

Happy Dayz Domiciliary Care Ltd

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Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 14 June 2018 and was announced. Happy Dayz is a domiciliary care agency. It provides personal care to young adults and children with a range of physical and mental health needs, including autism spectrum disorder, physical disabilities and complex health care needs, learning difficulties and epilepsy. The service supports young people and children living at home with their family. At the time of our inspection the service was providing personal care and support to six young people aged between eight to 18 years old.

A registered manager was in place who was also the provider of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We have referred to the responsible registered person as the registered manager throughout this report.

Parents of the children and young people supported by the service we spoke with told us the staff provided safe care and support. However, we found improvements were required in the recording and management of risks to people. Documented risk assessments required more detail to provide clear guidance for staff. Guidance for staff on people's moving and handling needs was not always in place. Not all staff had completed training or competency checks in moving and handling and administering medication although they supported people with these needs. Whilst we did not find that people had experienced any harm, this could place people at risk of inappropriate and unsafe care and treatment.

The governance arrangements had not been effective in managing risks and regulatory requirements. The concerns we found had not been identified by the registered manager.

Not all staff new to care had completed induction training. Not all staff had completed training to meet people's assessed needs.

Checks were carried out to protect people from the employment of unsuitable staff. However, applicants were only required to give 10 years employment history which is not in line with regulatory requirements. The registered manager acted to amend this process so that prospective staff gave a full employment history with an explanation for any gaps in employment. This helps to ensure staff are recruited as safely as possible.

The system in place to gather feedback from people using the service, their families and staff had not been effective. Although people told us they had been asked about the quality of the service this had not resulted in any analysis or improvements to the service. Feedback we received from people and staff included comments which suggested some improvements could be made, for example in training and the support of new staff and in contact and seeking feedback from parents. We have made a recommendation about this.

There were sufficient staff available to meet people's needs for the packages of care the registered manager delivered. People were usually supported by the same staff member which provided a good level of consistency and continuity for the young people and their families.

Staff supported people safely with their eating and drinking needs and monitored any changes to people's health and wellbeing.

Young people over the age of 16 were supported to have choice and control and staff supported them in the least restrictive way possible; the policies in the service support this practice. Not all the relevant staff had completed training in the Mental Capacity Act (2005).

Young people's needs were assessed prior to care being delivered and staff were matched to young people to promote effective support and positive outcomes.

People we spoke with told us the service was caring. Staff we spoke with knew about the young people they supported and told us how they supported them in line with their preferences. People's communication needs were known and met and staff involved young people in choice and decisions about their day to day care as far as they were able. Parents confirmed staff provided respectful and considerate care.

People spoke positively about the care provided and told us staff were responsive to people's needs. Care plans included important information for staff to know about the person to provide person-centred care.

No complaints had been received by the service. Parents we spoke with told us they would feel able to raise complaints with the registered manager and confident they would be responded to.

The service was not supporting anyone at the end of their life at the time of our inspection.

The registered manager promoted a positive culture and staff understood the behaviours and values expected of them. Action was taken in response to concerns raised about staff performance issues.

This service was registered with the CQC on 8 June 2015. This was the first inspection of this service. We found two breaches of the Regulations. You can see what action we told the provider to take at the back of the full version of the report.

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.

Not all staff had completed the relevant training or competency checks in moving and handling and medicines administration. Detailed guidance on people's moving and handling needs was not always available to guide staff to deliver safe care. There was a risk not all staff were skilled and competent to safely meet the needs of the people they supported.

Staff understood their responsibilities to protect people from abuse. Procedures were in place for staff to follow to support people to stay safe.

Sufficient staff were available to meet people's needs. Safe recruitment checks needed to be improved to include a full written employment history with an explanation for any gaps. This helps to protect people from the employment of unsuitable staff.

