

Hales Group Limited

Hales Group Limited - Doncaster

Inspection report

Unit 1- M&M Business Park, Doncaster Road
Kirk Sandall
Doncaster
South Yorkshire
DN3 1HR

Tel: 01302279887

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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

The inspection took place on 23 May 2018 with the registered provider being given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. This was the first inspection since the service registered with the CQC in May 2017.

Hales Group Limited is a domiciliary care agency which provides personal care to people living in their own houses and flats in the community. At the time of the inspection the service was supporting approximately 120 people with varying needs, this included older people, people living with dementia and people with a learning disability.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

All the people we spoke with were happy with the quality of the care the service provided. They praised the care workers for the support they delivered and commented positively about staff working in the office.

Staff demonstrated a commitment to supporting people to be as independent as possible, while assisting them in their daily needs. People told us their privacy and dignity was respected and staff were competent in their work, kind, friendly and helpful.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Concerns, complaints, incidents and accidents were being effectively investigated and monitored to reduce risks to people and make sure they received the standard of care they expected.

Recruitment processes helped the employer make safer recruitment decisions when employing staff. Staff had undertaken a structured induction, essential training and received regular support, to help develop their knowledge and skills so they could effectively meet people's needs.

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. Records showed people had consented to their planned care and staff understood the importance of gaining people's consent and acting in their best interest.

Where possible, people were encouraged to manage their own medication, with some people being supported by relatives. Where assistance was required support was provided by staff who had been trained to carry out this role.

People's needs had been assessed before their care package commenced and we found where possible

they or their relatives had been involved in formulating care plans. Overall, care plans provided satisfactory information and guidance to staff, which assisted them to deliver the care people needed, in the way they preferred. We saw further work was underway to make the plans more comprehensive regarding people's individual preferences.

The complaints policy was provided to people using the service along with other information about how the service intended to operate. The people we spoke with told us they would feel comfortable raising concerns, if they had any. When concerns had been raised we saw the correct procedure had been used to record, investigate and resolve issues.

People were consulted about their satisfaction in the service received and a system was in place to make sure company policies were followed. The majority of the people we spoke with, including staff, told us they were very happy with the way the service was run. People spoke positively about the management team and how staff delivered care.

Further information is in the detailed findings below.

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.

Systems were in place which helped to keep people safe from the risk of harm and abuse.

There were enough staff employed to make sure people received support as agreed.

Robust procedures helped to make sure the service recruited staff who were suitable to work with people who may be vulnerable.

People received the right medicines at the right time.

Is the service effective?

Good ●

The service was effective.

People's mental capacity was assessed and monitored. Their consent to receive care and support was obtained and where this was not possible the principles of the Mental Capacity Act 2005 were followed to protect people's rights.

People's health care and nutritional needs were met.

Staff received the right level of training and support to enable them to feel confident and skilled in their role.

Is the service caring?

Good ●

The service was caring.

People we consulted were happy with the way staff delivered care. They told us staff were helpful, caring and friendly.

People were involved in their care and staff respected people's wishes. People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care and support was tailored to people's individual needs, but care plans did not always fully reflect their preferences in enough detail.

The company's complaints policy enabled people to raise complaints or concerns in the knowledge they would be addressed.

People were encouraged to express their views about the care provision.

Is the service well-led?

The service was well led.

There was an open and transparent culture in the service where people using the service and staff were encouraged to voice their opinions.

Staff knew what their roles and responsibilities were. They told us they felt well supported by the registered manager and the management team.

Systems were in place to evaluate how the service was operating and ensure staff were working to company policies.

Good ●

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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 registered provider was 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.

The inspection included a visit to the agency's office on 23 May 2018. To make sure key staff were available to assist in the inspection the registered provider was given short notice of the visit, in line with our current methodology for inspecting domiciliary care agencies. The inspection was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on during the inspection we considered all the information we held about the service. This included notifications submitted to us by the registered provider and information gained from people who had contacted CQC to share their experiences of using or working for the service.

