

Mrs Linda Ann Daykin

Happy2Care

Inspection report

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Tel: 01328730492

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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

Happy2Care is registered to provide personal care to people living in their own homes situated in villages around Burnham Market in Norfolk. At the time of this inspection four people were being provided with personal care.

The service had a registered provider who was also responsible for managing the service. A registered provider is a person who has registered with the Care Quality Commission (CQC) to manage and provide the service. 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.

This announced comprehensive inspection was undertaken on 16 November 2016.

Staff were only employed after the provider carried out satisfactory pre-employment checks. Staff were trained and well supported by their managers. There were sufficient numbers of staff to meet people's assessed needs.

Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and took action to reduce the risk of people experiencing harm.

People's health and personal needs were effectively met. Systems were in place to safely support people with the management of their medicines although at the time of this inspection no one required staff to administer their medicines for them.

The provider was acting in accordance with the requirements of the Mental Capacity Act 2005 (MCA). Staff had received training and had an understanding of the MCA.

People received care and support from staff who were kind, caring and respectful. Staff respected people's privacy and dignity and provided care in accordance with people's preferences.

People were encouraged to provide feedback on the service in various ways both formally and informally to ensure that they were receiving the care and support they required. People, and their relatives, were involved in the assessments and reviews of care and support. Care plans were in place to meet each person's needs.

The provider had processes in place to monitor the quality and safety of people's care. The provider had an effective quality assurance system in place to monitor the quality of the services provided for people and to gather their opinions of the care and support that was provided.

People felt listened to by the staff and that the provider and care staff were approachable and supportive.

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.

A risk assessment procedure was in place to ensure people's safety was effectively managed.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient numbers of staff to ensure people's needs were met safely.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to provide people with safe and appropriate care.

People's rights to make decisions about their care were respected. The provider was acting in accordance with the Mental Capacity Act 2005.

People's health needs were met.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind, caring and respectful.

Staff knew people well and their preferences and routines.

Staff valued people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care assessments and reviews.

People's care records provided staff with guidance to provide consistent care to each person.

People knew who they could speak with if they had a concern or complaint. A complaints procedure was in place to respond to people's concerns or complaints.

Is the service well-led?

Good ●

The service was well-led.

The provider had effective arrangements in place to monitor and improve, where necessary, the quality of the service people received.

People and their relatives were able to raise any issues or concerns with the provider and staff when they wished.

Members of staff felt well supported and were able to discuss issues and concerns with the provider.

Happy2Care

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.

This announced inspection took place on 16 November 2016 and was undertaken by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and they are often out of the office supporting staff or providing care to people who use the service. We needed to be sure that they would be in.

Before our inspection we looked at all the information we held about the service. A provider information return (PIR) had been received. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We looked at other information that we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We asked for feedback about people's care from healthcare professionals who had contact with the service.

During our inspection we spoke with three people who received care and support and one relative of a person receiving care from the service. We spoke with the provider, and two members of care staff. We also spoke with a district nurse and a GP practice manager and received comments from a GP from the local surgery who had contact with the service. We looked at three people's care records and two staff recruitment records. We also looked at records relating to the management of the service which included audits, staffing rotas, recruitment and training and records relating to complaints and compliments.

Is the service safe?

Our findings

People we spoke with said that they felt safe receiving their care. One person said, "I feel very happy and safe with the [care staff] who come to see me." Another person said, "If there was anything I was not happy with or felt unsafe I would talk to [the provider] and they would sort it out for me." A relative said, "They [staff] look after my [family member] very well and they are the best - I am very happy with the care that is provided."

Staff we spoke with confirmed they had received training regarding safeguarding people from harm and they were aware of the safeguarding reporting procedures to follow. They described how to recognise and report any concerns in order to protect people from the risk of harm. The provider was aware of the notifications they needed to send to CQC in the event of people being placed at the risk of harm. They also were aware of the local authority safeguarding reporting procedures. We saw that the contact details for reporting safeguarding incidents to the local authority had been made available to staff. One member of staff we spoke with displayed a good knowledge of the safeguarding reporting procedures and the agencies that needed to be contacted such as the local authority safeguarding teams and the police. One member of staff said "I would always report any incident of abuse without hesitation to my manager [provider]."

