

Be Happy Support Limited

# Be Happy Support Registered Office

## 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

Be Happy Support Registered Office is a domiciliary care agency providing the regulated activity of personal care to people living in their own houses or flats. The service provides support to children, younger adults and older people who have a learning disability, autistic spectrum disorder, physical disability and/or sensory impairment and mental health needs. At the time of our inspection there were 3 people receiving the regulated activity of personal care.

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.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

#### Right Support:

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. Risks were assessed, monitored and managed with the involvement of people so they were protected, informed and their wishes respected. This meant people were enabled to have appropriate discussions about positive risk taking and enjoy their lives safely.

#### Right Care:

People received support which was tailored to meet their needs and preferences. People were supported to be as independent as they could be. Staff treated people with respect and ensured their protected characteristics were understood and respected. People were supported by staff who knew them well and who were trained and competent in their role. Staff had been trained in safeguarding adults and children from abuse and understood when and how to report concerns. The provider followed safe procedures for the recruitment of staff.

#### Right Culture:

The registered manager and staff team were committed to achieving the best outcomes for people with a focus on supporting them to live the best life possible. Staff had the knowledge, skills and attitude to provide responsive and compassionate care tailored to people's needs and aspirations. There were effective procedures in place to monitor the quality and safety of the service. The views of people, their relatives and staff were valued. The registered manager worked with other agencies to achieve good outcomes for

people. There was an open and honest culture and learning from when things when wrong.

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

#### Why we inspected

This service was registered with us at these premises on 31 January 2023 and this is the first inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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.

# Be Happy Support Registered Office

## **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 1 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.

#### 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 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 27 March 2023 and ended on 5 April 2023. We visited the location's office on 27

March 2023.

#### What we did before the 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 reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with the relatives of 2 people who used the service and 4 staff which included the registered manager, who is also the nominated individual and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at 3 care plans and medication administration records. We looked at staff recruitment and training records and records relating to health and safety and the management 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us their loved ones felt safe with the staff who supported them. A relative said, "This is the first time that I have been able to relax when I have a day off, knowing that [name of person] is in safe hands. Now I don't have to worry."
- There were effective systems in place to report and respond to any concerns. Records showed that prompt action had been taken to ensure people were safe and the registered manager had worked closely with other professionals where required.
- Staff had been trained to recognise and report any signs of abuse and were confident action would be taken to protect people from harm. A member of staff told us, "[Name of registered manager] encourages us to speak up and makes us feel comfortable to do that. I would always report any concerns."

Assessing risk, safety monitoring and management

- Care and risk management plans provided staff with the information they needed to support people in a safe manner.
- People's care records provided additional information about their health care needs and how these should be managed and met. This helped staff to have a clear understanding of the impact of people's health conditions.

Staffing and recruitment

- People were supported by a regular team of staff who knew them well. A relative said, "[Name of person] has a team of regular carers who know [person] well. The carers always turn up on time. They are absolutely marvellous."
- Staff were introduced to people and their families before they started working with them. This helped to ensure people were comfortable with their staff team and helped staff to get to know the people they would be supporting. A member of staff told us, "I met with a client and did shadow shifts before working alone. This was really helpful in getting to know them."
- People were protected from harm because the provider followed safe procedures for the recruitment of staff.
- References and a Disclosure and Barring Service (DBS) check were obtained before staff started working with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were recorded on a medication administration record (MAR). We found handwritten

entries had not always been confirmed with two staff signatures. This would help to reduce the risk of errors. We brought this to the attention of the registered manager who agreed to take immediate action to address this.

- Where required, people were supported to manage and administer their medicines by staff who were trained and competent to carry out the role. A relative told us, "The carers are brilliant and always make sure [name of person] has their medication on time."
- There were systems in place to ensure staff received regular assessments of their skills and competency in relation to the management and administration of people's medicines.
- Care plans were person centred and detailed the level of support people needed with their medicines.

#### Preventing and controlling infection

- The provider's COVID-19 protocol was reflective of current government guidelines.
- Staff confirmed they had access to sufficient stock of personal protective equipment (PPE) to help keep them and the people they supported safe. Relatives confirmed staff used their PPE appropriately when supporting people.
- Staff had completed training in infection, prevention and control. Their competencies were regularly assessed to ensure practices remained in line with current guidance.

#### Learning lessons when things go wrong

- Where accidents and incidents had occurred, these were regularly reviewed to help identify any trends and consider action to reduce the risk of reoccurrence.
- People's care plans were updated where required, following an incident to help reduce the risk of repeat incidents. Changes to people's care and risk management plans were communicated to staff in a timely manner.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed before a package of care was agreed. This helped to ensure the agency could meet people's needs, preferences and aspirations.
- People's care plans showed their diverse needs such as religion and sexual preferences were discussed with them. These were understood and respected by staff.
- People's care was planned and delivered in accordance with best practice and current guidance. For example, the provider liaised with and followed the guidance of healthcare professionals.

