

Happylife Care Ltd

Happylife Care

Inspection report

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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

This inspection was announced and took place on 8 November 2016. We gave the provider 48 hours' of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

Happylife Care is registered to provide personal care to people living in their own homes. There was a registered manager in place who is also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection 30 people received care and support services.

The registered provider manages the service and also provides care, together with a small team of staff. People were supported by staff who had received training in how to recognise possible signs of abuse and how to report any concerns. Staff were aware of their responsibilities in this area and what actions they should take.

There were sufficient numbers of staff to meet people's needs. Staff had received appropriate induction training and on-going training was in place. This was in order to develop staff and ensure they had the skills to meet the needs of the people they supported. Currently people did not require support with their medicines but staff had received training if this support was needed.

People were involved in how their care and support was received. People were given choices and their wishes were respected by staff. Staff understood they could only care for and support people who consented to being cared for. People told us staff responded when they were unwell and would arrange health appointments on their behalf if they asked.

People told us they liked the staff who supported them and staff spoke warmly of the people they cared for. Staff enjoyed their role and felt supported by the registered provider to provide a good service.

People told us they could talk to staff and the registered provider if they had any concerns and they would be listened to. The registered provider encouraged an open office where staff could 'pop in at any time'.

People and staff said the registered provider was available when they needed to contact them and staff felt able to raise any areas of concern or new ideas with them. People were positive about the care and support they received. The registered provider ensured regular checks were completed to monitor the quality of the care that people received.

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.

People felt safe with the staff who supported them and staff knew how to keep people safe whilst in their homes.

Staff had received training to support people with their medicines if this was needed.

Is the service effective?

Good ●

The service was effective.

Staff supported people to maintain good health by accessing healthcare professionals and supporting them to maintain a healthy diet. People received care from staff who were trained in their needs and were well supported.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs. Staff provided care that took account of people's individual preferences and was respectful of their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's care needs and their preferences.

People knew how to make complaints and were confident any concerns would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

People and care staff were complimentary about the overall service. There was open communication within the staff team and the registered provider regularly checked the quality of the

service provided.

Happylife Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 8 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with two people who received support from the service, the registered provider and three care workers. We looked at the care records of two people who received support from the service, two staff files, incident and accident recordings and spot check records.

Is the service safe?

Our findings

All people we spoke with told us they felt safe with the staff coming into their homes and providing care. One person said "I feel safe because they [staff] look after me."

People were supported by staff who were aware of the risks to them on a daily basis. Staff were able to provide us with examples of how they kept particular individuals safe. For example, ensuring the environment was kept safe and secure for people. One member of staff said, "It's important to be aware of environment and make sure there's no obstacles.[to] prevent a situation that could harm people." Both staff and people using the service told us that staff referred to care plans before providing care.

People were cared for by staff who recognised the types of abuse people could be at risk from. Staff told us they had received training in safeguarding and were able to tell us what action they would take if they suspected someone was a risk of abuse. Staff also told us each staff meetings included a discussion on the importance of looking out for signs of abuse.

People receiving care told us there were sufficient numbers of staff available to meet their needs and staff confirmed this too. One person told us, "The good thing is they [staff] are not clock watchers, they stay over the time sometimes." Two people told us they received care from regular staff and knew who to expect for each call. One person told us this reassured them, they told us, "I have the same carer unless they can't come, then they tells me who else to expect."

The registered provider told us how they used an on-line rota system that gave staff real time access to rotas. Staff confirmed the on-line access worked well. The system showed if there were any changes and action could be taken to cover calls.

We checked the recruitment records of two staff and saw records of checks completed by the registered provider to ensure staff were suitable to deliver care and support before they started work for the provider. The provider had made checks with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

All the people we spoke with looked after their own medicines. One person we spoke with told us although they managed their medicines themselves currently; they were assured staff would provide support in future if required. All staff we spoke with told us they had received medication training as part of their induction training. We saw that care plans included a list of people's medicines so staff were aware of what medicines people were prescribed and what each medicine was for.

