

Hales Group Limited

Hales Group Limited - Grimsby

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 Grimsby is a domiciliary care agency providing personal care and support to people in their own homes. At the time of the inspection the service was providing a regulated activity of personal care to 305 people.

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

People were positive about their experience of the service and the care they received. They told us they felt very safe and secure with staff.

People were protected from avoidable harm and abuse by staff who could identify and report safeguarding concerns. People's medicines were administered as prescribed and audited regularly. Staff understood people's needs and risks to their safety. Risk assessments guided staff on how to safely meet people's needs.

There were enough skilled and experienced staff to meet people's needs. The provider's induction and ongoing training helped ensure staff had the skills and knowledge to support people. Recruitment processes were in place and followed which ensured only suitable staff were employed.

People spoke positively of their relationships with staff. Staff respected people as individuals, had a positive approach to equality and diversity and promoted people's independence.

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.

Care plans contained information that supported staff to provide person-centred care. Staff worked with professionals and followed their advice, to ensure people's needs were met. People were encouraged to maintain important relationships. People had end of life care plans in place which identified their wishes.

People were confident their concerns or complaints would be addressed promptly and processes in place supported this.

The registered manager had an open and honest approach and supported staff. The registered manager used audits to monitor the quality and safety of the service. They listened to people's feedback and responded to issues and concerns to continually improve the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 May 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

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 - Grimsby

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, an assistant inspector and two Expert by Experiences. 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.

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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 May 2019 and ended on 24 May 2019. We visited the office location on both dates.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 20 people who used the service and five relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, senior care workers, and care workers.

We reviewed a range of records. This included 10 people's care records and 10 medication records. We looked at seven 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.

After the inspection

We were sent further information from the registered manager which included policies and procedures. We spoke with one professional who is involved with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had safeguarding training, were knowledgeable about the different types of abuse and told us they would report any concerns straight away.
- The provider and the registered manager were aware of their responsibilities in relation to safeguarding and liaised with the local authority when safeguarding concerns are raised.
- People felt safe with staff. One person told us, "I find the service very good, I feel safe with the carers." A relative said, 'My relative is very safe with the carers. I have absolutely no worries at all about their safety.'

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong

- Risks to people's safety and wellbeing were identified and managed appropriately. Risk assessments were reviewed and updated when people's needs changed.
- Systems were in place to protect people from the spread of infection. Staff completed infection control training and used gloves and aprons appropriately.
- The registered manager reviewed and monitored accidents and incidents for any trends or patterns. Advice was sought from relevant professionals to prevent reoccurrence and lessons learnt were recorded and shared with staff.

Staffing and recruitment

- The service had enough staff to meet people's needs.
- Safe recruitment processes were in place. Appropriate checks were completed before new members of staff started work.
- Disciplinary procedures were in place and had been followed when required.

Using medicines safely

- Staff were trained in the safe management of medicines and had good knowledge of current guidance when supporting people to take their medicines.
- People were encouraged to manage their own medicines, where possible.
- Medication administration records confirmed people's medicines were administered as prescribed.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

- Assessments of people's needs were thorough and considered their preferences when arranging their care. Assessments were used to develop care plans which supported staff to provide effective care.
- People's care and support was reviewed to ensure this was being delivered as planned.
- Staff tailored the care and support provided to people's individual needs. They recognised people's strengths, weaknesses and aspirations; helping people live the life they chose.

Staff support: induction, training, skills and experience

- Staff were positive about the provider's induction and ongoing training they completed for their role. New members of staff shadowed experienced staff members and completed a wide range of mandatory training before supporting people.
- Staff had the required skills and knowledge to meet people's needs. The registered manager monitored training and completed competency assessments to ensure staff skills and knowledge remained up to date.
- Staff received regular supervision and support from office staff and the registered manager.

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

- Staff promoted people's independence with shopping, planning and cooking.
- People were supported to have a healthy and varied diet, whilst respecting their choices. One person told us, "I have a visit at lunchtime, I have ready meals delivered but these can be a bit monotonous. Sometimes the staff will make me something fresh and they present it really nicely which is lovely because then you enjoy your food better."
- Care plans recorded people's meal preferences, allergies and the support they required, which ensured staff had relevant information to support people with their dietary needs.

