

Hales Group Limited

# Hales Group Limited - Scunthorpe

## Inspection report

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Date of inspection visit:  
04 February 2020

Date of publication:  
04 March 2020

## 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 – Scunthorpe is a domiciliary care service providing personal care for older people and younger adults. At the time of our inspection 120 people received support from the service.

Not everyone who used 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.

People using the service lived in their own homes in the community. Some people lived in an extra care site, where they lived in their own flats in one adapted building.

### People's experience of using this service

People were happy with the care being provided and praised their regular carers. When new staff started, some people did not feel they could meet their needs. The registered manager told us they would address this.

Care and support was tailored to people's need as most staff knew people well. We made a recommendation about updating people's holistic needs on the new electronic care planning system.

Robust recruitment processes were followed. People were actively involved in the recruitment process to ensure the right staff were being employed.

The provider had systems in place to safeguard people from abuse and staff demonstrated an awareness of safety and how to minimise risks.

People were supported with activities and interests to suit them and to aid their independence.

People were supported with their communication needs and staff demonstrated effective skills in communication. Staff had received training and support to enable them to carry out their role. 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.

Staff told us the management team were approachable and they felt appreciated by their manager and the wider organisation. Staff recognition rewarded staff throughout the year.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 25 April 2016). There was also an inspection on 13

November 2018 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

#### Why we inspected

This is a planned re-inspection because of the issue highlighted above.

#### 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 - Scunthorpe

## **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

One inspector, an assistant inspector and an Expert by Experience carried out this inspection. 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 homes.

This service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the CQC. 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

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

Inspection activity started and ended on 4 February 2020. We visited the office location on 4 February 2020.

#### What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with the registered manager, the regional manager, the care coordinator, an office based senior and five care workers. We also spoke with 14 people using the service and five relatives. We visited four people in their own homes. We looked at seven people's care records in full. We also looked at 10 people's records in part. We looked at a selection of documentation about the management and running of the service, including recruitment information for three members of staff, staff training records and records of complaints.

#### After the inspection

We received further evidence from the registered manager via email to verify information they told us during the inspection. We spoke with one healthcare professional about 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 inspection on 25 April 2016 this key question was rated as good. At this inspection 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; Staffing and recruitment

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary.
- People told us they felt safe. People told us, "Yes I feel safe. That was the main reasons my family wanted me in here" and "I've been happy here from day one."
- There were enough staff available to meet people's needs. Some people told us staff sometimes arrived late or it would be a staff member that they didn't know. However, most people told us staff arrived on time and they received regular staff members that they knew well.
- Checks were in place to ensure staff were recruited safely.
- People were involved in ensuring the right staff were recruited. One person told us, "I sit in on staff interviews, with the registered manager. We have a little bit of a chat, and the registered manager asks me what I think of them."

Assessing risk, safety monitoring and management

- Staff understood and recognised potential risks to people. Care plans and risk assessments contained basic explanations of the control measures for staff to follow to keep people safe. The registered manager recognised where further information could be included to assist with monitoring risk. We were not concerned that this was a risk to people.
- People were supported to take positive risks to aid their independence. Some documents required updating so this was fully captured in care planning. The registered manager assured us this action would be taken.

Using medicines safely; Learning lessons when things go wrong

- Medicines arrangements were safe and managed appropriately.
- Lessons had been learnt following medicines errors. Administration of medicines was monitored centrally, and staff were trained and had their competency checked on a regular basis.
- Accidents and incidents were responded to appropriately. There was a centralised system in place to monitor all incidents and lessons learnt was evidenced.

Preventing and controlling infection

- Good infection control practices were in place. Staff used personal protective equipment to help prevent the spread of infections. People told us, "Staff always wear their gloves and aprons."

# 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 inspection on 25 April 2016 this key question was rated as good. At this inspection this key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received appropriate support from management.
- Staff felt they could approach the manager at any time. They told us, "The manager is good, they support us. They are approachable, I could definitely go and ask for help."
- A staff induction and training programme was in place. Staff told us they enjoyed their training and found it informative. Staff were encouraged to access additional training to enhance their knowledge and skills. A staff member said, "We've all been given the option to do NVQ's. We will get a qualification at the end of it. If we want to progress we can always speak to the office."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Assessments of people's needs were completed, and care and support was reviewed.
- Care and support was planned and adapted in line with people's needs.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to maintain a balanced diet. One person told us, "I have ready meals and they [staff] just pop them in the microwave and give them to me, they know what to do."
- People were protected from risks of poor nutrition and dehydration. Care plans contained information about people's diets for staff to follow.
- Guidance and support from healthcare professionals was obtained and followed.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests.
- Staff had a good understanding of the application of the MCA and could describe how they offered choice and sought consent. One staff member told us, "The MCA is there to safeguard those that can't always make their own choices, but we can never assume that they can't make a choice for themselves."