The registered provider told us they had processes in place and if medication was administered they would complete a check of MAR (medication administration records) each month to ensure medicines had been administered correctly.

Is the service effective?

Our findings

Both people we spoke to told us staff supported them well. One person said, "They are very skilled. They certainly know what they are doing." Staff told us they felt well trained to do their job and received regular training. One member of staff told us, "From the induction training onwards training and support is very good."

All three staff confirmed that access to training was good and each of them was able to give an example of how training had impacted on the care they provided. For example, one member of staff explained how first training had helped them support one person when they had an accident. All staff told us training courses included real life examples and experiences and they felt this was an effective way of learning. One member of staff said, "The real life examples helped me understand more."

Staff described to us their induction and said it prepared them for their role. Two members of staff told us part of their induction involved meeting people in their homes and learning their routines before providing care. One member of staff said, "I shadowed [registered provider] before he observed me providing care. When that was all okay I went on my own." Another member of staff said, "Although I had previously completed training in another job, I still did all the induction training."

All staff we spoke with told us they received regular supervision. One member of staff told us, "It's the right level of support and it's a two way process, I can raise any issues". One member of staff also told us the registered provider did periodic checks to observe their practice, they told us their feedback had been positive but if it did identify areas for improvement these would be addressed.

We checked whether the service was working within the principles of the MCA. 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. We checked whether the service was working within the principles of the MCA. People's consent to their care and treatment had been recorded in their care plans.

All staff we spoke with told us about the MCA and what it meant for people who were not able to make decisions around particular aspects of the care. They told us they always ensured they listened to a person's choice about how they preferred to receive personal care and would not do something against the person's wishes.

Where people were supported with the preparation of meals, they told us support was good. All staff we spoke with told us about the importance of giving people choice, which was also confirmed by the people we spoke to. One person said, "They [staff] always ask me what I would like." Staff also told us how they

encouraged people to be involved in the preparation of the meals. This was confirmed by one person who told us, "I like to get very involved, it's good for me." Staff also knew who required a specialist diet. For example, where certain foods needed to be avoided.

Staff were able to tell us of the healthcare needs of the people they supported and they knew when to contact outside assistance. One person confirmed this and told us how they had been supported to access the GP when they were unwell. Both people we spoke to told us that staff would help them make healthcare appointments if they asked them to. One person said, "They [staff] would always help, you only have to ask."

Is the service caring?

Our findings

Both people we spoke with were positive about the staff who supported them. One person told us they liked the staff who supported them and said, "[Staff member] is very kind. Before they leave they always ask, is there anything else I can do? I couldn't wish for anything more, I am very pleased."

People told us that staff knew how to provide their care in the way they wanted it. One person said, "They are very in tune...I don't have to ask or explain, it just gets done." Another person told us, "They [staff] do get to know you over time."

Staff we spoke with said they enjoyed working with people and had developed good relationships. One member of staff told us, "I have a good relationship with the people I support. The calls allow time to talk with people about their day." Another member of staff said, "I enjoy the work. I do it with pleasure."

During our conversations with staff, they were able to tell us about the people they supported and their interests and preferences. Staff told us that it was the advantage of being a small service that they got to know everyone well.

All of the people we asked told us staff were considerate and treated them with dignity and respect. One person told us, "Staff are always so polite and they care how I am." People we spoke with also told us staff respected their home and belongings. One person commented, "I've always liked to keep my house tidy, it's really important to me. They [staff] know this and keep it tidy for me."

Staff we spoke with also shared their understanding of caring for someone with dignity. They told us about practical ways in which they maintained a person's dignity. One staff member listed things they did such as providing a cover when supporting people with personal care.

Staff also told us how they involved people in their day to day care and which promoted their independence. One member of staff said, "It's important to encourage people to be involved and to be independent." For example, they described to us how one person enjoyed cooking and how they were supported to do this by choosing the ingredients and being involved and directing staff when they prepared meals.