People's medicines were recorded when given by the provider's staff. Not all staff responsible for supporting people with their medicines had completed training in medicines administration. Some records relating to short term or as required medicines required improvement.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The provider had not ensured all staff had the relevant training, skills, knowledge and competency to meet people's needs effectively.

People's needs were assessed prior to a service being delivered. Evidence based guidance and staff profile matching were used to promote positive outcomes for people.

People were supported to eat and drink safely. Staff monitored changes in people's health and wellbeing alongside family carers to support people's health and wellbeing.

Requires Improvement ●

Young people over the age of 16 were supported to have choice and control and staff supported them in the least restrictive way possible.

Is the service caring?

Good ●

The service was caring

People we spoke with told us staff provided kind, compassionate care.

Staff understood people's communication needs and supported people to make decisions about their care as far as possible.

Staff provided respectful and considerate care to promote people's dignity.

Is the service responsive?

Good ●

The service was responsive

People's care plans supported staff to know how to provide person centred care. People we spoke with told us the care provided was responsive and personalised.

The provider had a complaints procedure in place. No complaints had been received by the service.

The provider was not supporting anyone at the end of their life.

Is the service well-led?

Requires Improvement ●

The service was not always well led

The governance framework was not effective. Risks and regulatory requirements had not always been identified and managed.

The system in place to gather feedback from people using the service, their families and staff had not been effective in identifying and driving improvements.

The registered manager promoted a positive culture and staff understood the behaviours and values expected of them.

Happy Dayz Domiciliary Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered manager is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 June 2018 and was announced. We gave the service 48 hours' notice of the inspection site visit because it is small and the registered manager could be out of the office supporting staff or providing care. We needed to be sure that they would be in.

This inspection was carried out by one inspector. Before the inspection, we reviewed all the information we held about the service including notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law. Prior to the inspection we reviewed information included on the Provider Information Return (PIR). This is a form that asks the registered manager to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection. We requested feedback from seven local authority social workers. We received feedback by phone from one social worker and written feedback from another social worker.

Inspection site visit activity started on 14 June 2018 and ended on 19 June 2018. It included a visit to the office location on 14 June 2018 to see the registered manager and to review care records and policies and procedures. We made telephone calls to the parents of four young people and children who are supported by the service. We spoke with one young person by telephone. We interviewed four staff members by phone. We reviewed three people's care plans, two staff recruitment records, the training records for all staff and documents relating to the management of the service. Following the inspection, we requested some information from the registered manager which was received.

This service was registered with the CQC on 8 June 2015. This was the first inspection of this service.

Is the service safe?

Our findings

The parents we spoke with told us their children were safely cared for by the service. Their comments included "Absolutely excellent with safety" and "Yes they manage (person) safely". A young person told us "I feel safe with (carer)".

Staff we spoke with understood their responsibility to protect people from abuse and told us they would report any concerns to the registered manager. A policy and procedures were in place and available to staff for guidance on safeguarding and the process they and the registered manager should follow if they had a concern. Records showed staff had completed training in safeguarding. Most staff had completed training in both safeguarding children and adults from abuse.

Risks to people were assessed prior to care being delivered. The registered manager told us, and parents confirmed, this assessment was carried out by them with the young person's parents and with the child/young person when they could participate. Staff we spoke with had a good understanding of the risks associated with people's care and how to support them safely. Parents told us staff acted to promote their child's safety. For example, parents described how their children were supported by staff to minimise risks to them from seizures, choking and falls.

We did not find that anyone had experienced any harm or inappropriate care from the registered manager's staff. However, we were concerned that documented risk assessments were not always fully completed with clear and detailed guidance for staff on the measures in place to reduce risks. Records did not always clearly identify the risk and the remedial action required. For example, for one young person who required support with moving and handling, their risk assessment did not clearly identify the safety measures associated with risks from their mobility and the equipment used to support them. For another young person there was no detailed moving and handling plan which guided staff on the correct techniques to be used. We spoke to the registered manager about this who told us they would review the risk assessments to ensure all relevant information was up to date and included.