We also requested the views of other agencies that worked with the service, such as service commissioners, the local authority safeguarding teams and Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with three people who used the service and eight relatives to gain their opinion on how the service was operating. We also considered the outcome of the 23 questionnaires returned to us by people using the service, relatives and a healthcare professional. We also spoke with the registered manager and 11 staff; this included a care coordinator, the recruitment officer/administrator, the regional trainer and care workers. This was carried out either face to face or on the telephone. We also spoke briefly to the regional manager who was present for part of the inspection.

We looked at documentation relating to people who used the service, staff and the management of the service. This included three people's care records, including medication records, four staff recruitment files, training and support documentation. We also looked at how the agency gained people's views on the service provided, as well as checks made to ensure company policies were being followed.

Is the service safe?

Our findings

People's care and support was planned and delivered in a way that helped ensure their safety and welfare. People using the service and the relatives we spoke with, as well as people who returned questionnaires to us, said they felt staff delivered care safely.

Staff had been issued with identity badges which they were expected to carry with them while on duty, so people could verify who they were. People told us if required key safes were effectively used to enable staff to enter people's homes safely. We also saw people's personal information, including key codes to access people's homes, were protected.

Risk assessments had been carried out to assess if there were any potential risks involving the person using the service, staff or the environment. Where risks had been highlighted clear guidance was available to tell staff how the risks could be minimised, while allowing people as much freedom and independence as possible. For instance, one file we looked at clearly told staff how to safely move the person using a hoist. It detailed the correct sling to use and which loop configuration met their needs. A relative we spoke with told us how their family member mainly used a walking frame to assist them to move around the house, but added that staff supported them to walk as independently as possible on 'good days'.

The registered provider protected people from the risk of abuse because they had taken reasonable steps to identify the possibility of abuse and minimise the risk of it from happening. Staff had completed training in this topic and demonstrated a good awareness of the types of abuse that could take place, as well as their role in reporting any concerns. Where concerns had been highlighted the registered people had worked closely with the local authority to make sure people were safe.

Accidents and incidents were monitored and evaluated so the service could learn lessons from past events and make improvements where necessary.

Robust recruitment procedures helped to ensure only suitable people, with the right skills, were employed by the service. Recruitment records sampled demonstrated that appropriate checks had been carried out before staff commenced employment. These included a face to face interview, two written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, we found the company application form only asked for the last 10 years of each person's employment history, rather than a full employment history. We discussed this with the registered manager and the regional manager, who said they would raise it at a planned management meeting.

New staff had undertaken a structured five day induction to the service, which included getting to know about the company and essential training. On the day we visited the office one of these courses was taking place. Staff told us this was followed by a period of shadowing an experienced member of staff until they were confident in their role.

The registered manager showed us how visits to people were planned and what was in place should a care worker be delayed attending a call. The system clearly identified areas such as travel time, staff breaks and time critical calls, for instance where someone needed their medication or meals at a specified time. We also saw missed and late calls were monitored on a regular basis by the management team.

People we spoke with told us on the whole they received their visits at the correct time from a regular team of care workers. This demonstrated the service was employing enough staff to meet people's needs. One relative commented, "They [Hales Group] are so much better than the previous service we used. With these they are always there within 10 to 15 minutes of the expected time." Another relative said, "We get the same set of girls [care workers], which is really good, so they know them [family member]. They are just great."

However, a few people told us they felt when their regular care staff were on holiday the care workers who covered for them did not always fully understand their needs to the same level. One relative who returned a questionnaire to us commented, "There are regular instances of an unknown carer attending my [family member]. I understand the company are trying to cover all calls, however it is often a carer who has never visited [family member] before. There is a Green Book containing detailed care plans however this is rarely used, instead [they ask family member] to detail her care." They went on to praise their family member's main care team. We shared these comments with the registered manager so they could monitor this area.

Medication was managed safely. Most of the people we spoke with said they, or their relative, retained responsibility for any medication. If this was not possible staff had been trained to assist or prompt people to take their medication from a monitored dose system [NOMAD] in a timely manner. Medication administration records sampled had been complete correctly. The management team told us how they checked them when they were returned to the office, or during 'spot checks' to make sure staff were following company policy. A relative told us due to a medical condition, "It is important [family member] has her medicines on time, which they do."

