

Happy Care Ltd

Happy Care

Inspection report

122 Grosvenor Road
Bristol
BS2 8YA

Tel: 01173364947

Website: www.happycareltd.com

Date of inspection visit:
19 December 2022

Date of publication:
19 January 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Happy Care is a domiciliary care agency providing personal care to people in their own homes. 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 there were 22 people receiving personal care.

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

People experienced a service that was exceptional in its leadership. The registered manager and staff frequently went above and beyond the expectations of their role to ensure people were safe and well supported. This included providing care outside of scheduled visits on occasion when the person had no other means of support. There were regular lines of communication in place so that any issues or concerns were identified promptly, and action taken to improve. Staff felt valued and appreciated and the leadership of the service gave outstanding support to ensure they were in a position to carry out their roles effectively. This included providing transport to get to work.

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 using the service were safe. Since our last inspection, improvements had been made to the recruitment process. Staff were kind, caring and well trained so that people were able to build good relationships and feel safe. There were sufficient staff to ensure people's needs were met. Support with medicines was given when required in line with people's assessed needs.

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 requires improvement (published 10 August 2021). 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 no longer in breach of regulation.

Why we inspected

We carried out an announced, comprehensive inspection of this service on 10 June 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staff recruitment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well

led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Happy Care on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was exceptionally well-led.

Details are in our well-led findings below.

Happy Care

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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave a short period notice of the inspection so that we could be sure there would be someone available in the office to support our inspection.

Inspection activity started on 19 December 2022 and ended on 3 January 2023. We visited the location's office on 19 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, director, compliance lead and four care staff. We spoke with three people using the service and 13 relatives. We reviewed three care plans and risk assessments, four staff recruitment files and other documents relating to the running of the service such as the feedback folder and audit file.

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 changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection we found a breach of regulation 19 because recruitment procedures were not fully robust. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Staffing and recruitment

- People told us they and their relatives had good relationships with staff and felt safe. Comments included, "The care workers do a lot of things I have requested, and they stay out of hours, excellent agency", "Mum is getting support 3 times a day. They do this patiently, they don't rush" and "They are good, excellent. They are looking after my [relative] for nearly one year now".
- Record keeping in relation to recruitment had improved. It was evident that references were sought and that background checks were completed. The registered manager told us there had been some difficulties in obtaining references from other agencies; we did discuss how they should make a note of when they tried to contact another provider for references but had been unsuccessful.
- The registered manager told us they had sufficient staff to meet people's needs currently and were mindful of not taking on new packages without having sufficient resources in place.

Systems and processes to safeguard people from the risk of abuse

- There were no ongoing safeguarding concerns at the time of our inspection.
- Staff confirmed they had received training and would know what to do if they had concerns; one member of staff told us, "Yes I have received the safeguarding training and I have been learned how to report if there's a concern" and another told us, "Yes I learned and I am very aware about the safeguarding process".

Assessing risk, safety monitoring and management

- People had risk assessments in place to guide staff in how to support people safely. Some of these gave detailed, person centred information such as 'ensure that she can feel the chair on back of legs before encouraging to sit'. In other places, plans and risk assessments required a little more detail and we fed this back to the registered manager.
- There were systems in place to monitor that calls were happening as scheduled. The provider had worked on ensuring staff logged in and out of care calls consistently so that systems could be used to full effect.
- There were clear and regular lines of communication with people so that any issues could be discussed without delay. People told us, "Yes, If I have a problem, I can speak to them, no problem at the moment" and "They ask for feedback every month."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. People and their relatives were fully included and involved in decisions about their care.

Using medicines safely

- Staff confirmed they received training in how to support people with their medicines. They told us "I know how to administer medicine and I had the training how to administer the medicine", and "Yes it was included my training how to administrate the medications".
- People and their relatives told us staff supported them with their medicines in line with their needs. Comments included, "Yes, they help mum with her food and medicines properly", and "Dad takes his medicine himself but just needs to be reminded sometimes. They give food to him."
- Medicine administration records were used to record the support that staff had provided. We discussed with the registered manager how they needed to ensure a code was used on the chart for when family had supported with meds, rather than staff so that it didn't appear as though medicine administration had been missed.