We discussed staff training in moving and handling with the registered manager who told us "Manual handling is on the online courses and the family or the clients OT (occupational therapist) shows individual staff how to use the equipment in each home". One parent told us they thought "Manual handling training for staff needs to be improved". Not all staff we spoke with had completed either practical or theory based moving and handling training despite some of these staff supporting young people with their moving and handling needs. In addition, staff had not been checked as competent by the registered manager to undertake safe moving and handling practice. Staff confirmed that young people's parents showed them what to do. However, the registered manager had a responsibility to ensure staff were suitably qualified, competent and skilled to make sure they could meet people's needs safely. Whilst no incidents had been reported concerning inappropriate moving and handling we were concerned there was a risk a person could experience inappropriate or unsafe moving and handling when staff had not been appropriately trained and assessed as competent by the registered manager. In addition, staff did not have access to sufficient recorded guidance about people's moving and handling needs should they need to rely on this.

The registered manager was not responsible for the ordering or disposal of medicines, this was managed by young people's parents. Staff supported some young people with the administration of their medicines. Some young people had their medicines administered through an enteral feeding tube, these tubes are used to provide access to the stomach or small intestine usually when people have difficulties swallowing. Some young people had rescue medicines prescribed to treat seizures when they lasted a long time and became a medical emergency. Staff administering rescue medicines and any other medicines via enteral feeding tubes must have had the relevant training and be assessed as competent to do so. Staff training records did not show that all staff who administered medicines via enteral feeding tubes had been trained or assessed as competent to do so whilst employed by the registered manager. One staff member told us they had completed this training with another employer but this was not recorded on their training record. They told us they had not been assessed as competent by the registered manager. One staff member told us they had administered a rescue medicine prior to completing this training, at the request of the young person's parent. They had not been assessed as competent to do so.

Medication management training was available to staff as an e-learning course. Staff training records showed not all staff employed had completed this course. The registered manager's medication policy stated that only 'trained Happy Dayz workers are permitted to administer medication' and that training will be given for all aspects of the administration of medication.

We asked the registered manager about medication competency checks and they confirmed these were not in place. The registered manager's policy did not refer to any current or relevant professional guidance to support the safe management of medicines.

Whilst we did not receive any feedback that medicines had not been administered appropriately. The system in place to ensure the proper and safe management of medicines did not ensure that staff were suitably trained and competent which meant people could be at risk of unsafe administration of their medicines.

The failure to ensure all staff providing care and treatment, specifically medicines administration and moving and handling support, had the competence, skills and experience to do so safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were recorded when given and staff also told us how they photographed doses given to show to parents. A parent said, "Yes they learnt how to prepare medicines and they take a photo of the syringes so I can see what has been done." We noted that a person was prescribed an anti-biotic. There was no protocol in place which described the use of this medicine. When medicines are prescribed for a short-term condition or on an 'as required basis' and administered by the registered manager's staff a protocol should be in place which describes the name, route, dose, frequency, expected outcome and any review. We spoke to the registered manager about this who confirmed they would implement a record for short term and as required medicines.

There were enough staff available to meet people's needs safely and the registered manager told us, "I would not take on a care package if I didn't have the staff." In an emergency the registered manager told us they would provide cover. People were clear about the staffing arrangements with the registered manager, however, some parents we spoke with told us they would like more staff to be available. This was because some hours could not be met by the registered manager's current staffing levels and additional cover needs such as holidays and sickness could not always be met by current staff. The registered manager told us it was an ongoing challenge to recruit staff who were suitable and available at the times required.

Parents we spoke with were complimentary about how staff were recruited, and a parent said "She (registered manager) is very particular about who she takes on." Procedures were in place to check that people were protected from the employment of unsuitable staff. These included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Identity checks and character references were obtained and candidates attended an interview to assess their suitability for the role. Applicants were required to complete an application form with their employment history. However, the registered manager only asked for the previous 10 years of employment history. Schedule 3 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires care services to obtain a full employment history, together with a written explanation of any gaps in employment from all staff. The registered manager took immediate action to amend the application form so that full employment details were included and to update current staff records where applicable.

