

Happy 2 Help Community Care Ltd

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## Inspection report

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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

Happy 2 Help Community Care Ltd is a domiciliary agency providing regulated activities for older people, people with dementia, people who misuse drugs and alcohol, people with a physical disability and people with mental health needs. At the time of the inspection, regulated activity was provided to 11 people.

Not everyone who used the service received personal care. The Care Quality Commission (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

The registered manager completed pre-assessments with people to ensure the service was able to meet their individual needs. Staff had access to information including risk assessments, which helped them to provide people with safe care.

Spot checks and observations were carried out to ensure staff supported people to take medicines safely as prescribed. Associated records were maintained by staff with management checks completed to ensure they were accurate.

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 confirmed they were actively involved in their care and any reviews to ensure their needs continued to be met with consideration of any personal preferences.

All staff completed an induction to their role and the service. The induction included supervisions, which were used to support staff with the right skills and knowledge to care for people. Ongoing refresher training was completed and face to face practical training was being re-introduced. For example, to ensure staff remained competent with the latest techniques to safely support people to mobilise.

People received support from a consistent team of staff who understood how to care for them. Staff knew the people they supported and promoted their dignity. Staff asked for the help and advice of health and social care professionals when required.

The registered manager made sure people received information in accessible formats which they could understand. Where people required equipment to manage their hearing and sight, information was recorded, and staff knew to check this was in place, which helped with communication.

People and their relatives spoke positively about the service they received. They told us the registered manager was always approachable and staff were friendly and supportive, helping them to remain living as independently as possible in their own homes.

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

#### Rating at last inspection and update

The last rating for the service, under the previous provider at the previous premises, was requires improvement (published 14 June 2019) and there were 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, we found improvements had been made and the provider was not in breach of regulations.

At our last inspection we recommended the provider review information associated with the Accessible Information Standard. The standard was introduced to make sure people are given information in a way they can understand. At this inspection, we found the provider had acted on the recommendation and improvements had been made.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Happy 2 Help Community Care Ltd

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was completed 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 CQC 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 the provider or registered manager would be in the office to support the inspection. We visited the location's office on 27 April 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager. We reviewed three care plans, medication records and three staff files. We spoke with two people receiving a service and six people's relatives. We reviewed records associated with the management of the service, which included policies, procedures, audits, and checks. We looked at staff recruitment details, training, supervisions, appraisals and checks to determine staff were competent in their roles.

#### After the inspection

We sought feedback from the local authority and professionals who work with the service. We spoke with three care staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant people were safe and protected from avoidable harm.

### 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(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments included up-to-date information to explain the risks for people and the actions for staff to take to reduce these.
- Care records included information about people's medical conditions and information was available for staff to ensure they could react quickly where any concerns were evident. One staff member said, "People's records are kept up-to-date and reviewed regularly. Information is up-to-date and where required we work with other health specialists to support people."
- Assessments of people's home environments had been completed. Records were used by staff to help them keep themselves and others safe whilst visiting people.

### 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(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Where required, people received support from suitably trained and competent staff to take their medicines as prescribed.
- Some people were prescribed creams and medicines to be taken 'as and when' needed. Information was in place to guide staff about how and when to administer these medicines following the provider's medicines policy.
- Staff had a clear understanding of safe medicines administration processes.

### Staffing and recruitment

- The provider completed robust checks to ensure they recruited staff safely. This included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions

and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The provider had contingency plans to ensure there were enough staff available to provide care and support to people to meet their assessed needs. Staff benefitted from a small, committed team who worked closely together with senior carers and management support to ensure people's needs were met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe from the risks of abuse. One person said, "I have got to know staff, I feel they help to keep me safe in my home."
- Staff received training in safeguarding and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm.
- All incidents were documented. Systems were in place to record outcomes and actions to help improve the service and prevent similar events as part of lessons learnt.

Preventing and controlling infection

- Staff followed relevant infection prevention and control guidance.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. Staff had good access to PPE and understood the latest requirements.
- We were assured the provider's infection prevention and control policy was up-to-date.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

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

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- New staff completed an induction programme to ensure they had sufficient knowledge and skills before providing people with support. New staff completed probationary review meetings to discuss their performance and any concerns they may have had.
- Staff had completed training relevant to their roles. This included topics such as safeguarding, food hygiene and infection control.
- Staff were supported through supervisions where they could discuss any issues. Staff valued one to one support and supervisions. One staff member said, "Communication is good and our one to ones provide us with an opportunity to reflect on our work and to discuss any required improvements. We can also discuss further training to progress our carers."
- The management team completed spot checks to monitor staff performance. This was used to help develop staff and to identify any further training needed to improve the care provided.

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

- Assessment of people's dietary needs was recorded, and staff confirmed they worked with other health professionals for example, dieticians where this was required.
- Care plans recorded any allergies people had and staff had access to information to support people with any dietary requirements where required.
- Staff understood when to contact 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

- People had good support to access other health professionals where required.
- Staff understood how to ensure people received timely access to health professionals.

