

Hales Group Limited

Hales Group Limited - Peterborough

Inspection report

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31 May 2022

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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 Limited - Peterborough is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 75 people using 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's experience of using this service and what we found

People and their relatives were very happy with the service provided by the staff. One relative told us, "The standard of care is excellent." Another relative said, "Hales has been the best company my [family member] has had."

There were enough staff employed to meet people's care needs. They had been recruited well, had received appropriate training and felt well-supported by their managers. Staff knew how to report any concerns so that people were protected from avoidable harm. Potential risks to people were assessed and staff followed guidance to minimise the risks. People felt safe with the staff. They received their medicines safely and staff followed infection prevention and control procedures.

Staff were very happy to be working for Hales Group Limited – Peterborough. They felt well-trained and supported to be able to do their job well. Staff assisted some people with their meals and worked with external care professionals to promote people's health and well-being. 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.

Staff treated people with respect and upheld their privacy and dignity. People and their relatives described staff as amazing, caring and kind and gave many examples of how staff had gone 'over and above' their role to make life more comfortable for people.

Care plans were written with the person and their relatives: they detailed the care each person needed and how that person wanted their care delivered by the staff. Information was available in accessible formats and people knew who to contact if they had any concerns.

We received positive feedback from people, their relatives and staff about the service and the way it was managed. The registered manager was approachable and very well-liked. She managed the service well and understood her regulatory responsibilities to inform people if anything went wrong and to notify CQC about specific events. Audits were carried out to ensure a high-quality service was provided and people were encouraged to put forward ideas for improvement. One relative told us, "I would definitely recommend this company. We are so proud and happy to have them looking after our [family member]."

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 15 February 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hales Group Limited - Peterborough

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 10 May 2022 and ended on 31 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 three people who use the service; 12 relatives of people who use the service; seven staff (care staff and office staff); the registered manager; and area manager. The registered manager sent us a range of documents for review.

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; Assessing risk, safety monitoring and management

- People told us they felt very safe with the care staff. People's comments included, "I am very vulnerable... I feel very safe with [staff]" and "I have a few different [staff] and I feel very safe with them all."
- People's relatives also had very positive views about the safety of their family members. One relative told us, "We are 100% happy with the care and we have no complaints; we don't need to say anymore"; another relative said, "[Family member] is very happy with the care she receives"; and a third relative reported, "[Family member] has a few [staff] but she has got to know them well... and is very safe in their hands."
- Staff had undertaken safeguarding training. They knew what and to whom to report any concerns, both internally and to external agencies such as the local authority, the police and CQC. The registered manager discussed safeguarding with staff in meetings and supervision sessions as well as testing staff's knowledge through quizzes. One member of staff told us if they had a concern they would speak to the office or, "I would call the right authorities."
- The provider had systems in place to ensure people were kept safe from abuse and avoidable harm. The registered manager confirmed that all incidents were reported to the local safeguarding authority and to CQC as appropriate.
- The management team completed, reviewed and updated assessments for a range of risks related to each individual and to staff. One person's relative told us, "[Family member] has cot sides that [staff] use when he is having a bed bath so he doesn't roll out."

Staffing and recruitment

- People and their relatives were pleased to report that staff had never missed any care calls. They said sometimes staff were busy and arrived late, but the person had always been told, including why that could not be avoided. One person told us, "[Staff] arrive pretty well on time and always stay for the time I would expect them to." A relative said, "My [family member] has consistency of [staff] and there have been no missed calls."
- The registered manager told us there were always enough staff employed to cover all the care calls, even though recruitment was challenging. They had used innovative ways to attract new staff and worked hard to retain them. In the PIR the registered manager wrote 'We work with local partnerships and incentives to ensure we have outstanding candidates applying for jobs, sourcing candidates through social and business media platforms to identify those with the skills needed for the care sector.'
- The provider used a thorough recruitment procedure to ensure that only suitable staff were employed. Staff confirmed that all required checks, such as a criminal record check, references and personal identity had been completed before they were allowed to start work.

Using medicines safely

- Staff did not give medicines to everyone, but where they did, people and relatives were satisfied with the way this was done. One relative told us, "There have been no problems with [staff] giving [family member] their medicines."
- The provider had systems in place to ensure people received their medicines safely and as they were prescribed. Staff received training in giving medicines and their competence was regularly assessed by the management team. Staff told us they completed medicine administration records and checked, every time, that the medicines were correct.

Preventing and controlling infection

- The provider had a robust system in place to ensure as far as possible that people and staff were protected from the spread of infection.
- Staff wore the correct Personal Protective Equipment (PPE) effectively and safely. One person said, "[Staff] always wear their gloves, aprons and masks when doing personal care and their infection control and hygiene is very good."

Learning lessons when things go wrong

- The provider had a number of systems in place, both for this location and across all their locations, so that any learning would be shared. These included staff meetings, supervisions and as part of the constant communication between head office and front-line staff.