Preventing and controlling infection

- Staff were following guidance in place at the time of the inspection. Person Protective Equipment (PPE) was available for staff when they needed to use it.

Learning lessons when things go wrong

- The registered manager kept an overview of incidents and complaints. This allowed them to take action promptly if there were any issues.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well led. There was a very strong person centred culture in the service where people were treated with great care and kindness. The provider often went beyond the expectations of their role to ensure people were well supported. One professional from the local authority wrote, 'Throughout my time working with (name), I have known this agency to go above and beyond whilst supporting (name)', they went on to say, 'They have carried out additional visits when (name) has requested it when she has been incontinent or had other issues and no other support available'. These extra visits, above commissioned hours were not charged for. For this person, the willingness of the agency to support the person meant their dignity was maintained.
- The caring nature of the service was reflected in comments from people and their relatives who told us, "I would say this company is a top company. I have never seen anything like them. They are very caring", and "They are brilliant. They fulfil their responsibilities even more than I and mum could hope", and "My dad gets the service four times every day. He is pleased, staff are lovely people. They always go the extra mile for him. They always come to see dad if he needs them, even if it is not his call time".
- In email feedback from a family member, they wrote 'Happy Care introduced (name of carer) in a professional and pleasant manner', they went on to say the carer was 'extremely adaptable and conscientious, generous with her time and possessed of a genuinely warm and caring personality'.

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

- Staff felt highly valued and appreciated. The provider went to great lengths to ensure staff were supported to carry out their roles effectively. One member of staff told us how the provider had helped them with transport to work, when public transport was unreliable, and this in turn made them feel they wanted to do their best for the company. Other staff told us, "They are a lovely company to work for, I feel valued and management is very supportive", and "No concerns, I am happy to be part of Happy Care, they are great and the manager always looks after his employees". Staff in turn, were flexible and accommodating and responded to requests to support people in addition to their commissioned hours when a person needed them.
- Regular staff meetings were held as a means of communicating and discussing the service with staff. We saw how these were used positively to continually improve and make the service better for people using the service. At the February team meeting, staff were encouraged to talk and engage with people they supported to foster positive relationships and reduce social isolation. Staff shared ideas on how they could

do this.

- The provider was active in their local community, supporting local causes. The provider sponsored local sports teams as a means of encouraging people in the community to be healthy and supporting young people to develop new skills. We also heard how, after identifying that some older people in the local Somali community would benefit from social skills training, training was provided by the company. The provider hosted a Somali Culture and Heritage exhibition so that people across the city could attend and gain greater understanding of the Somali population within the city.
- The provider had recently begun a trial of contacting service users on a monthly basis to check in on how the care package was going. We were told this had been highly successful and they were planning to continue with this. This gave people regularly opportunity to discuss any issues or concerns they might have.
- Staff told us they were always able to contact a manager if they needed support, "Communication it is very good, I can easily call the office from our app and ask for help".

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

- There had been no incidents that would be reportable under the duty of candour, however the provider was open and transparent and took action when required to address complaints or concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People and their relatives told us communication and support from senior staff was very good. Comments included, "The manager is very responsible and helpful. The service is very good, I don't have any problem. I have to say, it's a very well-run service" and "Yes we talk with the management. They talk to mum and they listen".
- There was a strong culture within the service of the leadership team wanting to improve and responding positively when improvements were required.
- We saw that the provider was proactive at identifying areas for improvement and taking action to address them. For example, care staff's note taking following visits had been identified as an area for improvement and we saw evidence that training had been provided for staff to support them in this. A new telephone system had recently been installed in the office to make communication easier for people using the service. The provider told us how they had always had systems in place for urgent out of hours calls but wanted to be accessible at all times for any query. We heard how this system had already shown benefits as there was less of a rush immediately after the weekend for phone calls about non urgent issues.

Working in partnership with others

- The provider had positive working relationships with others involved in people's care. We saw for example, how the provider had worked on an action plan with the local authority.
- For one service user, the registered manager supported them to access a repair service for equipment they used and waited with them until the repair service arrived.