

Mrs Tanya Louise Fawcett

Happy2Help

Inspection report

Unit 7
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Filey
North Yorkshire
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03 May 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Happy2Help is a domiciliary agency providing personal care support to people who live in and around the Filey area. At the time of the inspection the service supported 15 people, both older and younger.

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. At the time of our inspection, 12 people were in receipt of a regulated activity.

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

Risk assessments did not provide enough information to guide staff about what actions to take to try and reduce potential risks for people. These assessments were not always updated to reflect people's current needs. We could not be confident people always received their medicines as prescribed because records were not fully completed and there was limited information about the support people needed to take their medicines.

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. People told us they received support from a consistent team of staff who understood how to care for them. Staff asked for the help and advice of health and social care professionals when required.

Staff had not always completed a thorough induction to demonstrate they had the right skills and knowledge to care for people. Staff had not always completed some important parts of their training such as safeguarding and food hygiene. This meant people could be at risk from receiving support from a staff team who did not have sufficient knowledge.

People told us staff were kind and caring. Staff promoted people's dignity and knew the people they supported.

Care plans were completed but these did not always provide enough information to guide staff on the support people required. Reviews of people's support were completed to ensure they were happy with the support being provided.

We have made a recommendation for the provider to understand and apply the Accessible Information Standards.

Checks were completed of the quality and safety of the service, but these had not effectively highlighted the issues we found during this inspection. The provider did not have sufficient knowledge of legislation and best practice to drive improvements within the service. People's feedback was sought about the service and people told us they felt confident in approaching the management team with any issues. A relative told us,

"The service is very good; excellent in every way"

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 inadequate (report published 23 October 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 the provider was still in breach of regulations.

This service has been in Special Measures since 23 October 2019. Following this inspection there no longer any inadequate rating overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment, staffing and the governance of the service at this inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Happy2Help

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

This inspection was completed by one inspector.

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. During the inspection the registered manager told us of their intention to leave. They left shortly after our inspection and have submitted an application to de-register.

Notice of inspection

This inspection was announced. 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 in the office to support the inspection.

Inspection activity started on 23 April 2019 and ended on 3 May 2019. We visited the office location on 23 and 30 April 2019.

What we did before the inspection

We reviewed information we had received about the service from the provider since the last inspection, such as notifications which the service is legally required to send us. We received feedback from the local authority. We used this information to plan our inspection.

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 two people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the provider, registered manager, care co-ordinator and a care worker. We reviewed a range of records for three people and medicine administration records. We looked at a selection of records relating to the recruitment and support of the staff team and the management and running of the service.

After the inspection

We continued to liaise with the provider about the actions taken since the inspection to ensure people were safe. We reviewed information about the policies and procedures and other information relating to the running of 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess and mitigate the risk to people who used the service. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had not been made and the provider was still in breach of regulation 12.

- Risk assessments did not clearly explain the risks to people and the actions for staff to take to reduce these. For example, one person required the use of a hoist. There was no information about the type of hoist, sling or the person's abilities. The staff involved in this support had not received practical moving and handling training or been assessed as competent to use a hoist.
- There was a lack of information about people's medical conditions including their usual presentation and any risks. Most people could tell staff or had the support of relatives to follow-up any concerns, which reduced this potential risk, but this did not support staff's understanding.
- Risk assessments were not regularly reviewed and updated to ensure they reflected the person's current needs.

We found no evidence that people had been harmed however, systems were not in place to demonstrate risks were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection to confirm that practical moving and handling training had been arranged and risk assessments would be updated.

Using medicine safely

At our last inspection, the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had not been made and the provider was still in breach of regulation 12.

- We could not confirm people had received their medicines and creams as prescribed because records

were not fully or properly completed. Risk assessments were completed to assess whether a person required medicines support, but they did not have medication support plans to guide staff on the type of support they needed.