The registered manager told us that each child or young person supported had a Happy Dayz rucksack which contained; gloves, hand sanitizer and wipes. Two staff we spoke with confirmed this was supplied and added that parents also provided PPE. This meant staff had access to personal protective equipment (PPE) to prevent and control the spread of infections.

We asked the registered manager how learning from incidents was used to improve the safety of the service delivered. The registered manager told us that no safety incidents had occurred since the service was registered.

Is the service effective?

Our findings

Parents we spoke with told us staff were "Well prepared" and a parent said, "(Registered manager) came in the beginning and asked us lots of questions about (person's) care needs and I said where (person) struggles." Staff confirmed the needs of the young people they supported were discussed with them prior to delivering care and support.

New staff read through policies and procedures as part of their induction and spent time shadowing other experienced staff. The registered manager told us induction for new staff included the Care Certificate. The Care Certificate is a 12-week programme and an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. One staff member who was new to care had not completed the care certificate despite being in post for 12 weeks. Although the registered manager had assigned this training to the staff member for completion, the staff member had only completed three subject areas of the 24 assigned. This meant the registered manager and us could not be confident this member of staff had the skills, knowledge and behaviours to provide effective care.

The registered manager employed seven staff members. All except one of the four staff members we spoke with felt they were adequately trained to meet the needs of the young people they supported. They said this was because they had also completed some training with another employer or because they had followed the guidance of the parents. We reviewed the training records of all staff, it was not evident from the records that all staff had completed training or had their competency checked to meet people's assessed needs by the registered manager. Even though the registered manager had a required list of training that included moving and handling and medicines training. Records did not show that all staff had completed training in safe medicine administration and moving and handling which we have reported on in the Safe domain. In addition, we found that staff had not completed infection control training, training in the Mental Capacity Act (2005) or need specific training such as the care of an enteral feeding tube prior to supporting people with this care. For some people, staff were required to undertake tasks where excellent infection control measures would be necessary so training would be important to ensure they understood the principles behind infection prevention and control. While the Mental Capacity Act 2005 did not apply to everyone being supported by the registered manager, it did apply to some and as such it would be essential that staff understood the principles behind this and their role within it. One staff member was supporting a young person living with an enteral feeding tube. Although they told us they had been trained to care for this, it had been with another employer and since working at Happy Dayz the registered manager had not made arrangements to ensure they were competent in this care.

It is the registered managers responsibility to ensure staff are trained and competent to carry out their role. The registered manager told us they carried out spot checks with staff to observe them in their role and we saw some records which confirmed this. However, not all staff had been observed, received all relevant training and been assessed as competent by the registered manager.

The failure to ensure all staff had received the appropriate support and training to carry out their role was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The records we reviewed showed that supervision sessions had been carried out with staff and the registered manager told us these were planned for every six to eight weeks either by phone or face to face if preferred or to discuss concerns. Annual appraisals were planned to be carried out with staff who had been in employment for over one year.

When staff supported people with food and fluids, parents told us they did this safely and appropriately. Care plans included information about any risks associated with eating and drinking, people's food preferences and any allergies. Staff we spoke with knew about people's risks, dietary needs and requirements.

People's healthcare needs were recorded in their care plans. Staff we spoke with told us they worked closely with the parents of the young people and children they supported to monitor any changes in their health and wellbeing. A parent said, "Staff need to know what to do if (person) condition changes as it does quickly, we need to be aware of things that aren't happening as well so we have to be aware of everything. – I'm confident they (staff) are".

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 applies to people over the age of 16. 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.