To keep people safe, risks were assessed and measures were in place to manage the assessed risks. The records of these showed that risks included those associated with people's physical conditions, the home environment, falls and assisting people to move were managed well. People's individual risk assessments had been reviewed and updated. Records gave information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff we spoke with were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised. An example was given regarding one person's needs relating to pureed foods that were prepared by staff to minimise a risk of choking. Staff were aware of the provider's reporting procedures in relation to any accidents and incidents.

Effective recruitment procedures were in place to ensure that only staff who were suitable to work with people using the service were employed. We looked at the personnel records of two members of care staff and they showed that the required checks had been undertaken before they had commenced work. Records included evidence of completed application forms, satisfactory references, proof of identity, and criminal record checks. Staff also confirmed they had worked 'shadow shifts' alongside more experienced carer staff until they felt confident in providing safe care on their own.

Staff told us there were sufficient numbers of staff to meet people's needs. Staff also told us that there was sufficient time given at each care visit so that they were able to safely assist people with their care and support needs in their home. Staff told us that they had time to socialise with people whilst providing care to people. People we spoke with confirmed this to be the case. One person said, "The [staff] are really cheerful and we have a laugh and a chat together." Another person said, "They [the staff] know me well and help me well with what I need [to keep them safe] and make sure that I am comfortable before they leave."

The provider monitored staffing levels to ensure that sufficient numbers of staff were available to meet

people's changing needs and to also cover periods of staff sickness and holidays. Staff we spoke with said that they were supported by an on call process [through the provider] outside of working hours so that they could raise any concerns or incidents that may have occurred. Staff also added that the provider was available to cover shifts when the need arose.

The level of assistance that people needed with their medicine was recorded in their care plan. Medicine administration training sessions were provided during new staff's induction and refresher training was given. However, it was noted that at the time of this inspection no person was requiring assistance from the service with the administration of their medicines. The administration of medicines was either being dealt with by the person themselves or by a family member and this was recorded in care planning documentation.

Is the service effective?

Our findings

People spoke positively about the staff and felt that they knew their care and support needs very well. One person told us, "The [care staff] are very good to me and they help me with whatever I need." Another person said, "They [staff] do a good job and always make sure everything is done before they leave." A relative said, "The service [from staff] is reliable and they are absolutely spot on [in meeting the person's needs]."

Staff told us that they received training prior to providing care to people using the service. They told us this included training in topics such as safeguarding, first aid, administering medicines, infection control, and assisting people to move safely. One member of staff said, "I received a variety of training before I cared for people and I also went out on shadow shifts with the provider and other staff." The provider told us that new members of staff shadowed an experienced member of staff until they felt confident in providing care. One member of staff said, "The [registered] manager really helped me when I started work and made sure I was confident before working on my own with people." Care staff we spoke with told us they received an induction prior to commencing work.

Care staff told us they were provided with refresher training and additional training in topics such as dementia awareness. The provider told us that staff were working towards the 'Care Certificate' [a nationally recognised training standard for social care]. This showed that staff were supported with further learning and to achieve nationally recognised qualifications.

Care staff confirmed and records seen showed that they had received one to one supervision and an annual appraisal. This was to ensure that their work performance and development needs were monitored. One member of care staff said that, during their one-to-one, they were able to discuss any work-related issues and training needs. They said that they felt listened to and supported. We also saw that regular spot checks of staff were undertaken by the provider and coordinator to monitor their performance and work practice. Staff said the provider was "very approachable and supportive" and they felt able to raise any issues or concerns with them at any time.

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.

The provider confirmed that no one receiving the service was subject to any restrictions on their liberty. They were aware of the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed. The provider was aware of the relevant contact details and local authority procedures regarding this area.

Where the service was providing any meals for people assessments of people's nutrition and dietary needs

and food preferences had been completed. People told us that the staff had always asked them about their individual drink preferences and meal choices. One person said, "They [care staff] always ask me what I would like to eat and drink and prepare a meal I have chosen."

People's rights to make decisions about their care and support were respected. Care records showed that people or their next of kin had signed to agree their plan of care and associated risk assessments.

People told us that staff supported them with their health care needs. Records further confirmed that people were supported to access the services of a range of healthcare professionals, such as district nurses and their local GP. This meant that people were supported to maintain good health and well-being.