- Some people were prescribed creams and medicines to be taken on an 'as and when' basis. Information was not in place to guide staff about how and when to administer these medicines. The provider's medicines policy clearly stated this was required.
- Staff did not have a robust understanding of safe medicines administration processes.
- Medicine checks had not picked up and addressed all the issues highlighted above.

We found no evidence that people had been harmed because of these shortfalls. However, the management of medicines was a breach of regulation 12 (Safe care and treatment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At the last inspection, the provider had failed to operate effective recruitment procedures to ensure new staff were of good character and had the qualifications, competence and skills for the work they were employed to perform.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- The provider recruited people safely. Appropriate checks were carried out to protect people from the employment of unsuitable staff.
- People told us a consistent team of staff visited, but there was a high turnover of staff which meant they had to become familiar with a new care worker. They advised the quality of the support, however, remained high.
- Rota's were not sent to people, so they knew who to expect, if their regular care worker had left. The provider introduced rota's to people following our inspection.

Systems and processes to safeguard people from the risk of abuse

- There was one incident where a safeguarding concern had not been raised with the local authority. Appropriate actions to ensure the person's safety had been taken. Following the inspection, the provider confirmed a safeguarding concern was raised. Other safeguarding concerns had been raised appropriately.
- Not all staff had completed safeguarding training. Staff did however understand what actions to take if they thought somebody was being harmed. Please see the 'Effective' domain for further information.

Preventing and controlling infection

- Staff had not completed infection control training but could explain to us the measures they took to prevent and control the spread of infection.
- There was plentiful access to gloves and aprons to help prevent and control the spread of infection.

Learning lessons when things go wrong

- There had been very few accidents and incidents for people who used the service. When incidents happened, these were documented and immediate actions were taken to ensure the person was safe.

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the provider had failed to ensure staff had received appropriate training and supervision. This was a breach of regulation 18(Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had not been made and the provider was still in breach of regulation 18.

Staff support: induction, training, skills and experience

- A robust induction programme was not in place to ensure staff had sufficient knowledge and skills before providing people with support. New staff had not consistently had probationary meetings to discuss their performance and any concerns they may have had.
- Staff had not completed training relevant to their roles. This included topics such as safeguarding, food hygiene and infection control. This presented a risk that staff may not have the necessary knowledge to provide people with effective support.

We found no evidence that people had been harmed, however staff had not consistently received appropriate support and training to enable them to perform their duties. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were supported through supervisions where they could discuss any issues. Future supervisions were not scheduled and the provider agreed to ensure this was put in place following our inspection.
- The management team had completed spot checks of staff's performance to ensure they provided people with safe and dignified support.
- A programme of online training was in place and staff had completed first aid training to ensure they could support people in the event of an emergency.

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

- Very few people required staff support with their meals. For those who did, information was recorded about their likes and preferences and the support provided.
- Staff had contacted other professionals if they were concerned that people were not eating and drinking enough.

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

- Referrals had been made to other agencies for their advice or to alert about any concerns.
- People had 'hospital passports' which contained basic information about the support they needed, should their care transfer to a different environment such as a hospital. These were not always up to date. We discussed with the provider who agreed to ensure these were regularly updated.

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.

- People consented to the support being provided. A staff member explained how they sought consent, "I always ask, would you mind if I do this and that; I don't just charge in."
- Mental capacity assessments had been completed if there were concerns about people's understanding.
- The management team were developing their understanding around this legislation and acknowledged this was a work in progress.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before receiving support to ensure their needs were understood and could be met safely.
- The management team maintained regular contact with people who used the service and their relatives and adapted the support provided according to their changing needs and preferences.

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 Requires Improvement. At this inspection this key question has now improved to 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 and their relatives expressed their confidence in the staff and said they were always kind in their approach. Comments included, "They're very good actually. They've been a big help to me. They are always pleasant when they come" and "They're very lovely and nice with me."
- Staff were familiar with people's needs and had built a rapport with them.
- Staff understood the importance of providing people with emotional support. During a review, one person commented, 'My emotional support is given by my carers and is done so with great compassion.'
- The provider worked to accommodate people's diverse needs and preferences.