We saw some people were taking 'as and when required' [also known as PRN] medicines and creams, but PRN protocols were not always in place to tell staff what the medication was prescribed for, how the person presented when they needed it or what to monitor for after it had been taken, to make sure it was effective. This is particularly important if the person is unable to verbally tell staff when they need a particular medicine. The management team said they would ensure any missing PRN protocols were completed as soon as possible. Staff we spoke with demonstrated a good knowledge of the people they visited and their medication.

Staff had completed safe administration of medication training and periodic competence checks had been carried out to monitor they were following company policies.

Staff we spoke with were knowledgeable about minimising the spread of infection. They confirmed they had completed training in this topic and said they had ample supplies of protective clothing, such as disposable gloves and aprons. This was also confirmed by the people we spoke with. Where appropriate the care plans we sampled gave staff information about minimising cross infection.

Is the service effective?

Our findings

The majority of people told us staff had the right skills, knowledge and experience to deliver care and support effectively. They were complimentary about the staff who supported them or their family member. One person using the service told us, "I am happier with some carers than others, but they are all good carers." A relative commented, "They [care workers] pick up on things, as they know [family member] well, things even I haven't noticed." In a questionnaire one person told us, "Very friendly and caring staff. Well trained. Excellent skills apparent when dealing with emergencies."

People were supported to live their lives in the way they chose, and their wishes and preferences were respected. People told us they had been involved in care assessments before their care package started. This meant information about their needs, choices and preferences could be determined and guidance on how best to support them made available to staff straightaway. This enabled staff to provide a more effective service.

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 found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had received training on this topic and demonstrated a satisfactory knowledge of gaining consent from people routinely as part of care provision and acting in a person's best interest. People had signed to acknowledge they were happy with the planned care. They told us staff asked them what they wanted and listened to their decisions.

Where people required help with their meals this information was built into their agreed care plan. This included special dietary needs and the level of assistance needed. Visit records showed staff were acting in accordance with people's care plans and meeting their individual needs. Staff described how they left drinks and snacks close at hand for people who could not get them for themselves between visits. The people we spoke with who had assistance with meals confirmed staff carried this out as they wished.

New staff had undertaken a five day structured induction and which included classroom based training and shadowing an experienced care worker. They also underwent checks of their competency, which they said had prepared them well for supporting people. Topics covered included: safeguarding people, food hygiene, moving people safely, medication and first aid. Following induction staff had access to a varied on-going training programme which included mandatory topics as well as specialist training to meet the needs of the people they were caring for. For instance, two care staff told us they had received training in supporting someone with a percutaneous endoscopic gastrostomy [PEG]. This is when a tube has been inserted into the person's abdomen to allow them to be fed through the tube. The registered manager also told us they were working to support staff to undertake nationally recognised care awards.

All the staff we spoke with felt the training and support provided was very good. They also confirmed they

received regular one to one support sessions and a process was in place for them to take part in an annual appraisal of their work performance.

People received the support they required to access health professionals. We saw people's health conditions were recorded in their files and information around input from health professionals was updated as required. Staff were clear about sharing information with healthcare professionals and reporting changes to the management team. A care worker described how they had worked with the district nurse and occupational therapist to get the right mobility aid for one person. They said, "We have tried two types already and there is another meeting tomorrow to look at a different one." They were clear about the importance of the correct aid being available.

Is the service caring?

Our findings

People commented positively about how staff delivered their care and how their wishes were met. The nineteen people who used the service that returned questionnaires to us told us they were happy with the service they received and confirmed staff offered choice and helped them to maintain their independence. People we spoke with described care workers as caring, helpful and kind. One person told us, "They [care workers] couldn't do anymore for me."

The relatives we spoke with also spoke highly of the care staff delivered. One told us, "I am quite happy with everything and [family member] is really happy." Another relative said, "[Family members] gets the same set of girls [care workers] so they know them well. They do extras such as pick up some milk for them [family members] if they can see they have run out, they are just so good with them." A third relative commented, "The staff are friendly and have got to know [family member]. They know when there is something wrong and keep me in the picture if [family member] is ill."