- Staff ensured any health advice for people was recorded and staff made time to encourage and support people with ongoing reablement. For example, one staff member told us how they worked hard to ensure one person had the correct equipment to support them to mobilise in their home.

#### 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 and found the service was working within the principles of the MCA.

- Records included information for staff to follow where Court of Protection was in place.
- People were asked for their consent before being supported.
- Staff understood the importance of offering people choices to promote their independence. A relative said, "With the help of the manager it [the service] allows my wife to have as much independence as is safe to do, to live in her own home."

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

- The provider completed assessments before agreeing a new package of care to ensure they were able to meet the person's care needs.
- People were involved in all aspects of their care and support. A relative told us, "[Name] has a care plan and everything that has been assessed as a need is met."

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Staff were kind and caring. One person said, "They [staff] are really lovely, so caring, I can't explain how nice they are to me they are excellent".
- Staff discussed how they recognised everyone as individuals and followed person-centred care plans to provide people with a service that met their needs.
- Staff understood the importance of recognising people's diverse needs. Care plans were written with consideration of people's cultural backgrounds and supported any choices and preferences. A relative said, "I think the carers do very well, [name] is pleased with them and feels very comfortable with them."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were actively involved in the planning of their care and were supported to express their views. One person said, "I have male and female carers, but when I have a shower, the company only send females as I stated this is what I wanted".
- People and their relatives told us they were treated with respect and dignity by staff.
- People told us staff encouraged and supported them to be as independent as possible.
- People received consistent care from regular staff who they knew. Staff told us this helped to develop trust and personal awareness. One staff member said, "People really look forward to my visits, I have the same calls where I have built trust with people who treat me like family."

# 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 improved to good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

At the last inspection, we recommended the provider review the Accessible Information Standard (AIS) to ensure this was followed when providing care and support. Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the 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 aware of AIS and was meeting these requirements.
- Guidance was in place and followed, to ensure people had access to information in a format they could understand. This included the option to use brail, large print and audio.
- People's communication needs were recorded in care plans for staff to follow.
- People told us staff were patient and checked to ensure they understood and were happy with the service.

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

- Care plans were personalised with a social history and information about how best to support the individual. They included information on people's interests, likes, dislikes and healthcare needs.
- Care plans were regularly updated. Staff recorded any immediate changes in people's needs, which were then updated into the main care plan for others to see.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff took time to support people to enjoy their lives and access the communities they lived in. One staff member said, "I go out with one person I support. We enjoy some fish and chips on the sea front and do a bit of shopping." Another staff member said, "We might go on a drive about or just send some time outside in the village. I know people quite well and it's nice to provide people with company as well as care."

### Improving care quality in response to complaints or concerns

- People told us they were mainly happy with the quality of the service they received and understood how to share any concerns. One relative said, "We have never had any complaints. [Name] has been using the service for six months, the company is very good, and I would recommend them to others."
- Guidance on raising concerns and complaints was available in a variety of accessible formats for people to understand.

- Processes were in place to investigate and respond to any complaints or concerns.

# 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 requires improvement. At this inspection, this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 been made and the provider was no longer in breach of regulation 17

- Systems and processes were regularly reviewed with any required improvements implemented in a timely managed way.
- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.
- People and staff were confident they would be supported with any enquires and that along with any required actions, they would be included in feedback to help improve the service and reduce further similar events.
- The manager was aware of their responsibility to notify the relevant authorities including CQC of important events that happen in the service. For example, any safeguarding concerns, service changes and serious incidents.
- Checks were used to manage the service, maintain standards and identify areas for improvement.

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

- People told us the service was managed well with caring staff. One relative said, "The staff are well trained, and I would give the service that my husband receives a 10 out of 10."
- The registered manager was 'hands on' and always approachable. This resulted in good communication and support for the benefit of people receiving a service.
- Staff discussed the planned re-introduction of staff meetings, which they told us provided the opportunity to contribute their views to help the service improve.
- The registered manager discussed a variety of ways they supported staff. They acknowledged the

difficulties with lone working and promoted staff cohesion with nights out. Other staff incentives and rewards, including bouquets of flowers, and gift cards, were used to promote a caring ethos .

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

- People were given the opportunity to feed back on the service they received and told us the staff and the manager were approachable and responsive.
- Staff discussed their passion for their roles and the supportive team approach to providing people with consistent care. They told us this promoted people's independent living arrangements.
- Thorough pre-assessments of people's need ensured care was planned to meet any personal characteristics and preferences.
- People's views and wishes were recorded and, where required, adjustments made to ensure care was tailored to meet their needs.

Working in partnership with others

- The registered manager had established links with other similar services. They told us they received valued support during the COVID-19 pandemic and shared best practice ideas.
- The management team had worked proactively alongside professionals from health and social care organisations to provide people with joined-up support where this was required.