right Culture:

Support was personalised and based on people's assessed needs and preferences. Staff worked effectively with external professionals to ensure people received the support they wanted and needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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

Rating at last inspection

This service was registered with us on 7 October 2021 and this is the first inspection.

Why we inspected

This was a planned inspection to rate the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a short period of notice of the inspection. This was to make arrangements to carry out the inspection and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 7 February 2023 and ended on 24 February 2023. We contacted people using the service on 10 February 2023.

What we did before the inspection

We used information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we held about the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video and telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with 8 people who used the service about their experience of the care provided. We spoke with 9 members of staff, including the registered manager, the provider, the managing director and 6 care staff.

We reviewed a range of records including 4 people's care and medicines records. We looked at recruitment records for 2 members of staff. A variety of records relating to the management of the service, including policies and procedures, were also reviewed.

Is the service safe?

Our findings

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- People were protected from the risk of abuse. The provider had effective safeguarding systems in place to help keep people safe.
- Staff had received safeguarding training and were able to appropriately raise any concerns. Staff had a good knowledge of safeguarding and the whistle blowing process.
- People felt safe. One person said, "The staff are lovely. I have no problems with the care, they make me feel safe and well looked after."
- People received good support to help them live safely at home. They had personalised care plans and risk assessments in place to reduce risks, which were regularly reviewed.

Staffing and recruitment

- Staff felt there was enough staff to safely care and support people and staff rotas supported this.
- Safe recruitment procedures were in place; the provider completed appropriate background checks to help make sure suitable staff were employed.

Using medicines safely; Learning lessons when things go wrong

- Medicines were managed safely.
- Staff received training to administer medicines and had their competency checked.
- Guidance for staff to administer medicines prescribed on an 'as and when required' basis (PRN) contained personalised information to help ensure people had a choice of how and when to take these medicines.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Regular medicines audits were carried out to ensure any issues with the administration of medicines were identified. Where issues were identified, appropriate actions were taken, and lessons learned.

Preventing and controlling infection

- People were protected from the risk of infection.
- People told us staff wore appropriate personal protective equipment (PPE) and staff understood the importance of wearing PPE.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People's needs were assessed and regularly reviewed, so staff had information about how to support them effectively.
- People's care plans were person-centred and took into account their wishes, promoting independence and choice.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to support people. One person said "They [staff] are very knowledgeable and have the skills to support me well."
- Staff received support in the form of formal and informal supervision, appraisal and competency checks.

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

- People received appropriate support with eating and drinking.
- Staff supported people to plan meals, shop for ingredients and cook meals when needed.
- Information about people's nutritional needs and preferences were recorded in their care plans, so staff had access to the information they needed to provide effective care.

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

- Staff were aware of any changes in people's needs and supported them to access any healthcare services if needed.
- Staff sought advice and guidance from external health professionals where necessary.
- Care plans included detailed information about people's medical conditions and how to manage any associated risks.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People were encouraged to make their own choices and supported to take positives risks.
- Staff followed the principles of the MCA. The service did not currently support anyone who lacked mental capacity and was unable to make their own decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People were treated with kindness and respect. One person told us, "They [staff] are really nice and treat me well." Another said, "They [staff] are brilliant, very professional and respectful."
- Staff supported people in a dignified way and ensured they respected privacy in people's homes.
- People's individual needs and preferences were recorded and known by staff.
- Care plans and reviews showed people were involved in their care and encouraged to make their own decisions about the care they received.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had personalised care plans, which covered all aspects of their life and the support they required. Care plans were reviewed regularly so staff had access to up-to-date information about how to support people.
- Staff were responsive to people's needs and tailored their support accordingly.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider assessed and recorded information about people's communication needs, in line with the AIS.
- People could ask for information to be provided in different formats if they needed it.

Improving care quality in response to complaints or concerns

- We received mixed feedback about how concerns and complaints were dealt with. One person told us, "There is no point complaining anymore. I have told them my issues in the past and they say they will sort it, but nothing seems to change." Another told us, "I have no complaints about the service and can contact the office if I did and they would sort everything out for me."
- Complaints reviewed during the inspection were dealt with in a timely manner and actions had been taken to improve the service.

End of life care and support

- An end of life policy was in place to ensure people received appropriate end of life care in line with their wishes, beliefs and values.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received mixed feedback from staff about whether management were approachable. One staff member told us, "I don't feel supported by management at times and don't feel like I could go to them if I had a problem." Another said, "The manager is very approachable and will support where they can."
- Care was centred around the needs and preferences of people and staff were led by the individuals they were supporting.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and oversight of the service they managed.
- Audits were carried out regularly to help monitor the safety of the service. Actions had been taken to improve the service when required.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People had regular reviews of their care and felt involved in their care planning. However, people felt regular communication regarding their day to day care could be improved.
- Regular staff meetings allowed staff to give their opinions on the care and service provided.
- The registered manager sent out questionnaires to give people and their relatives an opportunity to provide open and honest feedback. An action plan was created following the results to improve the service.

Working in partnership with others

- The provider was involved in engagement groups organised by the Local Authority, which aimed to help improve care services in the local area.