We spoke with a district nurse. They said that they found the service was proactive and responsive to requests and they had received positive feedback from people and their relatives about the care that was being provided. We also received positive comments from a GP practice manager and a GP at a local surgery. They confirmed that their contact with the service had been positive. And that the care staff had proactively referred people to them if there were any health care concerns. They confirmed that care staff followed any advice they had given.

Is the service caring?

Our findings

People made positive comments about the staff. One person told us, "The staff are really kind and caring and I look forward to seeing them. They are always very kind to me and they [care staff] take their time and never rush me." Another person said, "The staff are very good to me and always make sure that I am comfortable before they leave. They prepare my evening meal which is very kind – I can't fault them at all." They also said, "I know which [care staff] are coming to help me which is very reassuring." A relative said, "Yes they [staff] do respect my [family member's] dignity and privacy. They are very kind and cheerful and I have no concerns at all. They [staff] look after my [family member] very well and they are the best - I am very happy with the care that is provided." " " People also told us that staff were friendly, polite and respectful when they visited them to provide care. The staff and healthcare professionals who we spoke with were positive about the care and support being provided by the service. A district nurse told us that they were in regular contact with the provider regarding any changes that may be needed to people's care to ensure a consistent approach.

Staff received training about how to promote and maintain respect and dignity for people and meet their needs in a caring way including caring for people living with dementia. Care and support plans reflected people's wishes and preferences and how staff should support them. We saw that the registered manager had taken steps to ensure, as much as possible, to meet people's individual preferences regarding whether they wished to be supported by male or female staff. This showed us that people's equality and diversity was considered and acted upon.

During our inspection we visited one person in their home and we observed warm and kind interactions between the provider and the person receiving support from the service. The person said, "The staff and manager [provider] are all very good and nothing is too much trouble and I look forward to them coming to help me."

People's right to making choices about how they wanted to live were respected. The provider and staff believed that people were at the heart of the service and they had a good understanding of people's needs and preferences regarding their care and support. People told us that staff had taken time in talking with them about things which were important to them in a respectful way. One person told us they felt involved in decisions about their care and preferences. One person said, "[The staff] don't rush me and they help me to get washed and dressed and to help me get to bed in the evening – They really care for me very well and I have no complaints at all."

People and their relatives told us they were aware of their care plans and were involved in reviewing these. One person said about their care plan, "Yes we did talk about it, and I agree with what is written and the help I get from the girls [care staff]." A relative told us that they had regular contact with the provider regarding any required changes to their family member's care to make sure that care and support needs were kept up to date.

The provider and staff we spoke with were enthusiastic about their work and the care they provided for

people. One member of staff said, "I really love my job and always do my best to provide the best possible care." Another member of staff said, "We make a difference to people's lives and help them to stay living independently in their own home – often we [staff] are the only people that they [person receiving care] may see during the day so we provide an important social contact as well as providing care."

We saw that people's privacy and dignity were respected. For example, whilst we were visiting a person we saw that the provider knocked on people's doors and waited for an answer before entering. We saw that the provider addressed people using their preferred name. They spoke calmly and reassuringly to the person and there was a good deal of warm and good natured banter between the person and the provider. The person was seen to be very comfortable and at their ease with the provider.

The provider told us that no one currently had a formal advocate in place but that local services were available as and when required. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People told us that staff had a good understanding of, and met, their care needs. One person told us, "My care and support needs are met and the staff help me very well." A relative said, "They provide my [family member] with really good care and all the care that they need - they are superb."

People told us that care staff was usually on time, had never missed a call and always stayed for the allotted time for their care visit. This was in line with the needs people had been assessed for in their care plans. People told us that they were informed if staff were running late due any unforeseen circumstances. People said that staff always stayed for the allotted time and made sure that all care tasks had been completed. This was as well as staff recording the actions they had undertaken and describing the care and support that had been provided. We saw samples of daily notes which confirmed this to be the case.

People's care needs were assessed by the provider prior to them receiving care. Care plans provided information for staff to follow to assist people with their personal care needs. This helped to ensure that the service and staff could effectively meet people's needs. These assessments were then used to develop care plans and guidance for staff to follow. Assessments and care plans included information about people's health, physical, social and emotional needs. They also included information about what was important to the person, their daily routines and how the person preferred their care needs to be met. Examples included assisting people with bathing and dressing and assistance with their meals and drinks and some domestic tasks.

