

Happy Family Care Services Limited

Happy Family Care Services Ltd

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. 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 the inspection there were three people receiving personal care.

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

People didn't always receive care and support from a service that was well-led. Records were not always easily accessible or completed. For example, staff inductions, supervisions, medicines and administration records were not always documented. Audits of the service were not undertaken to effectively monitor the service and drive improvements. We made a recommendation in relation to risk management plans.

People didn't receive a service that was always safe. Risk management plans were not robust and did not give staff clear guidance on how to mitigate identified risks. People who required verbal prompting to receive their medicines did not always have this documented, staff also did not receive medicines training.

People received care and support from staff that received on-going training. Although the provider failed to carry out regular supervisions to reflect on their working practices, staff told us they felt supported. People were supported to have their nutritional and healthcare needs met. 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 and their relatives confirmed they were supported by staff that were caring and compassionate. People had their dignity respected and their diverse needs encouraged. People were supported to maintain their independence where safe to do so.

People's care plans were not as person centred as they could be. Where agreed, people were supported to access the community. People and their relatives were aware of how to raise concerns and complaints. People's end of life care wishes, were not clearly documented.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered with us on 6 June 2018 and this is the first inspection.

Why we inspected

This inspection was planned in line with our inspection programme.

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective,

Responsive and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified a breach of regulations in relation to good governance and safe care and treatment.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Happy Family Care Services 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an interpreter fluent in Tamil.

Service and service type

This service is a domiciliary care agency predominantly for people who are of Sri Lankan decent. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. The director was currently taking steps to become registered manager. A registered manager just like the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 would be in the office to support the inspection.

Inspection activity started on 20 June 2019 and ended on 27 June 2019. We visited the office location on 20 June 2019. We made calls to staff on 27 June 2019.

What we did before the inspection

Prior to the inspection we reviewed the information we held about the service, for example, information

received from healthcare professionals and members of the public. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection we spoke with one person and a relative. We also spoke with the quality assurance consultant and the provider. We reviewed a range of records, this included three people's care records. We reviewed staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

After the inspection we spoke to two relatives. We continued to seek clarification from the provider to validate evidence found. We looked at audits, risk management plans, care plans and training certificates.

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 the service and this key question is rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk management plans did not provide sufficient guidance for staff to mitigate identified risks. For example, one risk management plan stated the person required physical support when mobilising. However, the risk management plan did not give staff clear and succinct guidance on how to support the person safely. Another person who was at risk of choking, did not have a risk management plan in place.
- Despite our findings, staff were able to tell us how they supported people safely when mobilising and when eating and drinking.
- We raised our concerns with the provider and quality assurance consultant, who confirmed they would address this immediately.
- After the inspection the provider submitted a revised risk management plan for one person. However, this did not contain robust guidance on how to mitigate the risk of falling. For example, the risk management plan failed to identify the person used a walking aid to mobilise.

Using medicines safely

- People's medicines were not always managed in line with good practice.
- At the time of the inspection the provider confirmed people were verbally prompted by staff to take their medicines. However, no Medicines Administration Records (MARs) were completed. This meant that it was unclear what medicines people had received. This could place people at risk of harm associated with poor medicines management.
- We also identified staff's competency was not assessed.

These issues are a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities 2014).

- A relative told us, "Sometimes I give [my relative] his medicines and sometimes the staff do it."
- We shared our concerns with the provider who said they were unaware that staff should complete a MAR for verbally prompting people to take their medicines. The quality assurance consultant told us they would book medicines training for all staff immediately.
- After the inspection, the provider sent us confirmation all staff had received safe medicines management training and MAR's would be completed. We will review this at their next inspection.

Systems and processes to safeguard people from the risk of abuse

- The provider had arrangements to help protect people against the risk of harm and abuse as staff had received safeguarding training that enabled them to identify, respond to and escalate suspected abuse.
- A staff member told us, "[Safeguarding's] about keeping [people] safe. [If I suspected someone had been

abused], I would inform my supervisor and if they don't take any action, then I would contact the provider. If the provider didn't do anything I would contact CQC and the local authority safeguarding officer."

- The provider had a safeguarding policy in place, which gave staff clear guidance on their responsibilities in reporting suspected abuse and also the provider's responsibilities.
- At the time of the inspection there were no open or on-going safeguarding investigations.

Staffing and recruitment

- People received care and support from staff that had undergone pre-employment checks to ensure their suitability for the role.
- Staff files contained a range of checks including two satisfactory references, photographic identification, employment history and a recent Disclosure and Barring Services (DBS) check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.
- The provider deployed sufficient numbers of suitable staff to keep people safe. People confirmed staff arrived on time and stayed the full duration of the visit as agreed. A relative told us, "Staff are on time. Sometimes [my relative] is sleeping so I ask [the staff member] to come later and they will be flexible. It's always the same staff visiting."