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

- The management team carried out a face-to-face assessment with each person to make sure the service had staff available with the right skills and knowledge to care for the person in the way they wanted. In the PIR the registered manager wrote, 'When we commence a new package of care, we attend the service users' home in person so that we can discuss what Hales Homecare are able to support them with.' People's needs and preferences were detailed in each person's care plan.
- The registered manager told us she kept up to date with current guidance and best practice by signing up to various organisations to receive information, attending training and discussing aspects of care with health and social care professionals. The provider worked hard to ensure their registered managers were abreast of any changes and new ideas.

Staff support: induction, training, skills and experience

- People and their relatives made very positive comments about the staff. One relative said, "I cannot fault them as they meet all [family member's] needs." Another relative commented, "[Family member] is extremely well looked after."
- New staff had an induction and all staff received training so that they could provide the care each person needed. Staff told us that the manager provided access to refresher training when it was due so that staff retained their skills. Staff also said the manager would give them quizzes covering various subjects to test their knowledge. A relative commented, "The [staff] are well-trained and the care overall is very good."
- Staff had undertaken training in a wide range of topics, including relating to people's specific needs, such as dementia awareness, feeding via a tube and end of life training. Staff had access to information from healthcare professionals such as district nurses and dieticians. One relative told us, "[Family member] has [equipment] that helps her: the care company liaise with occupational therapy to ensure the [staff] are trained and assessed for using this, so we know all is well." Another relative said, "[Family member] is fed through a [tube]. [Staff] manage this well, ensuring the [tube] is not blocked and that everything is clean."
- Staff were happy with the support they received from the registered manager and senior staff. They had regular supervision sessions; spot checks were carried out to check their work; and staff meetings provided them with opportunities to raise any issues.

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

- Not everyone who used the service had staff support with their meals. Where this was part of their care package, people and their relatives were happy that staff gave the person the food and drinks they wanted.

One relative said, "The service provided is very good. [Staff] ensure [family member] is kept well hydrated and has food she enjoys, always asking her what she would like to eat."

- Staff monitored people's health and supported them to access healthcare when they needed it. One person told us, "I was very poorly recently and they put me to bed and called the doctor."
- Staff had developed good working relationships with healthcare professionals, which supported people to maintain their health and well-being. One person said, "When I was in hospital I developed sores, but with assistance from the district nurse and [staff] interventions, things have cleared up. [Staff] are excellent."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People told us staff involved them in all decisions about their daily lives. One person said, "I have a care plan and the staff do abide by it but they will always ask me for consent when providing care to me." Another person said, "[Staff] talk me through everything they're going to do... I feel very safe."
- Staff told us they had undertaken training relating to the MCA and described how this related to their work. One member of staff said, "Everything we do is person-centred. We give people choices every time."

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 were very happy with the staff who provided their care. They spoke about them with genuine warmth and gratitude and made numerous compliments. One person said, "[Staff] are kind, caring, lovely people and great company". Another person said, "[Staff] are brilliant, very caring and they are very invested in my well-being."
- People's relatives also made very positive comments about the staff. One relative told us, "All the [staff] are amazing. ... [family member] is extremely well looked after." Another relative told us, "[Staff] are well-trained and kind, treating [family member] with kindness, great dignity and respect."
- Staff treated people very well and respected their equality and diversity by ensuring they met each person's individual needs. One person's relative told us, "[Staff] really listen to [family member] and chat away to him – they are great companions."

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

- Staff supported people and their relatives to be as involved as they wanted to be in making decisions about the person's care and support needs. People were pleased that staff always offered them choices. One relative told us, "...I hear the [staff] interact with [family member] – they always ask her if she is happy with what they are going to do."

Respecting and promoting people's privacy, dignity and independence

- People told us about the many ways staff showed them respect and helped them to retain their privacy, dignity and independence. One person said, "My personal care is very good and they always ask for consent which is very respectful. They try to give me privacy by covering me with towels and they are very polite." Another person told us, "They do their utmost to maintain my dignity, especially when they change my [continence aid]."
- People's relatives had no concerns about this aspect of their family members' care. One relative said, "The [staff] are wonderful, very thoughtful and kind. They go over and above what you would expect, treating [family member] with dignity and respect and providing a very caring environment for her needs to be fully met." Another relative reported, "Personal care is always done in a respectful way. [Staff] are very patient with her and chat away to her."
- Staff promoted people's independence by encouraging them to do as much as they could for themselves. A relative told us that the staff always supported their family member to walk to the bathroom so they were kept as mobile as possible.