Is the service responsive?

Our findings

People that we spoke with told us they got the support they wanted. One person said, "I just make a request and it's done." They said, "[Staff are] in tune with everything, they pick up how you are feeling and work with you." We saw that people were involved in their care planning and they told us they were involved in care reviews.

We saw care plans in place that were detailed and informative and reviewed if there had been a change in someone's care needs. Staff we spoke with felt that records were detailed and reflected current care needs. Staff we spoke with knew each person well and understood the exact care and support they needed. For example, if people had a sensory need they knew how it affected the person and additional support they needed.

Staff spoken with were able to describe in detail people's preferences and how they liked to be supported. One member of staff told us, "It's the little details that matter for instance, do they like thick butter on their toast." Another member of staff told us it was important to listen to people, they told us, "I always ask have you been thinking about what would you like?"

Both people we spoke with told us they had been involved in reviewing the care they received. One person said, "[Registered provider] came to do a review, it all went well. It is all very satisfactory."

Staff said communication systems worked well and we saw for each person supported there were daily communication records for staff to refer to in place. The registered provider told us as a small service they were able to ring and speak to both staff and people using the service if there were any changes and people we spoke with confirmed this.

People told us they knew how they would complain about the care if they needed to. They told us they had not made any complaints, but if they had a concern they were happy to speak to the staff or directly with the registered provider. One person said, "[Registered provider] knows me well enough, I would soon let them know if I had any concerns."

Staff told us they would approach the registered provider if they had any concerns and they were confident action would be taken. One member of staff said, "I raised a concern and was all dealt with and action taken and I was communicated with." Another staff member told us they had not had any reason to raise any concerns but said, "I am confident to raise any issues."

The registered provider advised us that no written complaints had been received. They told us that as a smaller service any issues could be picked up when they visited people receiving care and dealt with immediately. We saw that where one person had raised a concern a meeting had been held to resolve the issue.

Is the service well-led?

Our findings

All the people and staff spoke positively about the service. One person said, 'It's excellent; I can't fault it in any way.' Another person told us, "I am really pleased because it's all very satisfactory." Staff told us they felt the service was well run for the people who used it and the registered provider led by example. One member of staff said, "People are at the centre of the service. We all work together, led by [registered provider] to give the best care."

People told us they knew the registered provider as he provide care and support along with other staff. One person told us, "[Registered provider] is very approachable and knows me well enough." The registered provider had a good knowledge of the care and supported that each person needed. They told us that by providing care and support to people they were able get people's views on the care provided first hand.

Staff spoke positively of the registered manager and told us they felt listened to and supported. They told us they could go to the registered provider for any advice any concerns or issues. One member of staff said, "I have felt well supported from the start, from personal support to training and advice. [Registered provider] always makes time for you."

Staff told us they enjoyed working at the service. One member of staff said, "I can't think of a better service to work for." The registered provider felt that all staff worked well as a team and were flexible in their approach to support one another. For example, covering calls when another member of staff was on away from work. Staff confirmed this and one member of staff said, "It's a great team. We get on well and help one another."

Staff told us that they regular supervisions where they could raise items for discussion. For example, any concerns or requests for additional training. One member of staff said, "The meetings are two way, covering your personal development and you can ask for advice or extra training."

The registered provider told us that a values of the service was for an open and inclusive service. This was confirmed by both people and staff we spoke with who told us they felt involved as the registered provider listened to them. One member of staff said, "I feel my opinion matters and counts."

The registered provider completed a number of checks to assure themselves of the quality of care being delivered. For example, care records were checked and spot checks to observe staff care were completed. Staff meetings were also held where discussions included what actions needed to be completed.

The registered provider told us that they kept their skills and knowledge current and linked to external guidance and organisations. For example, attending events organised by the local authority. The registered provider had attended a number of conferences and training courses to understand all the latest developments.