We found that staff were knowledgeable about people's care and support needs and preferences. They also said that they felt that the care plans provided them with sufficient guidance regarding the care to be provided during the care visit. Staff involved people and, where appropriate their relatives, in writing care plans. People we spoke with and their relatives confirmed that they had been involved in planning and reviewing the care and support being provided. This was so that care was accurately recorded and summed up their needs.

We saw that guidelines were in place to explain the care to be provided. For example, how to assist a person with their personal care in the morning and at bedtime and assistance with their preferred meals and drinks.. People and staff told us, and records showed that care plans were updated regularly and promptly when people's needs changed. We saw that there had been reviews completed regarding the care and support that was being provided. Additional information was added in care plans where the person's needs had changed. This included when a person had a medical appointment or where there was a health care change. The provider also considered people's social needs and organised a visit to the Christmas meal in a nearby village. One person told us how much they enjoyed the meal and was looking forward to the forthcoming event.

Daily notes were completed by care staff, detailing the care and support that they had provided during each care visit. Staff told us they read people's care plans and the records of the last few visits to see if there were any changes or significant events. This ensured that staff were up to date with any changes in people's care.

People told us they had never felt the need to complain about the service, but they said they knew who to speak to if they had any concerns or complaints. One person told us, "I would tell them, [the care staff], or the manager [provider] but I have never needed to make a complaint." Another person said, "I have no complaints at all but if I did I would always talk to the manager [provider] if I was not happy about anything."

We saw that a copy of the service's complaints procedure was included in people's care folder which was kept in their homes. The provider told us that they had not received any formal complaints. They also said that as they were in such regular contact with people and their relatives any concerns or issues were promptly dealt with as part of their regular contact to monitor satisfaction with the service. This was confirmed by people and a relative we spoke with. One person said, "I feel confident that if I had to raise any concerns or a problem it would be dealt with properly." Another person said, "I see the manager [provider] quite often and they are always keen to know that I am happy with everything." A relative told us, "I would phone the office and speak to [provider] to sort out any worries I may have."

Is the service well-led?

Our findings

People made positive comments about the service they received and the way it was run. People complimented on the quality of the service they received and said that staff met their needs satisfactorily. A relative told us, "I would recommend [the service] to others – they are one of the best and the care staff are always on time and professional." A person said, "The manager [the provider] often comes to see me and asks me if everything was going okay."

The provider was responsible for the day to day management of the service and the care and support being provided for people. The provider was supported by members of care staff. Staff had a good understanding of their lines of accountability and the reporting structure within the service. Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice if ever they needed to do so. One member of staff said, "I would report any poor practice but I have never had to – we are a good team and we communicate very well."

Staff confirmed that there was an open culture within the service. They told us that they felt the service was well managed and that the provider was 'hands on' (they work alongside care staff providing care) and were available and approachable. We saw that the staff and provider met each day and any messages or updates were recorded in a communication book kept in the office for staff to refer to.

One member of staff said, "I feel that I would be confident in reporting any concerns to my manager [provider]." Staff said they felt well supported both informally and through regular supervision sessions. They told us that they were always able to contact the provider and that they would be confident that the provider would address any issues they raised.

The provider sought people's views about the service. We saw the 2016 surveys that the service had received from people. Responses in surveys were positive and no concerns or suggested improvements had been made. It was evident that regular ongoing contact was made with people and their relatives to gather opinions about the care and support being provided.

Audits of care records had been undertaken. Regular audits also included observations of staff at work to monitor the effectiveness of the support being provided. Staff confirmed that the provider regularly checked their competence when providing care and support. Other audits included; care records, reviews of care, discussions with people who used the service and their relatives, staffing, training and health and safety arrangements. This meant the provider had effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

The provider was committed to driving improvement in the service. For example, ensuring that staff had received updated training and all people's care was regularly reviewed to ensure their needs were being effectively met.

Records we held about the service, and looked at during our inspection confirmed that notifications had

been sent to the Care Quality Commission (CQC) as required. This demonstrated the provider's understating of their legal obligations as a registered person.

The provider and staff worked in partnership with other organisations and this was confirmed by health care professionals we spoke with. Comments we received were positive and indicated that communication with the service regarding any issues and queries were responded to professionally and promptly.