

Happylife Care Ltd

Happylife Care

Inspection report

Unit 3d
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Worcestershire
WR4 9EL

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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

Summary

About the service: Happylife Care is a domiciliary service which provides personal care to people living in their own homes. At the time of the inspection the service provided care to two people, and regularly cared for other people on a short-term basis, to meet their needs.

People's experience of using this service:

People and their relatives told us they could rely on staff to provide the care agreed.

People's needs were carefully assessed, so staff could be sure they would be able to meet their needs.

People were supported by staff who understood the risks to their safety and who supported them to reduce risks, whilst promoting their choices.

Staff knew how to identify concerns, such as abuse, or people becoming anxious, and understood how to protect people.

People's care was planned with them and reflected their preferences. Staff considered people's rights to independence, dignity and privacy when planning and providing their care.

Staff had the skills to meet people's needs and supported people to access the healthcare they needed, so they would remain well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

People and staff had developed strong bonds, and care was provided by a consistent staff team, who cared for people in ways which showed them they were valued.

Staff understood what was important to people and tailored the care provided so people's goals were met and their well-being enhanced.

People and their relatives knew how to raise any concerns and complaint. Relatives told us any suggestions they made to improve their family member's care were listened to.

Relatives, staff and other health and social care professionals were positive about the way the service was managed.

The registered manager sought people's views and experiences as part of their quality assurance processes.

Staff were encouraged to reflect on the care provided so improvements to the service would be driven through.

We found the service met the characteristics of a "Good" rating.

Rating at last inspection: Good. The last report for HappyLife Care was published on 14 December 2016.

Why we inspected: This inspection was a scheduled inspection based on previous rating.

Follow up: We will continue to monitor the service and will inspect within 30 months of the report being published.

For more details, please see the full report which is on the CQC 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 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.

Happylife 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: consisted one 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 in the community.

The service had a manager registered with the Care Quality Commission, who was also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

This inspection was announced and took place on 22 May 2019. We gave the service 48 hours' notice of the inspection site visit to ensure the registered manager would be present and to ensure people's consent was gained for us to contact them for their feedback.

Inspection site visit activity started on and ended on 22 May 2019. We visited the office location on 22 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used information the provider sent to us in the Provider Information return (PIR). We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with one person using the service and two relatives to ask about their experience of care. We spoke with the registered manager who is also the provider. We also spoke with two care staff and one other health and social care provider, who jointly works with HappyLife Care.

We looked at the care records for three people, two staff employment records and information relating to the quality and 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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us staff took steps to ensure their family members were as safe as possible.
- People were supported to understand how to keep safe and to raise any safety concerns they may have.
- Staff knew how to recognise and report abuse to the local authority and CQC, if this was identified. One staff member told us their job was not just to provide care, but to safeguard people.

Assessing risk, safety monitoring and management

- People and their relatives were positive about the way their safety needs were assessed and managed. This included considering people's safety needs when assisting them to mobilise independently. Relatives told us staff supported at the pace people were comfortable with, so people were safe and less anxious when regaining their independence. One health and social care professional explained staff consistently supported people to manage risks when eating, or when people were anxious.
- Staff had a detailed understanding of the risks to people's safety and understood how to maintain their safety and independence.
- The registered manager, who was also the provider, spent providing care to people and checked people were safe.

Staffing and recruitment

- People and their relatives told us they could rely on consistent staff providing the care and support planned with them.
- The registered manager worked with people and their relatives to review the timing of care and staffing levels to ensure people's needs were met.
- Staff were not allowed to care for people until checks had been made to ensure they were suitable to work with vulnerable adults.

Using medicines safely

- Staff understood most people enjoyed the independence of managing their own medicines.
- Where people required some support, medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- Staff followed good hygiene practices to prevent infections.

Learning lessons when things go wrong

- Staff had opportunities to reflect on people's changing safety needs and to adjust the care planned and

provided.

- Systems were in place to take any learning from incidents and accidents, when required.

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

Good: 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's views were central to the assessment process. This helped to ensure their care would be planned in ways which reflected their needs and preferences.
- The registered manager and senior staff gave us examples showing how they used people's completed assessment, so they could be assured the service would meet people's needs.

Staff support: induction, training, skills and experience

- People and their relatives were positive about the skills staff used when providing care.
- Staff gave us examples of additional training they had undertaken to meet people's specific needs. For example, in response to the needs of new people joining the service, so people would receive the correct support to remain well.
- Staff were supported to provide good care to people through induction programmes, working alongside more experienced colleagues and by contributing to one to one meetings with their manager.