Preventing and controlling infection

- The provider ensured systems and processes in place protected people against the risk of cross contamination.
- The provider ensured there were sufficient supplies of Personal Protective Equipment.
- Staff received infection control and food hygiene training. The provider's infection control policy gave staff members key guidance on effective hand washing and disposal of hazardous waste.

Learning lessons when things go wrong

- There was insufficient evidence to determine whether the service ensured lessons were learnt when things went wrong. The provider confirmed no incidents had taken place in the last 12 months.
- Despite our findings the provider was aware of what action they would take to learn lessons when things went wrong.
- We will review this at our next inspection.

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 of the service and this key question is rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People's relatives felt the staff at Happy Family Care Services were well trained.
- We reviewed the training matrix and identified staff received on-going training to enhance their skills and experiences. Training included for example, safeguarding, Mental Capacity Act 2005 (MCA), moving and handling, health and safety, infection control, food hygiene and fire awareness. A staff member spoke positively about the training they received.
- During the inspection we identified the provider did not keep any records relating to staff inductions.
- A staff member told us, "Yes, I had an induction when I first started. We covered lots of things, like infectious diseases, mental capacity and mental illness, safeguarding and emergencies."
- The provider said, "I speak with the staff member in the office on the first day [of induction]. I take them to the client [they will be supporting] and they observe the carer delivering the care. I then take them for [between] two to three visits, so they can get to know the person. We then put them on the rota and we carry out spot checks once a day for two weeks, to [monitor their competency]." However, we were unable to confirm the induction process followed the Care Certificate. The Care Certificate are a set of 15 minimum standards that are specific to roles in the health and social care sector.
- We also identified staff had received one supervision in the last 12 months. Despite the lack of supervisions, all staff informed us they were well supported and could contact the provider for guidance and support at any time, should the need arise. We shared our concerns that there was no record of any spot checks, inductions and only one supervision record for staff with the provider.
- After the inspection the provider sent us a supervision schedule for all staff.

We recommend the provider review current guidance on induction and supervision and update their practices.

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

- People's needs were assessed in line with best practice, and to ensure their care needs were met.
- Pre-admission assessments were undertaken, prior to people receiving care and support from the service. Pre-admission assessments covered, for example, things people valued in the care provided, schedule of service and behavioural profile.
- Where possible, people and their relatives were encouraged to share their views to ensure the care provided reflected their needs and wishes.

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

- People were supported to access food and drink that met their nutritional and cultural needs and preferences.
- One relative told us, "[Staff members] cook the food. Sometimes they will cook English food and sometimes Tamil foods."
- A staff member told us, "We [staff members] always ask what [people] would like. We only make what people like. Sometimes [people] will let us know the day before, so we can prepare it. Sometimes the relatives will buy the food and leave it for us to make. Yes, mostly people will eat cultural food at lunch time, things like rice and curry."

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

- People received support from staff to ensure their health and wellbeing was monitored and maintained.
- Where required, staff supported people to access healthcare services.
- One person told us, "Staff will take me to the G.P, if I need to go."
- Staff were aware of the importance of reporting any health concerns immediately.

Ensuring consent to care and treatment in line with law and guidance

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Staff were aware of their responsibilities and the principles of the MCA and how they applied to their role.
- Staff confirmed should they have concerns about someone's capacity they would report this immediately to the provider.
- People confirmed their consent was sought prior to the delivery of care.
- Staff received on-going MCA training and the provider had a current MCA policy in place.

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 of the service and this key question is 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 confirmed they were treated with compassion and kindness by staff employed at Happy Family Care Services.
- One person said, "The carers are good and I am satisfied." A relative told us, "I like the carers very much. They help us a lot and that makes me happy."
- The service encouraged people to follow their faith and culture where they wished. The provider hired a hall in their office building, whereby people, their relatives and members of the local community had access and could participate in practices and ceremonies that reflected their culture. The service also provided food and drink that was typical of their cultural meals.

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

- People and their relatives confirmed they were encouraged to express their views and make decisions about their care.
- One person told us, "Sometimes they [the service] will ask my views when the provider visits and sometimes she will call on the phone."
- Relatives confirmed people's decisions were respected.

Respecting and promoting people's privacy, dignity and independence

- People confirmed they were encouraged to be as independent as possible, where safe to do so.
- Staff were aware of the importance of maintaining and encouraging people's independence and enabling them to do things for themselves. One staff member told us, "We talk to [people] and try to encourage them to do things. Sometimes they will need help, but we know what they can do for themselves."
- Care plans documented the level of support people required. People had been involved in the development of their care plans.
- People also confirmed staff respected their privacy when providing personal care.

