



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
7 MARCH 2017

CARE QUALITY COMMISSION INSPECTION REPORT ON
HALES GROUP AND THE ACTIONS TAKEN BY THE COUNCIL

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of Report

1. The purpose of this report is to advise the Committee of the outcome of an inspection of Hales Group (Leicester) by the Care Quality Commission (CQC), and the actions taken by the Council to improve the quality of the service for service users.

Background

2. The Committee have previously received a number of reports about the Help to Live at Home (HTLAH) Service. HTLAH was commissioned jointly with the two county Clinical Commissioning Groups. A detailed report on the roll out of the HTLAH Service and the lessons learnt will be submitted to this Committee at its meeting in June 2017.
3. The County was divided into 18 HTLAH lots, with each Borough or District area containing at least 2 lots. In addition there is more than one lead provider in each Borough or District area (as shown in Appendix A). Hales were awarded three geographical HTLAH lots for the contract which commenced on 7 November 2016. The location of these lots is shown on the map attached as Appendix B.

CQC Inspection

4. CQC visited Hales on 5, 6 and 7 December 2016. The inspection report was published on 24 February 2017 (attached as Appendix B). The report highlights that Hales were found to be inadequate in the areas of safe, effective, well led and responsive. This meant that they were found to be inadequate overall.
5. All the providers were subject to quality and financial checks prior to the award of the contracts. This required satisfactory CQC ratings, references, effective service mobilisation plans, and a robust financial assessment. Providers that had been rated as inadequate at the point of procurement in the domains well led and safe were excluded from contract award.
6. Hales has seven other domiciliary services that have been inspected and rated by CQC. Of these sites, six are rated as good and one is rated as requires improvement. This indicates that the organisation has the capability to deliver effective services and to deliver improvements to care services.

7. Hales are currently responsible for the care of 117 service users, but 63 of these people have their care provided solely by a sub-contractor (who are not subject to CQC restrictions).
8. Since the inspection in December 2016, Hales have been subject to a number of restrictions placed on them by CQC, in particular a requirement that they are unable to take on any new service users or to increase the size of any individual package by more than 3.5 hours per week without the written agreement of CQC. The lots operated by the provider are in effect closed to Leicestershire County Council for new business, and means that care is being placed with alternative providers. CQC have also requested that Hales submit to them on a fortnightly basis an update relating to actions put in place to address the issues outlined above.
9. From the Council's own contracts management, it was evident that in the period immediately after go live there were significant problems in Hales mobilising effectively to deliver the new HTLAH service. Their mobilisation plan had not been effective in making them ready to deliver the required volumes of care, principally because the provider did not have sufficient numbers of skilled and experienced staff. The local branch did not have the systems and capacity in place to quickly make the necessary improvements. The provider had also not adequately escalated the significant capacity and capability concerns with the Council in the run up to go live, meaning that urgent reactive action was required when problems with missed and late calls emerged in the first days of the service.
10. The Council agreed that evidence presented of the service in the CQC report is accurate at the time of the inspection, and reflects much of what we were aware of in the initial period in November and early December 2016.
11. CQC plan to undertake a follow up inspection within the next three months, and this will be published in due course.

Action taken by the Council

12. It was clear soon after 7 November 2016 that Hales had significant difficulty in managing the volumes of care in the Lots as they did not have enough staff available. The Council therefore immediately placed 50 cases with alternative service providers to ease the pressure on the service. It was also agreed that no new cases would be allocated to them until sufficient staff had been recruited.
13. An urgent meeting was convened with the local and regional manager on 8 November 2016 to outline our concerns and seek assurances that these were being tackled. All incidents of missed calls were escalated to the Local Manager. They remain subject to regular contract monitoring meetings and there have been two further escalation meetings with the Assistant Director (Strategy and Commissioning).
14. Since 7 November 2016, there has been one safeguarding alert concerning an individual Hales service user. In the same period CQC have forwarded more general concerns raised with them about the quality of the service provided by Hales. None of these concerns alleged abuse or neglect of specific service users and were followed up as part of contracts management.

15. The Council's Quality Improvement Team (QIT) have worked with managers at Hales to develop a Programme of Support to address the issues outlined above. QIT staff all have extensive management and operational experience in providing care services within a range of service provision. The team is well regarded across the health and care community and has a good track record of supporting providers to meet compliance and improve standards of practice.
16. Hales agreed to work with QIT and after some early teething problems have been actively engaged since January 2017. There is good engagement from the new Branch Manager and Regional Director. QIT report that progress is being made in a number of areas and the three allocated QIT officers visit approximately three days per week. The updated Programme of Support and summary visit information is shared with CQC on a weekly basis.

What improvements have been made?

17. More staff have been recruited and there is a more robust recruitment system in place. Most service users now have an appropriate care plan in place, and there are plans to complete this work soon. Audits of medication administration have been completed, and staff have been given guidance on the improvements required.
18. The number of missed and late calls has reduced very significantly. They have introduced a system where they are checking ahead by calling staff to ensure they have read rotas and will be attending all calls.

| Month | Number of missed or late calls |
|----------------|---------------------------------------|
| November 2016 | 12 |
| December 2016 | 7 |
| January 2017 | 1 |
| February 20 17 | 1 |

19. From 7 November 2016 to the end of December 2016, a total of eight formal complaints relating to Hales have been received by the Council. These related to a range of concerns about the service, with missed or late calls being a feature in most cases. Each complainant has received an individual response to the issues raised and had a follow up contact to check that the service quality has improved. No formal complaints regarding Hales have been received so far in 2017.
20. A new local manager has been appointed and she is being supported more effectively by the wider organisation. Further work will be required to ensure the sustainability of management and staffing capacity.
21. Hales are making significant efforts to work closely with the Council to address the issues raised in the CQC report. The volume of concerns raised with the Council has declined significantly over recent weeks and we have received no further formal complaints from service users or relatives for some weeks. Hales now appear to be performing much better. It should be noted, however, that Hales are delivering low volumes of care compared to the expectations within the framework contract. Discussions are planned with the provider and CQC to consider if the provider can increase provision through taking back sub contracted activity.

Background Papers

None

Circulation under the Local Issues Alert Procedure

A copy of this report has been circulated to all members via the Members News in Brief.

Officer to Contact*

Sandy McMillan
Assistant Director (Strategic Services)
Adults and Communities Department
Telephone: 0116 305 7320
Email: sandy.mcmillan@leics.gov.uk

Cheryl Davenport, Director of Health and Care Integration
Chief Executive's Department
Telephone: 0116 305 4212
Email: cheryl.davenport@leics.gov.uk

List of Appendices*

Appendix A – Distribution of Lots in County Areas
Appendix B – Location of Lots
Appendix C – CQC Inspection report on Hales Group Limited - Leicester

Relevant Impact Assessments**Equality and Human Rights Implications***

22. Contained within contract documents is the requirement for the service provider to deliver all commissioned care calls to meet the assessed needs of the service user taking into account the gender, age, race, ethnicity, culture, sexuality and disability in accordance with the specified tasks on the service user's support plan, and which meet the specification and the Health and Social Care Act 2008, (Regulated Activities) Regulations 2009.
23. An updated Adults and Communities Equality and Human Rights Impact Assessment (EHRIA) was completed in August 2016 and reviewed by the Adults and Communities Departmental Equalities Group (DEG) on 6 September 2016.