

Hales Group Limited

Hales Group Limited - Rotherham

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 Ltd - Rotherham is a domiciliary care agency providing support for people in their own homes. Not everyone using the service received personal care. 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. At the time of our inspection there were 89 people using the service.

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

Detailed care records were kept for people and other care agencies to refer to. This ensured that care staff were up to date on people's care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People's care was person-centred and promoted their independence, their dignity and their privacy. Staff were caring and compassionate when they supported people.

Right Culture

The manager of the service supported and celebrated excellence in the staff team. Meeting people's needs and improving their outcomes was at the heart of the service. Performance management and analysis of data ensured that the service continued to provide good care and support for people.

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 20 October 2021 and this is the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting the legal requirements and regulations and to provide a rating for the service.

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.

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 ●

Hales Group Limited - Rotherham

Detailed findings

Background to this 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

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 Care Quality Commission 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 not a registered manager in post, but the manager was completing the registration process.

Notice of inspection

This inspection was announced. We gave short notice of the inspection in order for the registered manager to provide us with the documentation we needed to look at.

Inspection activity started on 28 March 2023 and ended on 20 April 2023. We spoke to the manager of the service on 18 April 2023.

What we did before the inspection

We reviewed information we had received about the service since it had been registered with us. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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 used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 6 relatives. We also spoke with the manager of the service and 15 members of staff. We reviewed a range of records which included 4 people's care records and various medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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

Is the service safe?

Our findings

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

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

- The provider had systems in place to protect people from the risk of harm or abuse.
- Staff had completed safeguarding training and knew how to raise concerns.
- People we spoke to felt safe with staff and there were no concerns about safety.

Assessing risk, safety monitoring and management

- Risks assessments were personalised, up to date and contained detailed information so that staff could support them safely.
- Risk assessments included information about medicines, personal care, mobility and people's home environments.
- Staff confirmed that they had access to people's care plans. One staff member told us, "We have the access to the care planning app where there is all the information about the service user. There is also a care plan in their house."

Staffing and recruitment

- There was a safe recruitment process in place for staff and the provider undertook pre-employment checks of new staff. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers ensure suitable staff are employed.
- People received care from regular staff who arrived on time and stayed for the duration of the care call. A family member told us, "[The staff] are usually on time and if they are going to be late, they phone. They are polite and very helpful."

Using medicines safely

- People were supported to receive their medication safely.
- Staff received training and support around management of medicines. Spot checks of staff reviewed their competency to administer medicines.
- Relatives told us that they had 'no concerns' about support with medicines.

Preventing and controlling infection

- The provider had systems in place to ensure the risk of infection was prevented and controlled. The service's policies and procedures were up-to-date and reflected current government guidance.
- Staff confirmed that they had access to Personal Protective Equipment (PPE) and that they could access the office to pick up more supplies if required.

- People told us that care staff wore PPE and practised good hand hygiene.

Learning lessons when things go wrong

- There were systems in place to report, review and learn from accidents and incidents. The manager told us about their process for reviewing incidents so that lessons could be learned.
- We saw evidence that lessons learned were shared with staff via meetings, emails and supervision sessions.

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 before they received care from the service. Care plans were person-centred and detailed to ensure care was concise and effective.
- People's care plans included personalised information about their goals and routines and people that were important to them.

Staff support: induction, training, skills and experience

- Staff completed a range of training relevant to their role. We reviewed staff training records which identified staff had completed up to date training which included moving and handling, safeguarding adults, hydration and nutrition, communication and dementia care.
- New staff received an induction into the organisation. A member of staff told us, "I felt comfortable because I had already work in care. We had an induction as well as a week's training when we started."

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

- People told us staff supported them with their dietary needs. Comments included, "They [staff] microwave soup for [relative] and they always offer [relative] a cup of tea" and "They [staff] help with meals but there is no cooking involved."
- People's care plans contained information about their dietary needs and preferences, including the requirement to offer choice and cut food into small pieces to avoid the risk of choking.

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

- The service worked with other agencies to provide effective care and this was recorded in people's care plans.
- People's care plans included information on their health needs and how staff should support this.

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.

- Staff had a good understanding of how to gain people's consent prior to offering care or support.
- Staff told us how they record any concerns around consent or capacity. A staff member told us, "I would document my concern in the care notes and then speak directly to the office."
- Where people had capacity, they had signed an agreement and consented to receive care and support.

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

- People's care plans included information about how they wished to be supported.
- When we asked if staff treated people with care, a family member told us, "Oh yes ever so much, they were singing with [person]. They are really good with [person]".
- People's equality, diversity and inclusion needs were included in care plans. The service asked people about their religious beliefs and culture to better understand the person.

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

- People were involved in developing their own care plan and making decisions if they were able to.
- When asked about care planning, a person told us, "Yes, they involved us very much."
- A member of staff told us that, "Person- centred care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and care. It is co-ordinated and tailored to the needs of an individual."

Respecting and promoting people's privacy, dignity and independence

- People's care plans included information for staff to ensure people were supported in a kind and caring manner which promoted their dignity and independence.
- People were provided with dignified and respectful care from staff.
- A family member told us, "The [staff] are kind and they will always help [relative] do a few additional chores around the house."

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

- Care plans were person-centred and informed staff how to meet people's care needs. They showed that the provider involved people and their relatives in planning people's care.
- People's care plans included information about their life and interests which helped staff to provide personalised care and support.
- Staff kept up to date to people's care plans through an electronic system. A member of staff told us, "We can see all the care plans our work app on our phones which allows us plenty of time to read them."

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. The Accessible Information Standard 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.

- Risk assessments in care plans identified people's communication needs and how best to engage and interact with them. For example, 1 person's care plan identified that they were partially sighted in both eyes and there were clear instructions for staff on how to communicate with them effectively.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy in place.
- When asked about complaints and concerns, a person told us, "We work together to get what I need and if I don't think something was right, I would complain."
- The provider engaged with people through surveys and made changes as a result. The outcome of this feedback was shared in 'You Said, We Did' posters and reports.

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; 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

- People's care plans were person-centred and conversations with the manager and staff demonstrated an open and positive culture in the organisation.
- People we spoke to were happy with the quality of the service and would recommend the provider to other people.
- Staff were generally positive about support from their line managers. When asked about support to talk through safeguarding concerns, a member of staff told us, "I have support from my line managers because they are my main key workers."
- The manager understood their responsibilities in relation to duty of candour and their duty to make statutory notifications to the CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear management structure in place. The manager was going through the CQC process to become the registered manager.
- There was a comprehensive system of performance reports and information that were produced and reviewed regularly.
- Accidents and incidents were analysed and actions identified. There was a culture of continuous improvement in place and actions and timescales were recorded along with updates and reviews of outcomes.

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

- The service carried out a 'Your Care Matters' survey with people who use the service. The results were analysed and an action plan was put in place in response to issues identified.
- The provider listened to what staff said about the service and identified where it made changes to how it supported staff. There was clear feedback to the staff through a 'You Said, We Did' approach.

Working in partnership with others

- The provider had a good working relationship with people using the service and their relatives.
- Daily care notes evidenced that staff knew when people had visits and appointments with colleagues from

social care and advice and support services.