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 of the service and this key question is rated requires improvement. This meant people's needs were not always met.

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

- People received personalised care that reflected their needs and wishes. Although people told us they were happy with the care and support they received and were involved in the development of their care, care plans were not as person centred as they could be.
- During the inspection we identified care plans covered, for example, medical, health, social and support needs.
- A staff member told us, "It is a record of what we need to do every day."
- We shared our concerns with the provider who showed us a new care plan template, that would be written in people's first language and contained pictures. This meant people would have a clearer understanding of their care plans.
- We will review this at their next inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People whose first language was not English, received care and support from staff members that were fluent in their preferred language.
- The provider had ensured they employed staff members that were able to communicate effectively and ensured that people's needs were clearly identified and known.

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

- The provider was aware of the importance of minimising the risk of social isolation.
- People confirmed and were observed participating in planned activities organised by the provider.
- During the inspection we observed one person and their relative participating in the 'Day Centre' based in the office building. The person was observed engaging with members of the local community and enjoying cultural dancing and singing. The provider organised two 'Day Centre' days a week, whereby people and their relatives were encouraged to meet with their local community, eat traditional foods that reflected their culture.
- One person also told us they were supported to access the community and go for walks with their support staff.

Improving care quality in response to complaints or concerns

- At the time of the inspection the service had not received any complaints in the last 12 months.
- One person told us, "[If I had a complaint] I would inform the provider." A relative said, "I would contact the social worker, or my daughter. I would contact the provider and let them know."
- The provider had a complaints policy, that gave people guidance on how to raise a complaint and what to do if they were dissatisfied with the outcome.

End of life care and support

- People's wishes in relation to end of life care and support were not documented.
- Although the service were not currently supporting people at the end of their lives, people's wishes in relation to their cultural and spiritual needs had not been clearly documented.
- We shared our concerns with the provider and quality assurance consultant, who told us they would be looking to address this shortly.
- We will review this at our next inspection.

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 of the service and this key question is rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were failings in the oversight and management of the service.
- During the inspection we identified the provider failed to ensure systems were in place to effectively assess and monitor the service to drive improvements. For example, regular and robust audits were not carried.
- We shared our concerns with the provider who was unable to give us a satisfactory response as to why no audits were undertaken.
- During the inspection we also identified records were not easily accessible or in some cases completed. For example, risk management plans were not completed for one person who was at risk of choking. Induction records and spot checks for all staff, Medicine Administration Records (MARs) and audits were not documented.
- The provider failed to ensure where people's views had been gathered, these were documented and analysed to drive improvements. The provider was unable to show us more than one completed quality assurance questionnaire.
- This meant the provider was unable to have clear oversight of the service and ensure issues were identified in a timely manner.
- We spoke with the provider regarding the lack of documentation; and the provider assured us they would address this going forward. We will review this at their next inspection.

These above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014).

The above notwithstanding, people and their relatives were positive about the management at Happy Family Care Services. One relative told us, "It's a good service and I like it."

- At the time of the inspection, there was not a registered manager in post. The provider informed us they were undertaking their National Vocational Qualification level five and would be applying to the Commission to become registered as the manager by 28 June 2019.

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 understood and was aware of their responsibilities under the duty of candour.
- The provider told us, "When we make a mistake or error we must take responsibility and apologise."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of the inspection the provider had recently employed a quality assurance consultant, to assist the management of the service in ensuring they were meeting the regulations.
- The provider was keen to drive improvements and after the inspection submitted various records indicating areas of improvement to be made.
- The provider was aware of and understood their responsibilities to the Care Quality Commission in notifying us of important events, they were required to inform us about.

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

- The provider actively sought people's views and was proactive in encouraging people to be involved in their local community.
- During the inspection the provider showed us the Day Centre, based on the first floor of the building. People were encouraged to participate in a wide range of activities, including, singing, dancing and reading. People appeared to enjoy this activity and being part of their community, who shared similar values, faiths and culture.
- People's relatives confirmed the service sought their views through regular phone calls and meetings.
- The completed questionnaire asked people's views in relation to, for example, staff members time keeping, staffing levels, privacy, respect, staff training and if staff understood their needs and referred to their care plan.

Continuous learning and improving care

- The provider told us they were keen to make improvements at Happy Family Care Services. However, at the time of the inspection there was insufficient evidence that continuous learning was taking place. We will review this at our next inspection.

Working in partnership with others

- At the time of the inspection we identified the provider worked in partnership with other healthcare professionals and stakeholders.
- The provider told us, "I am currently establishing relationships and work in partnership with relatives and clients."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure oversight and on going monitoring of the service.