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

- People and their relatives made positive comments about the way staff treated them. One relative said, "[Family member] has the same [staff] that understand him, he has got to know them well, the care is consistent and all of his needs are met." Another relative told us, "They know [family member's] routine and they stay and complete all tasks as well as giving her company."
- The management team worked with people and their relatives to ensure they were fully involved in writing their care plan. In the PIR the registered manager wrote, 'We work with the individual and all other parties involved [such as] family members, social workers, physiotherapists, speech and language therapists, continence nurses [and so on] to provide a person-centred approach to the care delivery. We ensure the service user remains as independent as possible with them at the centre of all decisions and always acting in their best interests.' One relative said, "[Family member] has a care plan and it is being followed, so she is being well looked after."
- A relative confirmed that staff reviewed care plans every six months or when the person's needs changed: "The [registered] manager comes and reviews my [family member's] care to ensure everything is going to his care plan and she will reassess any changing needs." Staff said they read the care plans, which were available to them on their phones, so they kept up to date with each person's needs and wishes. A relative told us, "Even when a new [staff member] is introduced they read the care plan and ask [family member] how she likes things done."
- Relatives gave us many examples where they thought staff had gone "over and above basic care needs". These included shopping for people during the pandemic; doing a person's nails and doing exercises with them; picking flowers to cheer a person up; making sure a person was especially smartly dressed when expecting visitors; looking out for and dealing with deliveries; hanging out washing; and taking a person outside in their wheelchair for some fresh air. One person said, "[Staff] really are my companions and I look forward to seeing 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.

- The registered manager wrote in the PIR, 'Our information to our service users can be printed in large font, brail, and different languages to meet their communication needs and preferences.' They told us they also

used photo-cards to support people who had memory problems, if this helped them understand the information better.

- People and relatives praised the management team and the staff for their communication. The registered manager said this would improve further as the company was introducing an application for people's and relatives' phones so that information, including care plans, could be quickly shared with whoever the person wanted.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise any concerns and were confident their concerns would be dealt with. Several people however used phrases such as, "We have no complaints", "We can't fault them" and "We are happy with the care."

End of life care and support

- Staff had undertaken training in end-of-life care. They also knew they would be well-supported by the management team as well as healthcare professionals such as the GP and district nurse if a person needed care at the end of their life.
- End-of-life care plans ensured staff understood people's wishes, the care they needed, and how to provide this.

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

- The service was very well-managed by a registered manager who led by example, creating a positive, open, person-centred culture across the organisation.
- People were very satisfied with the care they received and how the service was run. As well as positive comments about the care staff, they made positive comments about the management. These included, "The [registered] manager comes to see me and makes sure everything is ok and I am happy with the service"; "They are really on the ball"; and "They deserve a 10 out of 10."
- People's relatives were also very satisfied. One relative said, "I would give them 10,000 out of 10, let alone 10 out of 10 – they are amazing!" Another relative reported that the registered manager and office staff were always very approachable, easy to talk to, polite and helpful.
- Staff were very happy to be working at Hales Group Limited - Peterborough. One member of staff said, "If it wasn't a good company I wouldn't be here. It's not always going to be perfect but they really do care and care about people." Another member of staff said, "I'm really happy in my role, my company and my job – we provide the best [service] we can."
- Staff were also complimentary about the registered manager. One member of staff told us, "I can't fault the management team. [Registered manager] has done a whole lot of good – she's helped me grow and improve and encouraged me. Staff have an excellent relationship with her and people who use the service speak very highly of her."
- The registered manager told us about a wide range of actions she had taken to make sure people and staff felt valued and cared for. These included sending birthday, occasion and thank you cards; taking sweets to people and staff for 'trick or treat'; sending out crossword puzzles, film lists, quizzes, and a virtual Christmas calendar; and ice lollies and drinks when it was hot. She said, "I try and bring joy."

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 and their relatives praised the care staff and managers regarding their communication. Several people told us they are always contacted, for example, if staff were running late. Relatives were confident that staff and managers were open and honest with them and got in touch regularly, so they knew what was happening with their family members. One relative said, "The [staff] and office communicate very well with me so if there are any issues that need to be tweaked it is done immediately."
- The registered manager was fully aware of her legal responsibilities, including contacting those involved if something had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post who was fully aware of her regulatory responsibilities, including notifying CQC of specific events.
- The provider had a quality assurance system in place. The provider's area manager explained that as well as the monitoring undertaken by the registered manager and her team, there were "extra layers for good governance." Included in these were a compliance team and a "flow of communications from the managing director about how we can be better as an organisation as well as at branch level."

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

- People and relatives said staff and the management team contacted them regularly to check that everything was alright. They felt that all staff really listened to them. A relative told us they had received a survey to complete.
- Staff felt fully involved and told us about supervisions and team meetings where they were encouraged to put their views forward. They also knew the registered manager's "door is always open" so they could contact her at any time.

Continuous learning and improving care; Working in partnership with others

- Several staff talked about how they were always aiming to improve. One member of staff told us the registered manager "is always open to our ideas and views – she's all about making a difference to people."
- The registered manager told us that as a team they all continued to learn in a number of ways, including sharing at team meetings and during informal chats and phone calls. She said, "We are always working towards making things better. We can always improve."
- Staff worked with external care professionals to ensure people received the joined-up care they needed.