Staff support: induction, training, skills and experience

- People's relatives felt staff had the skills and training needed to meet the needs of their loved ones. A relative told us, "The carers are the best carers [name of person] has ever had. "They know them well and use distraction techniques which work. [Name of person] is now more relaxed."
- Staff were positive about the training they received. A member of staff said, "I did all my training before I started to work with clients. The training is really good."
- Staff told us they received a period of induction which provided them with the skills and training they needed to carry out their role. This also included shadowing more experienced staff. A member of staff said, "I had a really good induction before I started working with clients. It told me everything I needed to know."
- Staff with no previous experience in care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Where required, staff supported people to eat and drink. Care plans detailed the level of support people required, their preferences and any special dietary needs. There was also an emphasis on how to support people to maintain a level of independence.
- Staff demonstrated a good understanding of people's needs and any associated risks. For example, staff told us about 1 person who required their drinks to be thickened and their fluid intake to be monitored. Records showed the person received support in accordance with their plan of care.

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

- Staff worked closely with other health and social care professionals to achieve good outcomes for people. These included district nurses, GP's and social workers.

- People's care plans showed staff implemented and followed advice from other professionals in a timely manner.

#### 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 whether the service was working within the principles of the MCA.

- The registered manager informed us there was currently nobody using the service who lacked the capacity to consent to their care or treatment therefore applications to deprive a person of their liberty had not been required. However, they understood how and when to make an application when required.
- Staff had been trained in the principles of the MCA and understood the importance of ensuring people's rights were respected. A member of staff said, "You must always assume someone has capacity and enable them to make their own decisions and allow them to make wrong decisions. Where there were concerns I would inform [name of registered manager] and involve other professionals."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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's relatives spoke highly of the staff who supported their loved ones. One relative said, "These are the best carers that we have ever had. They are all amazing."
- People's relatives told us staff went above and beyond when supporting their loved ones. One relative explained how staff had 'really stepped up' and remained with a person when they were admitted to hospital.
- Care plans detailed people's goals and preferences which also included their religious beliefs.

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

- People and their relatives were involved in writing their plan of care. A relative told us, "Staff follow the care plan I wrote, and this is regularly reviewed. Any changes are always implemented."
- Care records included people's preferences and how they would like to be supported so staff knew the level of support to provide. A relative said, "The carers know [name of person] really well. They really understand [person] and what they need and want."
- We saw care plans were reviewed with people soon after care had started to make any changes and then routinely on an annual basis or as the need arose.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us staff treated their loved one with the respect and dignity they deserved. One relative said, "The carers are great. They spend time talking with [name of person], never rush them and are really caring and respectful when helping them have a bath."
- People's care plans detailed their goals and aspirations and how staff should support them to achieve their wishes. For example, we heard about 1 person who had wanted to increase their confidence by going for walks in the local community and this had been facilitated.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans reflected their needs and preferences, including religious preferences. This meant staff had the information needed to support people in accordance with their wishes.
- People's relatives told us they, and their loved ones were involved in developing and reviewing their plan of care. One relative said, "The care plan is all about what [name of person] needs and wants."
- Staff told us people's care plans enabled them to provide personalised care in accordance with people's needs and wishes. One member of staff said, "Care plans provide all the information we need. They are easy to access and follow and we have regular reviews with our clients and their families."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication support care plans detailed the support people needed to access or understand written or verbal information.
- The registered manager told us information could be provided in accessible formats, such as large print, for people where required.

Improving care quality in response to complaints or concerns

- Nobody we spoke with raised any concerns about the care and support their relative received and all knew how to make a complaint if needed. A relative said, "I can ring the office when needed. I would raise any concerns if I had any."
- The service had not received any complaints however there was a complaints procedure in place.

End of life care and support

- At the time of our inspection the service did not support anyone who was at the end stage of their life. The registered manager told us end of life care and support in line with people's wishes could be planned and provided if it was needed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's relatives were very positive about the quality of the service provided. One relative said, "There should be more care companies like this one. They go above and beyond. They are fantastic." Another relative told us, "I have no concerns at all. This is the best care agency and carers that we have ever had. [Name of person] is happy and relaxed with the carers."
- People's views were sought on a daily basis and through regular reviews of their plan of care.
- Care plans showed people's protected characteristics were discussed and respected and people received the support they needed and wanted.
- Staff felt engaged, supported and valued by the registered manager. A member of staff said, "I can't fault it here and can't think of anything they could do better. I think every single person that works here really cares for the people we support. The teamwork is really good. We all work together and have really good communication with families. [Name of registered manager] is very responsive and listens to us."

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

- The provider had informed professionals when concerns about people had been identified. They had also communicated with people's relatives where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour.

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

- The provider had established effective systems to monitor the quality and safety of the service. These included audits, checks on staff training and competencies, regular reviews of people's care and support, contact with people receiving care and regular checks on care records and outcomes for people.
- The outcomes of audits and checks were shared with staff through regular meetings. A member of staff said, "We have regular team meetings with [name of registered manager] where updates are shared and we can speak up about what is going well or not."
- The provider was aware of their legal requirements to inform relevant agencies and CQC of any concerns in a timely manner.
- Staff understood the whistleblowing policy and were confident to raise any concerns where needed.

#### Working in partnership with others

- The provider worked in partnership with health and social care professionals to achieve good outcomes for people. These included the local authority, GP's, and specialist health professionals.