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

- The provider used electronic systems to ensure staff had access to current care plans, which supported them to provide consistent care.
- Staff supported people to access healthcare services, followed professional advice and provided effective care.
- Staff were confident in recognising changes to people's health and wellbeing. They knew how and where to seek professional advice and referred people to appropriate healthcare professionals.

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 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.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights were effectively protected. Staff were trained and working in line with the MCA and care plans supported this.
- Staff sought consent and people were supported 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.

At the last inspection this key question was rated as Good At this inspection this key question remained the same. 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 and their relatives provided positive feedback about the service. Comments included, "I can't fault the carers in terms of kindness. It doesn't matter how busy they are, they will always listen to me." A relative said, "Everybody who comes is lovely and they spend time chatting to my relative which is as important as the tasks they do."
- Staff were attentive and knew people's preferences. They used this knowledge to support people in the way they wanted.
- Staff understood the diverse range of people's needs. They respected and valued people whatever their race, religion, disability or gender.

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

- People's care plans included detailed information about their likes and dislikes. This showed they had been asked about what was important to them and encouraged to make decisions about the support they received.
- People and their relatives told us they were involved with the planning of their care and with day to day decisions. One person said, "I have a care plan, they asked me a lot of questions when setting it up." A relative told us, "The family were fully involved when setting up the care plan, to meet our relative's needs."
- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives.
- Three people who used the service had an advocate. An advocate is a person who can support others to raise their views, if required.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy. One person said, "Staff are very careful about respecting my privacy, they make sure the curtains are shut and they wrap a big towel round me as soon as I'm showered."
- Staff supported people in a discreet and respectful manner to maintain their dignity.
- People were encouraged to remain independent. One person said, "They [staff] encourage me to do what I can for myself, I am not ready to leave my home yet."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

- People's care plans contained detailed, person-centred information, which guided staff how to best meet their needs.
- Staff understood what was important to people and adapted their approach to meet their individual needs and preferences. One person told us, "The staff are very flexible and willing to change their usual routine to fit in with hospital appointments."
- People were offered choice about their care. One person said, "We talk about things; they always ask what they could do for me. They are always very helpful."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager followed the requirements of the Accessible Information Standard and gave information to people and their relatives in a way they could understand.
- People's communication needs were assessed and recorded in care plans. These guided staff on the most effective ways to support people to communicate.

Improving care quality in response to complaints or concerns

- Complaints were effectively managed in line with the providers policy and action was taken to address concerns.
- Information was provided to support people to raise any concerns and complaints.
- People told us they would feel comfortable in making a complaint if they needed to. One person said, "I have never made a complaint but I would probably ring the office if I did."

End of life care and support

- Staff recognised the importance of good end of life care and told us they liaise with healthcare professionals to ensure people have the right medicines and equipment in place to help maintain their comfort and dignity.
- Staff received end of life training to ensure they could support people in a dignified and respectful way at the end of their life.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

- The provider and registered manager promoted a person-centred culture through training, supervisions and sharing information with staff.
- Staff told us they felt listened to and were supported to provide good care. One staff member told us, "I enjoy my job, and the registered manager and office staff are always there for support when needed."
- People told us they had very good relationships with staff who were trustworthy and respectful. They were involved in discussions about their care and experienced good communication with staff.

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 understood and acted upon the duty of candour. Processes were in place to investigate incidents, apologise and inform people why things happened.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement; Working in partnership with others

- The registered manager reported safeguarding concerns, notified the CQC of events when required. They also investigated and responded to any complaints people had about the service.
- Staff had a good understanding of their roles. Information was shared quickly with staff using an electronic monitoring system and followed up either face to face or by telephone. They were supported with supervisions and appraisals.
- Effective systems and processes were in place to monitor and improve the service. Audits were completed on a regular basis which provided an insight into the service and identified if any improvements were needed.
- People told us staff were professional in their roles and that they worked well with people to ensure their needs were met.
- The provider worked in partnership with other services to support people's care and quality of life. Some of these included general practitioners, district nurses, social workers and hospital discharge teams.

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

- The provider had sought feedback to help maintain and improve standards at the service.
- People said they had appropriate opportunities to provide feedback to the registered manager

- Communication between staff and management was effective and open.
- Staff meetings were held to ensure staff were kept informed and they were encouraged to suggest ideas. A staff member said, "I suggested taking a service user out in a wheelchair and I rang the office and a risk assessment was completed so we can take them out."