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

- People guided staff on the support they required and were encouraged to make decisions about what to wear and eat.
- Staff were familiar with the way people communicated. This information was not always recorded within people's care plans, which we discussed with the provider and they agreed to address.

Respecting and promoting people's privacy, dignity and independence

- Staff upheld people's dignity through the way they supported them. People commented, "The carers are very professional, very caring and respectful. They treat [person] with tremendous dignity" and "They take into account what I need doing and they don't make me feel uncomfortable."
- Staff understood the importance of ensuring people's privacy was maintained during personal care.
- Staff supported people to maintain their independence. A staff member explained, "I will ask if there's been any difference or changes and if you are happy, do what you're doing and tell me if you need support. I don't want to take it away from them, the people will direct as to what is needed."
- People's documentation was securely stored.

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 remained the same. This meant people's needs were at risk of not always being met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The information contained with people's care plans was inconsistent and did not always fully describe the support people needed for their issues such as their mobility or skin. We discussed this with the provider who agreed to ensure these were updated.
- People's abilities were described alongside their needs. For example, one person's care plan stated, 'I can go around the shop and put the goods in the basket.'
- Detailed 'one-page profiles' were completed which noted people's family circumstances, likes and preferences and beliefs. These provided a clear overview of the person being supported.
- Staff supported some people to attend groups, so they could socialise and spend time outside of their home. The provider was developing their understanding of local groups and resources to further benefit people who used the service.

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 provider was not aware of AIS and the associated requirements.
- Information was verbally communicated to people, but there had no consideration to whether people would benefit from information in different formats.

We recommend the provider review the Accessible Information Standard to ensure their understanding and that this is used in the delivery of their service.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. No formal complaints had been received.
- People told us they felt confident to raise concerns and that any issues would be addressed by the provider. A person who used the service told us, "I would go to the provider or in the handbook it tells you about all the places I can go to if I needed to complain. The handbook was given to me when I first started, and it was recently updated it for me."

End of life care and support

- The service was not providing people with end of life support at the time of our inspection.
- Some information had been gathered about people's end of life wishes and preferences including who to

contact in the event of an emergency and their spiritual beliefs.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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; 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

At our last inspection the provider had failed to put systems in place to assess, monitor and the improve the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had not been made and the provider was still in breach of regulation 17

- The checks of the safety and quality of the service had not highlighted all the issues we found during this inspection. This included improvements required around the recording of medicines, risks and health conditions and staff training and inductions having not been consistently completed.
- Audits were not always completed by those who had evidence of sufficient training and competence to demonstrate they had the knowledge and skills required.
- The provider did not have a robust understanding of legislation, best practice or local referral routes. This meant this could not be embedded and promoted amongst the staff team.

Although we found people had not been affected because of this, the systems were not robust enough to assess, monitor and improve the quality of the service. This placed people at risk of harm. This was a continued breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt supported in their role and often visited the office to discuss any concerns or issues with the management team. Some of the staff team described working very long hours. This was discussed with the provider who is working with a human resources consultant for guidance and support.
- The management team knew the people they supported and were involved in providing personal care to people. People knew who they were and felt able to approach them. One person told us, "I often pop in and

ask for advice and they've got a great amount of knowledge."

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

- Team meetings were held which was an opportunity to share information about changes and updates to the service. Staff told us they felt confident to raise any concerns in this meeting.
- Surveys had been sent to seek people's feedback about the running of the service. The feedback received was positive with people confirming they would be happy to recommend the service.

Working in partnership with others

- The service was in the process of establishing links with local organisations.
- The management team had worked alongside professionals from health and social care organisations to provide people with joint up support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks were effectively assessed and all actions take to mitigate those risks. Medicines were not safely managed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been operated effectively to monitor and improve the quality of the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received training and support to ensure they had sufficient knowledge and skills for the role.