People had been involved in developing their plans of care, which identified the care and support they needed. If they had any communication difficulties staff were aware of how these were to be managed. Where people could not speak up for themselves relatives were also involved in the care planning process.

Care files contained information about people's history, preferences and abilities, but these were in varying detail. However, we saw the majority of care plans had been made more person centred and work was underway to complete the rest. The staff we spoke with all said they felt care plans gave them sufficient information about people's preferences and as they visited the same people most of the time they knew them well.

Senior staff had undertaken 'spot checks' where they had observed staff while they provided care, assessed their competency in supporting people and asked people's opinion about their care provision. Care reviews and occasional telephone calls had also been used to gain people's views.

People using the service told us staff listened to them and offered them choice regarding how their care and support was delivered. Staff spoke positively about offering people choice in all aspects of their care. One care worker told us, "I always ask people what they want and offer alternatives, and ask their permission to do things."

Staff understood the importance of respecting people's dignity, privacy and independence. One care worker told us, "I cover people with a towel when dressing or washing them and I shut the curtains and doors." They went on to describe how they encouraged people to do as much as they could for themselves. They added, "They wash their face etcetera and then I just do the bottom half for them."

The registered manager told us the company had an equality and diversity policy, which had been updated in May 2017 to make sure it reflected any changes. They said, "Hales do not discriminate in any way and the care we provide takes into consideration all aspects of the service users personal preferences through the

use of our thorough care needs assessment. Equality information is embedded throughout all training events and is also included in the induction programme. We undertake to monitor the representation of different groups among our service users and staff [under the Equality Act 2010].

Care files contained information about people's religious beliefs, communication difficulties and any end of life requests. Staff said they would endeavour to support people to continue to follow their usual practices and would respect their wishes when at all possible.

The registered manager gave us an example of how they had supported someone whose first language was not English. They told us, "When we need to do a review or have a more in-depth question and answer, the social worker will get us a translator, but we have found this to be difficult at times, so we have a carer who speaks both English and [their first language]. She has said that she is more than happy to come with us to the home when a review is needed." Training records and staff comments showed they had completed equality and diversity training to help them understand how to recognise and understand peoples' differing needs.

Is the service responsive?

Our findings

Everyone we spoke with told us staff provided good care and support. A relative commented, "The carers who regularly attend my [family member] are kind, caring, reliable and diligent and my [family member] has every confidence in them. I am generally satisfied with the service and have little cause for complaint." Another relative told us, "They have done the best for [family member]. They do a great job, the office staff and the carers."

Care files checked contained initial needs assessments, care plans, risk assessments, and where applicable care reviews, which people using the service had been involved in. However, we found although some care plans contained very detailed information about the person's needs and how they liked their care providing, others were not as comprehensive. The registered manager explained they were in the process of reviewing and rewriting all care plans to make sure they all contained more detailed information about how people liked to be supported, with the majority already completed. Staff had completed notes each time they had supported someone. We saw these were detailed and reflected the care people needed.

Staff we spoke with demonstrated a commitment to supporting people to achieve independence. One person told us they wanted to maintain as much independence as possible and described how staff had enabled them to do this by being supportive, but letting them try things out if they felt they were able to manage themselves.

People could raise any concerns with the confidence they would be addressed appropriately. The registered manager told us, "Where an incident, complaint or concern is raised regarding care services or care workers performance, the manager and or quality assurance officer will visit the service user and review the care and service and put immediate actions in place. Any complaints, concerns, [or] safeguard issues are investigated and documented in the branch and the manager will openly liaise with CQC, the local authority and any other relating networks as required." Records showed complaints had been investigated in line with this process and if outcomes indicated that changes were needed, these had been made.

People told us they would feel confident raising any concerns or complaints with staff. Those we spoke with told us the service had listened to what they said and been responsive to their comments. For instance, when one person had a concern she told us, "My daughter called them [Hales] and they got it sorted. I am quite happy and settled now." A relative whose family member had recently started using Hales Group commented, "I am happy with the care. When I called the office I got a response. I feel more confident with this agency."

