

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

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

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 21 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

We were not assured all recruitment checks had been undertaken. Governance systems were in place to ensure all aspects of the service were reviewed and checked regularly. People and their relatives consistently told us the care they received was safe. There were enough staff available to meet people's needs. People told us staff always attended their scheduled visits and would let them know if they were delayed. People were supported to take their medicines safely and this was consistently well recorded. People told us staff took appropriate infection protection control measures.

We saw evidence people had an initial assessment, and this was used to develop their care plans. People and their relatives described ways they were involved in the development and updating of care plans and risk assessments.

People and their relatives consistently told us staff obtained their consent and views about the service they received. Staff gave us many examples of how they knew people well and how they wished to be cared for.

Staff received an induction programme at the start of their employment and further coaching and shadowing of experienced staff, which gave them the skills and knowledge to care for people in their own homes. Staff were further supported with supervision and appraisals.

People and their relatives told us staff consistently gave them choices. Staff understood how to provide personalised care and ensure people's nutritional needs were met.

People and their relatives 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 and update

The last rating for this service was inadequate (published 13 September 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to

improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 13 September 2022. During this inspection the provider demonstrated improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We carried out an announced comprehensive inspection of this service on 13 September 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding service users from abuse and improper treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

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

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

Recommendations

We have made a recommendation about the management of some aspects of recruitment.

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 five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always 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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

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

Notice of inspection

We gave 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 7 March 2023 and ended on 23 March 2023. We visited the location's office on 7 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and a local advocacy organisation. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. 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 2 people who used the service and 4 relatives about their experience of the care provided. We spoke with 8 staff, this included the registered manager, nominated individual, consultant, team leaders and director. 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 7 people's care records. We looked at 3 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 electronic care records system.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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.

Staffing and recruitment

- We were not assured processes and procedures to ensure safe recruitment at the service were in place. There were insufficient references for some staff.

We recommend the provider consider current guidance on safe recruitment, particularly about references and take action to update their practice accordingly.

- The provider carried out Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. One relative told us, "I think that there are plenty of staff." Another relative told us, "They have never missed a call, they have always turned up. They will often text me if they are running late."
- Rotas and daily records confirmed there were enough staff employed to ensure people's needs were being met daily.

Assessing risk, safety monitoring and management

At our last inspection we were concerned 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 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Risks to people's health and safety were monitored and managed safely.
- People had care plans and risk assessments in place. They were kept up to date and were reflective of people's individual needs and risks. We recognised that the provider was continuing to move all paper care records to their electronic care management system. The provider was able to show us paper records in the absence of electronic records.

Systems and processes to safeguard people from the risk of abuse

At our last inspection 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 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff received safeguarding training. Most staff were knowledgeable regarding different types of abuse and protecting people from harm. The provider told us they had a plan to update and embed safeguarding training.
- People were protected from the risk of abuse and avoidable harm because staff understood and followed the providers' policies and procedures.
- People felt safe at the service. Feedback included, "Everything is fine, they're like my family." and "Yes, yes I do always feel safe."

Using medicines safely

At our last inspection 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 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed and administered safely.
- Staff received training for medicines management and their competency was assessed.
- People and their relatives consistently told us their medication was managed well. One person told us, "I think they do medication quite well." Another person said, "I had to put eyedrops into my eyes and one lady rang to check up on me."

Learning lessons when things go wrong

At our last inspection 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 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems and processes were in place to report and investigate accidents and incidents. Lessons learned were then shared with staff. Staff told us they discussed lessons learned at team meetings or through a group electronic messaging application.

Preventing and controlling infection

- People and their relatives told us they were happy with infection protection control measures used by staff.
- People and their relatives told us staff wore personal protective equipment (PPE) appropriately.
- Staff were able to tell us about measures in place to reduce the risk of the spread of infection, including

COVID-19.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection 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 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems and processes were in place to assess people's needs prior to care and support commencing. Outcomes for people were identified and regularly reviewed.
- People and their relatives were involved in developing their care plans and their needs and preferences were taken into consideration.
- People's protected characteristics under the Equality Act 2010 such as their age, race, gender, religion, ethnicity, and sexual orientation were recorded to ensure the service met their individual lifestyle choices effectively.