# 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 inspection on 25 April 2016 this key question was rated as good. At this inspection 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 were treated with kindness; they were actively listened to and their choices respected. One person told us, "The staff are very nice, they are most pleasant to me."
- Staff were friendly and demonstrated a passion for providing a good quality service. One staff member told us, "It's such a rewarding job. I like going to see somebody, learning about their life."
- Most staff demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them. Some people told us new staff didn't always know what to do. Comments included, "Most staff know what to do, but I had a new staff member come last week and they didn't know what to do until I told them." The registered manager assured us this would be addressed as all staff have access to care plan records prior to attending someone's home."

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

- Staff supported people to make decisions about their care. They knew when people wanted help and support from their relatives. Where needed staff sought external professional help to support decision making for people.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect. Staff were able to describe how they promoted people's dignity. One person told us, "The staff treat us with dignity. They are respectful."
- People's right to privacy was respected and reflected in care planning.
- People were supported to remain as independent as possible. Staff could describe how people were encouraged and supported to do things for themselves, including house hold tasks, personal care and accessing the community.
- Systems were in place to maintain confidentiality and staff understood the importance of this.

# Is the service responsive?

## Our findings

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

At the inspection on 25 April 2016 this key question was rated as good. At this inspection 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

- People's basic needs and information on how best to meet their preferences were recorded. However, some information had been missed when transferring on to a new electronic system. However, this did not impact on people's care needs.

We recommend the provider reviews and updates their electronic care planning system to ensure that people's holistic needs have been updated.

- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.

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 regularly engaged in the local community including accessing centres, classes, shopping and local cafés.
- People were also encouraged to undertake roles within the organisation including being a service user representative.

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.

- People's communication needs were identified, and reasonable adjustments were made.
- Information in people's care plans supported staff to understand people's forms of communication.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to any complaints. Complaints had been investigated and responded to in line with their policy.
- People told us they knew how to make complaints. One person told us, "I would go to the registered manager to complain."

End of life care and support

- People told us staff were aware of their wishes at end of life. One person told us, "I've got my funeral

sorted and paid for. The staff know about it, I have told them all."

- At the time of the inspection no one was being supported with end of life care. The care plans we sampled did not contain information about people's wishes at their end of life. The registered manager assured us people's wishes were captured when expressed.

# 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 inspection on 25 April 2016 this key question was rated as requires improvement. At this inspection 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.

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

- Regular, effective and consistent checks were in place. Action was taken where needed following checks on quality of the care provided. The registered manager responded openly to areas where the electronic care system was not fully up to date and provided reassurance this would be addressed immediately.
- Lessons learnt was considered and evidenced to show continuous learning and improvement.
- People and staff had confidence in the manager and the provider and found them to be approachable. A staff member told us, "At this company, everyone is so lovely and helpful all the time. You can ring anyone for support, they go above and beyond to make sure the staff members and people are happy."
- Staff treated people with respect and in a professional manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider demonstrated a commitment to provide person-centred care by engaging with everyone using the service and stakeholders.
- People had opportunities to be involved in developing the service. Staff, people and their relatives were asked to complete regular feedback questionnaires. Feedback was summarised, and action was taken where people made suggestions.
- Staff told us the management team would encourage and listen to their concerns or ideas.
- Staff recognition was promoted by the provider and the registered manager. Regular rewards including additional financial incentives and prizes made staff feel appreciated. People were encouraged to nominate staff for awards. A large number of nominations for care staff had recently been put forward.

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 was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.

Working in partnership with others

- The service worked closely with key organisations and had good links within the local community to ensure good outcomes for people.
- A healthcare professional told us, "Leadership at this service is good. The registered manager runs a well

ordered ship. They know what's going on in the service and that gives us confidence."