

Happy Home Care Services Ltd

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Inspection report

Suite F, Chengate House
61 Pepper Road
Leeds
LS10 2RU

Tel: 07761529190
Website: www.happyhomecareservices.co.uk

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Happy Homecare Services Limited is a domiciliary care agency. The service provides personal care to people in their own homes. At the time of our inspection there were 29 people using the service. 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

The provider's systems and processes were not always effective in assessing, monitoring and mitigating risks to the health, safety and welfare of people using the service. The provider had some quality monitoring processes in place, but these did not always enable them to identify and address the issues we found during the inspection. This placed people at risk of harm.

The provider did not always manage medicines safely. Systems in place to manage medicines were not always effective, care records did not always include clear and up to date information about current medication and the level of support people required to take their medicines safely. This placed people at risk of harm.

Care plans were not always reviewed and updated as people's needs changed. People were supported by staff who knew them well and were able to identify people's likes and dislikes.

New staff received an induction programme and most staff had completed a range of training which gave them the skills and knowledge to care for people in their own homes. The provider had a plan to address staff training. Staff told us they felt supported by the provider.

Governance systems were not always in place to ensure all aspects of the service were reviewed and checked regularly. Systems to monitor accidents and incidents and lessons learnt required review. People and relatives told us they were provided with safe care. They said staff were kind, caring and patient. People were treated with dignity and respect. Staff cared about and had warm and positive relationships with people.

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.

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

Rating at last inspection

This service was registered with us on 4 September 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration and the date 'regulated activity' started.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to assessment of people's needs, risk assessments, management of medication and the provider's systems of governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below

Inadequate ●

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 well-led.

Details are in our well-Led findings below.

Inadequate ●

Happy Home 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors 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 the Care Quality Commission 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 24 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 30 June 2022 and ended on 01 August 2022. We visited the location's office on 07 July 2022.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority, Healthwatch and a local advocacy organisation. 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.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with 12 staff, this included the registered manager and nominated individual.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and policies and procedures, were reviewed.

Following our visits to the office, we continued to seek clarification from the provider to validate evidence found. We looked at training data, electronic call monitoring data and quality assurance records off site. We reviewed care records remotely through the provider's secure portal.

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 inadequate.

This meant people were not safe and were at risk of avoidable harm.

Details are in our safe findings below.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were not always fully assessed.
- Where a health risk had been identified, risk assessments were not always in place. For example, one person's medical history identified they were diagnosed with several health conditions. There was no information in their care plans to tell staff what support and risk management was required.
- Care records were not always complete. This meant there was not always evidence to demonstrate risks to people's health and safety were being effectively assessed, monitored and mitigated. For example, one person's daily notes entries indicated the person wore a falls bracelet and their initial assessment stated they walked with a stick. However, there was no falls risk assessment or mobility care plan in place.
- The provider used a computerised care management system. This meant care records were mostly stored electronically. Staff used a phone application to record daily notes, review handover notes and access information about people's daily care needs. However, the complete care plans were stored on the management computer system and therefore comprehensive information was not always accessible to staff caring for people in their own homes.
- Monitoring the effectiveness of risk controls was done through review of daily records, monthly audits and management review. However, audits focused on environmental issues and there were no records of daily note analysis or management review.

We were concerned that the lack of complete information within care records put people at risk of receiving care and support which was not always safe. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The service did not always manage medicines safely.
- Systems in place to manage medicines were not always effective. For example, staff were not routinely completing Medicine Administration Records (MAR'S) when supporting people with their medicines. Therefore, it was difficult to assess if medication had been given as prescribed.
- Care records did not always include clear and up to date information about current medication and the level of support people required to take their medicines safely.
- Person centred guidance was not in place for 'as required' medicines. This meant staff did not have information about the specific circumstances when these medicines should be given. One person's care record showed staff sometimes gave them an 'as required' medicine for pain relief. Staff recorded this within

the daily notes but did not include complete information, such as; the exact time of administration, quantity given and reason for giving this medicine. This meant we were unable to ascertain whether this person received this medicine safely.

- Clear information regarding topical medicines was not always recorded. One person's daily notes showed staff had applied a cream for a skin condition. However, there was no detail within the person's care records to indicate how and when this medicine should be applied. This meant it may not be administered as prescribed.
- There was conflicting information and evidence about the role staff took in the administration of medication. The registered manager and nominated individual told us staff were not involved in giving people their medication. However, we saw evidence that staff were providing people with support to take their medicines.