Staff support: induction, training, skills and experience

- People were supported by trained staff who had followed the providers' induction and training procedures. Staff said the training gave them the necessary skills and knowledge to support people effectively.
- People and their relatives consistently told us that staff were well trained and knowledgeable. One person told us, "I can't walk. They are all trained to help me."

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

- People and their relatives told us staff provided the necessary support to ensure people ate and drank in line with their preferences. One relative told us, "They are amazing with food. They know how to mix it up, such a varied diet. [Relative] always has drinks at hand too."
- Where assessed as needed, people were supported to eat and drink enough, by staff who understood their needs and preferences. One person told us, "They know what I like and what I don't like. They will cook my food and prepare it to meet my needs."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff followed advice from health care professionals, such as GP's and District Nurses to support people's health and wellbeing. People and their relatives told us staff assisted them contacting other health care professionals when they needed.
- Specialist support and advice was sought and acted upon. One person told us, "They did phone the doctor for me, and dialled 999 too and I had to go to the hospital."
- Staff knew people very well and gave examples how they supported people to live healthier lives, access healthcare services and community-based support activities.

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 service was working within the principles of the MCA. People's care records included assessments of their capacity to make particular decisions. One relative told us, "They are very good with dignity and consent. Everyone is aware of protocols."
- Staff received training regarding the MCA. The provider planned to further embed MCA principles in the staff team.
- People's consent to their care and treatment was documented in their care records.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection 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 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People's care plans contained information about their preferences and personal histories, this meant staff were able to support them in ways they would like.
- People and their relatives told us they had choice and control to meet their needs and preferences, one person told us, "I make all of my own decisions. I go to bed at 10pm and I get up at 7 in the morning."
- Staff knew people and their interests very well and were made aware of people's changing care needs through the provider's electronic care management system, telephone calls and an electronic messaging system, where appropriate.

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 individual communication plans that detailed effective and preferred methods of communication and staff described how they allowed time for people to express themselves. This enabled person centred care.
- The registered manager understood the Accessible Information Standard.
- Information was available in other formats and languages when required.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and the provider had a complaints policy and procedure.
- At the time of inspection, the provider had not received any formal complaints, we saw informal

complaints were proactively followed up by the nominated individual, registered manager or director. This was verified by people and relatives we spoke to.

End of life care and support

- At the time of the inspection, no one was receiving end of life care. However, the registered manager told us they could support someone at the end of their life with support from other health professionals.
- Some staff had received coaching to assist their understanding of end-of-life care. The registered manager planned to develop this further.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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.

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

At our last inspection 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 (1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager understood their role and regulatory requirements. However, we were not assured about safe recruitment requirements.
- The registered manager completed regular audits. Audits and checks were conducted routinely, and accidents and incidents were investigated and followed up. There was evidence to show how lessons learnt were routinely used to improve the quality of the service. Issues identified had been addressed and used to improve practice.
- Staff had a good understanding about the quality of care expected and the was reflected in the feedback from people and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager, nominated individual and staff had good knowledge and understanding of the people they were supporting and knew them well. People and their relatives told us they had a positive experience with the service. One relative told us, "They make [Person] laugh and treat [Person] like how they would treat their own parents and grandparents. I think they want to adopt [Person]."
- People and their relatives gave us examples how staff ensure person centred care. One relative told us, "What they do well is that [Person] is always clean washed and dressed. [Person] has different clothes on when we see [Person]. [Person] eats a variety of food and there have never been any problems with [Person] meds."
- People and their relatives told us the management team and staff, listened to their views and acted on them. One relative told us, "They ring every six weeks to ask how things are going. If they were rubbish, I wouldn't be using them. [Person's] safety is paramount as [Person] mainly stays at home."

- Staff told us they were happy working at the service and felt supported by the registered manager.
- People and their relatives gave us examples how staff ensure person centred care. One person told us, "I wouldn't make any changes, I highly recommend this agency."

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 registered manager understood their responsibility under the duty of candour and was open and honest when accidents and incidents occurred.
- The registered manager had complied with the requirement to notify CQC of notifiable incidents.

Working in partnership with others

- The provider worked with partner organisations, including local authority commissioners and health and social care professionals to ensure people received consistent and timely care. The nominated individual showed us how they routinely record this information and use feedback to improve the service.