

Happy Family Care Services Limited

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Happy Family Care Services is a domiciliary care agency. It provides personal care to people living in their own homes. This service specialises in supporting people of South Asian ethnicity. At the time of the inspection, 13 people were receiving support from this provider.

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 found evidence during our inspection of multiple breaches of regulation and the need for this provider to make improvements.

Individual and environmental risks to people were not always assessed as necessary making sure staff supported people safely. Systems and processes in place did not ensure that staff regularly received one to one meetings with their line manager and had been appropriately observed in their job. Training provided for staff were not meeting their role expectations. MCA principles were not always appropriately applied in practice to support people in the decision making process. There was a lack of quality assurance processes in place to ensure effective care delivery.

We were not assured that systems and processes in place were safeguarding people as necessary. Safe medicines management practices were not always followed by the provider. The managers of the service were not always clear about their role responsibilities. We made recommendations about this.

Family members felt that the care provided for people was good and that staff adhered to people's wishes and choices with respect. They told us that staff attended the visits as and when necessary.

Staff were subject to pre-employment checks before they started working with people. The provider followed current best practice guidelines regarding the prevention and control of infection. Staff supported people with their healthcare needs when they needed such assistance. Initial assessments were carried out by the provider making sure they were able to support people effectively.

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

Rating at last inspection

The last overall rating for this service was requires improvement (published 20/08/2021). At this inspection the overall rating remained the same.

Why we inspected

We carried out the inspection to check whether the provider had embedded and sustained improvements that we had noted at our previous inspection.

We did not inspect the key questions of caring and responsive. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Enforcement and recommendations

We identified four breaches in relation to safe care, staffing, need for consent and governance systems. We also recommended the provider to review their processes in place in relation to safeguarding of people, medicines and management of the service making sure they effectively monitored the quality and safety of the care people received.

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 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?

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 well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Happy Family Care Services Limited

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

This inspection was carried out by one 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 homes.

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 we needed to be sure that the provider would be available to support the inspection when we visited.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

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

We spoke with 7 family members about their experience of the care provided to their relatives. We also spoke with the registered manager, care co-ordinator and 3 staff members who provided care to people.

We reviewed a range of records. This included people's care plans and risk assessments, medicines management procedures and staff files in relation to training and recruitment data. A variety of records relating to the management of the service, including audits and policies were also reviewed.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed to ensure they lived in a safe way.
- However, risks to people were not always assessed in all areas necessary providing staff with clear guidance to follow so that they could support people safely. This was in relation to people's health needs, for example where staff supported a person with food who had diabetes. Some of the risk assessments we viewed did not include a management plan to mitigate the assessed risks. For example, where a person was assessed at a medium risk of falls there was no plan in place to reduce these risks.
- Environmental risk assessments were carried out by the provider but lacked details in relation to the areas being assessed and where the hazards were identified, how this was managed making sure the assessed risks were mitigated. There was no risk assessment carried out in people's homes in relation to fire safety.
- These concerns were discussed with the registered manager who told us they will be looking to update people's care records as necessary.

We found no evidence that people had been harmed however, the provider had failed to complete all risk assessments to ensure staff had an accurate reflection of people's care and support needs. 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; Learning lessons when things go wrong

- We were not assured that the provider had appropriate systems in place to safeguard people as necessary.
- There had been no safeguarding concerns raised since the last inspection. Some staff had limited knowledge of English language and the safeguarding and whistleblowing procedure. The provider's safeguarding policy was only in English. We were concerned that staff were unclear how and when to raise concerns.
- During our visit the management team told us they recently had 2 incidents and accidents taking place but records could not be found for these. We also saw that incident and accident monitoring log had not been updated since September 2022.

We recommend the provider to review their systems in place making sure they were fit for the purpose prioritising the safeguarding activity so that lessons could be learnt and addressed.

Using medicines safely

- Staff helped people to take their medicines where they required such support.
- Medicine administration records (MAR) were completed by staff after they administered medicines to

people.

- However, 2 people were prescribed paracetamol 'as required' medicine but guidance for staff was not available for when to administer this medicine. There was no record made on the MAR to note the dose or what the 'as required' medicine was given for. This meant that staff did not follow the necessary processes in place to ensure safe management of people's medicines.
- The management team told us they audited people's medicines but there were no records made to ensure the checks were carried out regularly.

We recommend the provider to review their systems and processes in place to ensure safe management of people's medicines.

Staffing and recruitment

- There were safe staff recruitment procedures in place to check the suitability and fitness of new staff for their role.
- Pre-employment checks included staff requiring to provide references and obtain Disclosure and Barring Service (DBS) check before they started working with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider had a new job interview form developed which they planned to start using making sure the candidates were appropriately evaluated during the interview process.
- People's family members told us that staff attended to their shifts as necessary, with one commenting, "The carers always arrive on time unless there are any major traffic issues. They are supposed to stay for 45 minutes and always stay that length of time."
- Paper time sheets were used to monitor staff's visits. The registered manager told us they were in the process implementing a new system to monitor staff's attendance so that their time management could be monitored more accurately.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the hygiene practices they applied when supporting people in their homes.

Staff told us they had the necessary supply of the personal protective equipment (PPE) and that they followed national guidance of what to wear making sure they supported people safely.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection we found the provider did not always provide care consistent with the MCA. Staff's training was not always effective and spot checks did not include medicines observations.

At this inspection we found that there was not enough improvement made by the provider to address these areas.