At the time of our inspection there were young people over the age of 16 supported by the registered manager. The registered manager was aware of the MCA and we discussed examples of how the act was applied in best interest decision making for young people. We spoke with staff supporting people over the age of 16 who told us how they encouraged people to make decisions about their day to day care as far as they were able. This included respecting decisions the young person had made. People's parents confirmed that staff gave choices to people and respected their decisions. Not all staff had completed training in the MCA and this has been addressed earlier in this section of the report.

The registered manager carried out a needs assessment prior to care being delivered. Part of this process included matching care staff to the young person and family requiring support. The registered manager told us they carried out in depth interviews along with an independent interviewer. Records showed candidates were asked a series of scenario questions to assess their approach and attitude in care related situations. Parents we spoke with confirmed the process had been effective in engaging a high quality of staff who were well matched to their child's needs. A social worker told us the registered manager was, "Very good" at matching staff to the young person which led to effective support and positive outcomes.

Evidence based guidance had been used to inform training and care planning for supporting people with epilepsy. Current information was also available to guide staff on people's health conditions.

Is the service caring?

Our findings

Parents we spoke with told us the registered manager's staff were caring. Their comments included, "Absolutely caring, good at getting (person) to interact and takes into consideration what they want to do. The (carer) comes to the level that (person) is on" and "Caring approach, yes, you can tell they have a good rapport." A young person said "(carer) treats me kindly (carer) is very nice and just makes sure I'm OK". The parent of a child who was unable to fully express their views verbally told us, "You do get a sense of whether (person) is comfortable, (person) does actually asks for them (staff) and says the name, if they were not happy they would be resistant".

We asked the registered manager how they knew their staff had a caring and compassionate approach. They said "It starts from the interview – you can have all the certificates but if you haven't got that (caring approach) it's pointless. We have a lot of scenarios in interview questions and I do spot checks, supervisions and get feedbacks from parents." They went on to say, "You need to be calm and caring and I ask myself would I let you look after my own child?" Parents spoke very positively about the quality of staff employed by the registered manager.

Staff we spoke with could tell us about the children and young people they supported. This included what they liked and disliked and what was important to them. One staff member told us about how the young person they supported did not like to be rushed and said, "Time can run away, so I keep an eye on the time and plan so (person) is never rushed, that really helps." Staff gave examples of young people's, interests and preferred activities. One staff member talked with compassion about a young person's health condition and how they had acted to support them as found out more about this. A young person told us, "We get up ready for morning (carer) does ask me what my choices are. (Carer) is good at listening and does listen to me when I get a bit angry (when I get tired)". A parent told us, "(carer) is already bringing in toys and things to motivate (person) you could easily not engage with (person). (Carer) brings in bubbles and things to engage and play, very thoughtful."

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included information on people's communication needs and any equipment used to communicate. Staff we spoke with knew about the communication needs of the young people they supported and told us how these were met, including when people could not express themselves verbally. They gave examples of how people were involved in decisions about their care, such as offering a choice of two items, asking if a person wanted a shower, monitoring eye movements, or being led by the hand to understand what was wanted. Parents confirmed staff learnt about and understood people's communication needs and involved them in decisions about their care as much as they were able. The registered manager showed us a toy which was used for children and young people to express feelings during meetings where happy and sad symbols could be placed in the toy's mouth.

Staff told us how they supported people's privacy and dignity during physical care and parents confirmed staff provided respectful and considerate care. Staff were matched to the young person they supported.

This included gender preferences or needs as well as personality traits and interests. For example; the registered manager described how a young person needed a carer who could also be a "buddy" and another young person needed "fun and a female." This matching enabled staff and the people they supported to build positive relationships.

Is the service responsive?

Our findings

A young person told us, "The best thing is (carer) is supportive and helps me get up and gets my phone for me when I'm in the bathroom and asks if I'm OK". Parents we spoke with told us staff were responsive to the needs of their child or young person and their comments included, "They haven't come in and put their care plan in place, they follow our routines. They have suggested things I haven't thought of, they contribute but they are respectful of coming into our family environment". Another parent said, "(person's) needs change from week to week we keep them (staff) updated we often chat it works really well. (Carer) fits in very nicely we couldn't ask for anything more."