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

- People were supported to have the food and drinks they needed to remain well.
- One relative told us their family member had successfully achieved a desired weight loss with the support of staff.
- Staff monitoring people's weight and encouraged people to have the right amount to eat and drink.

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

- People were supported to see health professionals when they wanted this. Staff member gave us examples of assistance they had provided so people would be able to access health appointments at hospital, with their GPs and chiropodists in a timely way.
- Staff followed advice provided by other health and social care professionals advice to promote people's health.

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 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's capacity assessments were informed by consultation with them, their relatives and other health

and social care professionals.

- Staff had received training to understand people's rights. Systems were in place to support people where required, to ensure any decisions which may need to be made were undertaken in people's best interests.

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

Good: 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 had developed strong bonds with the staff. One person told us staff were kind and considerate.
- Staff gave us examples of additional support they provided to people, so they would know they were valued. This included careful consideration of how to celebrate people's birthdays, and spending additional time with people at key times, such as Christmas. This helped to ensure people did feel isolated and promoted their well-being.

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

- People were actively involved in decisions about their care and were supported to express their views. This included making day to day decisions, such as what they wanted to wear.
- A health and social care professional, who regularly provided care in conjunction with the service, told us Happylife staff always ensured people were encouraged to decide what they wanted to eat, and what enjoyable things they would like to do.
- Staff understood people's care preferences and what was important to them. Staff gave us examples showing how they adapted people's planned care as their choices altered, so people's preferences would continue be met.
- Staff sought people's views on the care planned through discussion with them, their relatives and other health and social care professionals. This was done through reviews of their care and asked for people's feedback through surveys.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us staff treated people with respect, for example, by taking their individual communication needs into account.
- Staff used their equality and diversity training to promote people's individual identity.
- People's right to confidentiality and privacy continued to be respected. People's private information was securely stored.
- Staff gave use examples showing how people were encouraged to maintain and improve their independence. This included during personal care, and by gently supporting and encouraging people to redevelop their mobility skills.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People decided what care they wanted. Where people wanted support from their relatives and other health and social care professionals to decide some elements of their care, their views were acted on.
- People's care plans reflected their personal histories, care preferences and needs and goals.
- Staff were supported to provide personalised care as there was sufficient information for them to understand what was important to people. For example, helping people to re-engage with their local community.
- One relative told us their family member had been supported to enjoy a much wider range of things to do. This was because staff had broken their goals down into small steps so the person now liked trying new activities.
- People's care plans were regularly reviewed and adapted as their needs and preferences changed. This was supported through established systems for staff to communicate changes in people's needs. This ensured people had the care they wanted.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

Improving care quality in response to complaints or concerns

- People had been provided with information on how to raise any concerns or complaints they may have.
- There had been no recent formal complaints in relation to care and support. Systems were in place to manage and respond to complaints, when needed.

End of life care and support

- People had opportunities to discuss their end of life care preferences with staff.
- Systems were in place to ensure views of people's relative and other health and social care professionals were considered when planning and responding to people's needs at the end of their lives.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives were positive about the way the care was provided and how the service was managed.
- Staff felt supported to provide good care, which was focused on the improving the quality of life, independence and well-being of each person cared for.
- People's relatives told us communication with the registered manager was good. Staff advised us the culture and systems in place encouraged them to contact the registered manager without delay, if they wanted guidance in any aspect of people's care. This helped to ensure risks to people were reduced and the service provided to people continued to develop.

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

- Continuous improvement was underpinned by a range of quality checks undertaken by the registered manager. These included spot checks on the work undertaken by staff, and discussion with people and their relatives.
- The registered manager also provided care to people, and work alongside staff. This gave them a detailed insight into the needs of people and staff support requirements needed to develop the service further.
- Staff had opportunities to reflect on their practice and to drive through improvements in the care provided. Staff gave us examples of how this reflection led to improvements in people's nutritional health and well-being.
- Staff gave us examples of learning taken following advice from other health and social care professionals,

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The views of people and their relatives were incorporated into quality monitoring and assurance arrangements. One relative told us they had suggested improving the support provided to their family member, through additional specialised staff training. The relative told us their suggestion had been acted on, and this had led to improvements in the care provided.
- People were consulted in the way their individual care and support was provided.
- The registered manager gave us examples of joint working with other health and social care professionals and providers. This helped to ensure the service could operate flexibly to meet people's needs, so they would continue to enjoy a good quality of life.