Systems were either not in place or robust enough to demonstrate medicine were safely and effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns, accidents and incidents were not effectively recorded, analysed or reviewed. This placed people at risk of harm. For example, we saw an example of a safeguarding concern, that was not reported to either the local safeguarding team or CQC. The registered manager and nominated individual were not clear about their role in making such reports.

Systems were either not in place or robust enough to ensure people were safeguarded from abuse and improper treatment. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear and very confident about reporting concerns to management, however, there was limited knowledge about reporting to safeguarding teams.
- People and relatives told us they received safe care and had no concerns about their safety.

Learning lessons when things go wrong

- The nominated individual and registered manager had responded well to concerns raised by relatives. However, recording of concerns and procedures detailing lessons learnt from complaints or feedback were not in place.
- We saw evidence not all accidents and incidents were being recorded and there was no overall analysis identifying any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

We were concerned that the lack of complete information within care records put people at risk of receiving care and support which was not always safe. This placed people at risk of harm. This was a further breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us that the provider was receptive and responsive to feedback.

Staffing and recruitment

- There were sufficient staff to provide consistency of care and support to people. People told us that care calls were not missed, and they were informed if care staff were going to be delayed.
- Safe recruitment procedures were followed to help ensure staff were suitable to work with people. This

included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Effective systems were in place to organise and monitor calls, making sure visits had been completed. People told us that calls were never missed, and this was reflected in the feedback staff gave about ensuring all visits were completed.

Preventing and controlling infection

- Staff were aware of their roles and responsibilities in preventing and controlling infection and gave examples how they managed this day to day.
- Staff had plentiful stocks of personal protective equipment (PPE). People told us staff wore PPE appropriately when providing care to them.
- The provider had an up to date infection prevention and control policy and staff gave examples how they followed it to ensure safe care.

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 requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care records did not always include clear information about people's dietary needs and preferences.
- Nutritional risk assessments were not always in place. For example, we saw staff were recording a person's weight. Staff told us the person had been losing weight. However, this was not clear from reviewing the person's care records. There was no nutritional care plan or risk assessment in place.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they were regularly involved in developing their care plans and their needs and preferences were taken into consideration. One relative told us, "We have had lots of discussions about [relative's] care plan."

Staff support: induction, training, skills and experience

- New staff received an induction and a period of shadowing more experienced staff before working alone. The provider undertook observations and spot checks to ensure, skills, knowledge and competency.
- Staff told us they had received or were undertaking care certificate training to fulfil their roles. 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 program.
- Staff told us they were supported by the provider and we saw evidence to show that they received regular supervision and appraisals. Staff told us that communication was very good with the provider and that they received regular texts when unable to meet during the COVID 19 pandemic restrictions.

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

- People and relatives told us staff provided the necessary support to ensure people ate and drank in line with their preferences. One person told us, "Yes the carers always ask me."
- Where people needed support with any dietary needs, this was not always recorded in their care records and not always recorded in their daily notes. This meant we were not sure if dietary people's needs were always being met.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other professionals to support people's health and wellbeing. People and relatives told us staff assisted them contacting other professionals when they needed. One relative told us, "The staff have asked me to contact the GP and it triggered a district nurse call."
- We saw evidence to show the provider sought specialist support and advice to meet people's wider health needs.

Supporting people to live healthier lives, access healthcare services and support

- People told us that staff helped them to access other support services they required. One person told us, "Yes I do get to make choices how I live my life."
- Staff told us they get to know people and support their choice of activities that promote independence and a healthier life.

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 and found staff had some understanding about the principles of the MCA. We saw that some people's mental capacity assessments were not robust enough. However, people were not being deprived of their liberty, people and relatives told us they were given choices and able to make their own decisions.

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 told us they felt listened to and staff acted in the ways they wanted them to. One relative told us, "Yes, I have seen staff do this when I visit."
- Staff gave examples of thoughtful and flexible approaches to supporting people and understood people's abilities could fluctuate on a daily basis.
- One relative told us how the provider ensured their relative received care from staff of the same gender, as this had caused their relative anxiety about receiving personal care.

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

- People and relatives told us staff listened to their views and were actively involved in making decisions about their care. People told us they received care and support that reflected their wishes. One person said, "Yes, I have been involved, and yes I have seen my care plan and staff have discussed this with me."
- The provider demonstrated how they had encouraged people and relatives to access their care plans. For example, with consent, people and their relatives had access to an online care records application, where they could review and recommend amendments to care plans.
- Regular 'customer satisfaction surveys' enabled people and relatives to express their views about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, and dignity was respected. One person told us, "Yes they do treat me with dignity and respect and always respect my privacy when doing personal care."
- People's independence was promoted. Staff supported people to maintain their skills and abilities to live as independently as possible. One person said, "Staff have just got me back to walking alone again, with the help of a walker, so this has helped my sense of independence."