Care plans were personalised. The examples seen reflected the young person's individual needs and preferences. This included the things the person liked to do and didn't like to do, whether the person liked to be in groups or preferred one to one time, and their favourite foods and drinks. Information was included on people's communication needs, history, identity, religion, preferred routines and what the person could do for themselves. This guidance supported staff to provide person centred care by considering young people's individual and diverse needs.

Staff we spoke with told us they had read the care plans prior to delivering care and these had helped them to be prepared. Parents confirmed staff knew about their child and the family prior to commencing care and new staff completed shadow shifts with parents and other care staff to get to know the young person. One parent said, "You can't really write a book about (person), they (staff) are aware of the problems we can have and the challenges, are they well prepared? It's different everyday they are learning still". Another parent said, "Yes we are very involved in the care plan, we very much discussed doing the routines and what we do".

People's care plans included information about the young person's health and diagnosis and whether they presented any behaviours which may harm them or challenge/harm others. An example seen showed there was information to guide staff on how to act to support the person to be safe and calm down. For a person who had epilepsy and experienced a range of seizure types, specialist advice had been sought to develop clear guidance for staff to follow in the event of a seizure.

Staff completed session records of each visit. This included the 'positive attributes' of what a young person may have done during the session. Examples included; the first time a young person went on a bus and how a young person let the carer know what they wanted. Staff supported young people to participate in activities at home and in the community. Examples given were trips to bowling and the park, along with a life skills day for a young person to help them develop independence. This included going shopping for food and clothes, or tidying their room. One person with a mobility car was encouraged to hand wash this or to go to the car wash which the registered manager told us "They love". Activities with people in their homes included artwork and play time. Parents told us their children had fun with staff who were interactive and staff we spoke with demonstrated a positive approach to the activity time they had with people.

The registered manager told us they had not received any complaints about the service. Parents we spoke

with told us if they had complaints they would raise them with the registered manager and were confident they would be addressed. Comments included, "I haven't had to complain I do feel she (registered manager) listens and would address any issues if I had any to raise." Another parent said, "I would speak to (registered manager) I think she would be approachable and I'm confident she would act, I think she really would she would want (person) to be happy and safe."

A complaints procedure was in place and available to people. This outlined the registered manager's commitment to making improvements based on people's feedback. Information on how and who to contact in the event of a concern or complaint was given. This included contact information for the Care Quality Commission (CQC) and the Local Government Ombudsman (LGO).

The service was not supporting anyone who was at the end of their life. The registered manager told us they had supported a young person and their family in these circumstances in the past and said, "We had such a great relationship with the young person and their family. I didn't realise we would have so much input." The registered manager told us they were looking at training for staff in palliative and end of life care so staff could be more prepared should the need arise again.

Is the service well-led?

Our findings

Parents we spoke with mostly told us the service was well-led by the registered manager. One parent said they would appreciate more contact from the registered manager and to be asked more about how things were going. Other parents felt satisfied with the level of contact. Their comments included, "She (registered manager) is very contactable and will respond to messages, she drops by and gets in touch and asks if we are happy." Another parent said, "She (registered manager) knows us so well and knows our needs she matches us well, she won't just stick someone in. I like that – I would rather have someone I was happy and confident with."

The registered manager's governance arrangements had not been effectively used to identify and manage risks and regulatory requirements. For example, the system used to review records had not identified that moving and handling plans were not in place or did not provide appropriate guidance for staff. The system to ensure staff providing care and treatment had the skills and competence to do so safely was not effective because it had not identified gaps in training and gaps in competency assessments. We have reported on these areas in Safe and Effective. Following our inspection, we spoke to the registered manager about these concerns and they told us they were implementing further training, competency checks and spot checks for all staff.