Staff support; induction, training, skills and experience

- Staff were not always provided with appropriate training and support on the job to help them continuously apply best practice.
- The service specialised in supporting people of South Asian ethnicity and therefore they recruited staff who were fluent in Tamil so they could communicate with people in their native language. This meant that English was not the first language for most staff that worked for the provider. The management team told us that one of the managers had always attended the training to answer questions and support staff's understanding of the topics discussed. Some staff had also attended a course to improve their English language.
- However, we found that some staff could not provide us with examples of how they supported people's privacy and dignity. Although staff told us they would report any concerns they had to the management team, some of them did not understand the concept whistleblowing and could not tell us what types of abuse they should be looking out for. One staff member also said, "[The training] is very basic. The essential training for staff does not cover mental side of it, it is left out. I don't know if all carers know how to deal with it. For example, the challenging behaviours that sometimes we need to deal with and different situations that it can present."
- Systems were not in place to monitor staff's support, including when they last were supervised, appraised and spot checked. Records showed that some staff did not have a supervision for more than 6 months. Spot checks lacked details as to what specifically was looked at during the observation, for example in relation to a staff member wearing PPE. Appraisal records viewed lacked details in relation to who was responsible for the agreed actions to be carried out and the time scales for the actions to be completed.

We found no evidence that people had been harmed however, the provider had failed to ensure that staff received appropriate training, professional development and supervision as is necessary to carry out the duties they are employed to perform. This demonstrates a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager told us that if a person's capacity was doubted, they would approach the healthcare professionals and local authority asking to carry out a mental capacity assessment as necessary.
- However, we found that people were assessed based on the principles of the mental capacity assessment when they first started using the service. These assessments were not time or decision specific and lacked information as to how the decision was reached. This meant that the provider was not following the MCA principles as necessary.
- We also found that staff mostly had a limited understanding of the MCA, including how they required to seek people's consent before providing care.
- At our last inspection we raised some concerns in relation to how the staff team applied the MCA in practice and we saw little progress made by the provider to address these concerns.

We found no evidence that people had been harmed however, the provider had not always lawfully acted on the behalf of people and in accordance with the MCA. This is a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's care needs were assessed before they started using the service.
- Initial assessments were carried out by the provider making sure they were able to provide people with the necessary support. Information was collected in relation to people's personal care, skin care and communication needs which was later used to produce a care plan.
- Each person had a WhatsApp group that included their family members and staff supporting them for sharing information effectively.

Supporting people to eat and drink enough with choice in a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received support from healthcare professionals when they required it.
- The registered manager told us that people were mainly supported by family members to attend their health appointments but that the staff team had also helped them where they needed such assistance.
- Information was available in relation to important contact details for people, including for family members and healthcare professionals.
- Staff told us they supported people with eating and drinking as necessary, including individual one to one assistance to eat which they adhered to with sensitivity. One family member told us, "The staff assist [my

relative] with her meals, they will prepare whatever she likes and then help her to eat."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

At our last inspection we found the provider had failed to effectively monitor the service and staff's performance to drive improvements as necessary.

At this inspection we found that there was not enough improvement made by the provider to address these areas.

Continuous learning and improving care

- Quality assurance processes were not always in place to ensure that on-going checks were carried out to identify where the improvement was required.
- We found the provider did not have an effective governance systems in place to monitor the care delivery. This resulted the provider failing to pick up and/or act on a number of issues we identified during our inspection. This included issues relating to care records, staff support and training, medicines management and application of the MCA.
- The registered manager told us that some checks were completed by the management team, including reviews of people's care records and medicines management, but that there wasn't a record made which meant it was difficult to track any actions identified to improve the care delivery.

We found no evidence that people had been harmed however, governance systems were not always in place to demonstrate safety was always effectively managed. 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.

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

- We found that the management structure at the service had not always ensured clear division of responsibilities.
- We were not assured that the individual managers always knew what was expected from them in their role. We could not determine what specific areas of the service the managers were accountable for, including who was responsible for carrying out supervisions and appraisals or regular reviews of people's documentation. One family member also told us, "Communication should be a lot better; it really is not clear who I should go to if there are changes in [my relative's] condition."
- We also noticed that the registered manager relied a lot on the office staff to find documents and explain

how some aspects of the service were run. One staff member said to us about the registered manager, "I don't think [the registered manager] is involved enough... There is no consistency when she comes in."

- The management of the services were not fully aware of their regulatory responsibility to notify the CQC about the events that affect the care provision. This included the CQC not being informed about the changes to their contact details. We also found that the last CQC inspection rating was not displayed on the provider's website as required by the regulations.
- Documentation requested during our visit was not always and/or quickly found.
- Although issues related to staff support and application of the MCA in practice were identified during our last inspection, we saw little progress made by the provider to address these concerns.

We recommend the provider to review the management structure in place making sure the managers were clear about their role expectations to overview safe care delivery.

Planning and promoting person-centred, high-quality care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a caring and compassionate culture aimed at person-centred care delivery.
- Staff encouraged people's independence and supported their wishes. Family members told us, "The carers are very good at encouraging [my relative] to do things and if [my relative] is reluctant to do something, they will try and motivate her; they encourage in the right way" and "The carers are very patient orientated, kind and caring and will go out of their way with any special requests we may have."
- People and their family members were involved in planning the care. People had care plans in their homes which they signed when they read it.

Working in partnership with others; Duty of Candour

- The provider worked in partnership with various community professionals and external agencies, including Local Authorities and GPs to help ensure people's needs were being met.
- The management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. The management team told us that any issues raised by people and their family members were acted upon promptly to support the good communication and trusting relationships they build over the years. This was also confirmed by the family members that we spoke to.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>People who use the service were not protected against the risk of receiving poor care because the provider the provider was not following the MCA principles as necessary. Regulation 11(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected against the risk of receiving unsafe care from staff because care recording was not always robust as necessary. Regulation 12(2)(b) and(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People were not always protected against the risk of receiving unsafe care because the provider had failed to ensure they provided consistent training and support for the staff team. Regulation 18(2)(a)</p>