The service protected the information they held about people. The registered manager told us, "Hales have robust policies and procedures in place for data protection that were updated and escalated to each branch under the new data protection laws and the GDPR [General Data Protection Regulation] which comes into effect in May 2018. These procedures are audited each month by the branch manager in the form of a quality assurance audit. These work in conjunction with the action plan set out by the registered manager. This is shared with both the regional manager and the quality manager so that we can be assured that we are

operating in accordance with the National Standards."

Is the service well-led?

Our findings

The service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. They were supported in their post by a regional manager and the management team, which included care co-ordinators, a field based supervisor, a quality assurance officer and an administrator/recruitment person. Plus, a regional trainer was responsible for facilitating staff training.

The registered manager demonstrated she had a good oversight of the service and we found she had made changes to improve how the service operated since she came into post in the summer of 2017. For instance, concerns raised about timing and missed calls had reduced and additional information was being added to care plans to make them more person centred.

The registered manager told us she received regular support through one to one meetings with her line manager, which she said were very useful. She also told us, "Registered managers attend a quarterly managers' meeting with the opportunity to network with colleagues, share best practices and ideas used in their branch, off load and share knowledge on the industry and their locality."

All the staff we spoke with had a clear understanding of their roles and responsibilities. They spoke positively about the registered manager and the support they received from the staff based in the office. One care worker told us, "They [the registered manager and care coordinators] have time for you." Another member of staff said, "There is good team work, we all help each other out, we've got a good bunch here [staff]."

The registered provider gained people's views through telephone conversations, care reviews, surveys and at 'spot checks' carried out to assess how staff were working. A survey carried out in March 2018 contained mainly very positive responses. Where people had highlighted areas for improvement an action plan had been put in place to address them. People who used the service, as well as the relatives we contacted, felt there had been improvements over the last eight months. Comments included, "They [staff] all do a great job," "They [Office staff] are very helpful," "I am totally satisfied with them [Hales]. They are the best we have ever had so far" and "We are totally satisfied with them [Hales Group], best we've had so far."

The service is also looking at new ways to engage with people. The registered manager told us, "Hales are working towards opening up 'Service User Forums' where we will invite not only those people that use our services, their families and carers, but also those that support them such as those we work in partnership with. We believe that listening to what people say, whether it's good or bad, helps us to improve the service we provide." She said meetings had taken place and a forum was to take place in the summer.

The registered provider completed effective checks to make sure staff were following company policies and the service was operating satisfactorily. For instance, care records had been checked and regular medication audits had been completed. When shortfalls had been found action had been taken to address them in a timely manner. For example, one to one meetings had been held with the staff concerned to minimise the risk of a recurrence. 'Mini audits' had also taken place where a member of the senior

leadership team had checked if policies had been followed. For example, checks on recruitment files, safeguarding concerns, people's care files, incidents and complaints. This had been followed up by a 'spot audit' to make sure any areas for improvement had been actioned. The registered manager said an annual comprehensive audit was also carried out by head office, but this had not yet taken place.

The management team supported staff using formal one to one meetings, annual appraisals, competency checks, staff meetings and informal chats. A recognition award had also been introduced to acknowledge good staff performance. The registered manager told us, "We introduced 'Hales Hero's' in December 2017. This is awarded to those staff recognised for their services. Each branch puts forward all those staff that have no absences and no handing back of shifts of work within the required period. One of these employees is then chosen, at random, to receive the award. All other staff that were put forward receive a letter of recognition from the Managing Director and receive a Hales Hero's badge." Staff we met who had been nominated proudly showed us their badges.

The service worked effectively in partnership with other agencies. The registered manager told us, "We work in partnership with all parties involved in the care of the individual such as GP's, district/ community nursing teams, occupational therapists, falls teams, support groups, volunteer groups, the local authority and their safeguarding team."

The local authority told us that although they had not carried out a full assessment of the service they had visited the agency following concerns being raised in the first half of 2017. They said although some areas needed attention these were being addressed and since then a new manager had been appointed. They told us, "[The regional manager] was very open and honest in relation to the previous concerns which were raised."