The registered manager monitored medicines administration records and session notes to check for completion and any areas of concern. We reviewed some of these records and found no concerns. The checks were not recorded, the registered manager confirmed these would be recorded going forward.

The service had a statement of purpose which outlined the mission statement, values and principles of the service. The mission statement included 'Happy Dayz endeavours to deliver services with exceptional quality of care with a devoted staff team with a philosophy to create and provide opportunities to enable every child to have a fun childhood'. The registered manager told us she encouraged staff to think about what they would want for their children/themselves in childhood and said, "They usually say, 'have fun' and I say do it!" A staff member told us "She (registered manager) wants us to do our very best care for these children and we are doing that to the best that we can do, there is a high level of expectation on us." Other staff members told us the values of the service had been discussed with them during the interview process and they understood the standards and behaviours expected of them in their role.

Staff told us they would feel confident to raise concerns with the registered manager. We saw that when a concern had been raised the registered manager had taken the appropriate actions to investigate and address the issues raised. A staff member told us how they had spoken to the registered manager about their concerns for a family and how "impressed" they had been at the swift response and support offered to the family and to the staff member who said, "I found her to be very genuine."

Parents we spoke with told us they were asked about the quality of care and their satisfaction with the service, by the registered manager. Quality assurance questionnaires were sent out to parents every six months but none had been returned in the past year. One parent said, "She (registered manager) is very

contactable will respond to messages, drops by and gets in touch and asks if we are happy – yes she does send out a survey but I don't send it back." All the parents we spoke with told us they had been asked about their satisfaction with the service, one parent said this was more frequent at the start of the service being delivered and another parent said they would prefer more contact. One young person said they had not "really" been asked but they had met the registered manager "once or twice." However, parents felt they could contact the registered manager if there were any concerns and that these would be addressed if raised.

The registered manager told us they were in contact with staff members every week by phone or email to find out what staff had planned and how things were going. They said "We've tried to do staff meetings but when staff have a second job it's hard to get them together. We share information by emails." A staff member described the service as "We are individuals working with individuals really." Staff we spoke with were mostly satisfied with the level of contact from the registered manager. Staff comments included "She is always in contact texting me and on the other end of a phone", "She is in contact and I arrange to pop in and see her if any problems" and "I can get in contact and have had a supervision session, if I needed support I would contact her I would do this right away." One staff member said I haven't really had a lot of contact with (registered manager). There could be a whole lot more organisation and support".

The registered manager and staff we spoke with could not identify any improvements made to the service from feedback, concerns or incidents. The registered manager told us about initiatives taken to improve the quality of life for people using the service such as supporting young people in their interests and ambitions, and supporting families negotiating for more support hours or changes to school transport arrangements.

Although people told us they had been asked about the quality of the service this had not resulted in any analysis or improvements to the service. Feedback we received from people and staff included comments which suggested some improvements could be made, for example in training, contact and support of staff and in seeking feedback from parents.

We recommend the service seek advice and guidance from a reputable source about gathering and using the views and experiences of people, their families and staff to develop the service and drive continuous improvements.

The registered manager worked with other health and social care professionals such as social workers, district nurses and GP's and school staff. We saw an example of where several agencies had provided input to a young person's care plan. The registered manager told us how they attended meetings and reviews concerning people's care and treatment to promote joined up care and effective outcomes for people. We received positive feedback from social workers about how the service effectively met the needs of the young people they supported and their families.

The registered manager was aware of the Equalities Act 2010 and told us they adopted an "equal opportunities approach in employment". Policies and procedures were in place to support employees and people's rights and responsibilities in this respect.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected against the risks associated with unsafe care and treatment because the registered manager had not ensured all staff had the competence and skills to support people with their medicines and moving and handling needs safely. Regulation 12 (1)(2)(c).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The failure to ensure all staff had received the appropriate support and training to carry out their role effectively. Regulation 18 (2)(a)</p>