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 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

- Staff knew people and their interests well. However, this knowledge was not always captured within care records. This put people at risk of receiving care which was not always personalised to their needs. For example, staff were able to tell us detailed information about one person's past career and love of sport. There was no detailed information about this within their care records which meant staff did not always have access to this important personalised information when delivering care to this person
- Care plans were not always reviewed regularly to ensure they remained relevant to people's needs.
- Staff told us they were made aware of people's changing care needs by text or telephone call. However, it was not clear if this was always captured in care records. This risked important information may not always be formally recorded and acted upon.
- The service supported people during the end of their lives, however, people did not have end of life plans in place which considered their wishes and preferences. This put people at risk of receiving care which was not personalised to their individual needs and wishes.

We were concerned that the lack of complete information within care records put people at risk of receiving care and support which was not always safe. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- At the time of the inspection nobody was receiving end of life support. However, this support had been provided in the past.
- Some staff had coaching to understand, meet the needs and expectations when supporting people nearing the end of their life. The registered manager explained there was ongoing work to develop the approach to end of life care.
- Feedback we saw about end of life support was very complimentary.

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.

- People had no individual communication plans that detailed effective and preferred methods of communication, for example, there was no evidence about using change of approach for different situations with people living with dementia.
- The registered manager had a limited understanding about the requirements and application of the Accessible Information Standard. However, the registered manager told us they would provide produce information in other formats and languages if required, to meet people's needs.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint and the provider had a complaints policy and procedure.
- At the time of inspection there had been no formal complaints and one informal complaint. Failure to log the informal complaint meant a missed opportunity to use lessons learnt to drive improvement to people's care.

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 inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Care plans did not always reflect people's needs as information was not always fully completed. This meant there was not always evidence to demonstrate risks to people's health and safety were being effectively assessed, monitored and mitigated.
- Audits reviewed contained limited information required to drive service improvement.
- The provider's systems and processes in place to assess, monitor and mitigate risks and to improve the quality and safety of the service were not always effective.
- The registered manager did not always fully understand their role and responsibilities, particularly what they were required to notify CQC and local authorities about, such as safeguarding incidents. The registered manager is responsible for telling CQC about incidents such as injuries or safeguarding concerns that occur at the service. This meant opportunities to monitor and review the service were not always in place. However, from the evidence we reviewed we were satisfied this was an isolated incident. The registered manager and nominated individual assured us they would inform us of all notifiable incidents in the future.
- It was clear from care records, what people and their relatives told us, that staff undertook the administration of medicines and topical creams for some people. This differed to what the registered manager told us.

The provider's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service. This was a continued breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us the provider promoted an inclusive and open culture where good outcomes and person centred care was integral to the values of the company.
- Staff were positive about the provider. Staff described management as approachable, supportive, caring and passionate. One staff member told us they felt very supported and appreciated by the provider.
- We were shown a number of compliments sent by relatives to the provider to thank them for the care their relative received.

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 nominated individual and registered manager explained the challenges of setting up a new service and records of incidents, accidents and concerns had not always been recorded in a robust way.
- Staff told us there was good communication with management. However, it was not clear what systems were being used to enable staff to learn from incidents, improve practise and drive improvement in the service through shared learning.

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

- The provider engaged with people and their relatives to review the running of the service. However, analysis of feedback was not always evident in driving service improvement.
- Staff told us communication was effective and where staff meetings could not take place due to COVID-19 restrictions, remote communications were used. There was some evidence to show their views about the service were considered and used to drive improvement.

Working in partnership with others

- The provider worked in partnership with others. At the time of the inspection, this was primarily with the local GPs and health professionals who supported people with health conditions requiring specialist care.
- The registered manager and staff gave examples how they had communicated with people and relatives to ensure access to other health care professionals.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider's systems or processes were either not established or not operated effectively to ensure compliance with regulation. 12 (1), (2) (a), (g)</p>
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider's systems or processes were either not established or not operated effectively to ensure compliance with safeguarding service users from abuse and improper treatment. 13 (1), (2), (3)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems or processes were either not established or not operated effectively to ensure compliance with regulation. 17 (1), (2), (a), (b), (c), (f)</p>