

## Happier at Home Care Limited

# Happier at Home Care Limited

### Inspection report

First Floor, 15 Chester Road  
Whitby  
Ellesmere Port  
Merseyside  
CH65 9BE

Tel: 01512720258

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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 undertaken on 8 and 14 November 2018 and was announced on both days.

Happier at home is registered to provide personal care and support to people who live in their own homes. The agency office is based in Ellesmere Port and provides support to people in Ellesmere Port, Neston and surrounding areas. At the time of our inspection the service supported 18 people and employed eight staff.

The service had two registered managers. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers they are registered persons. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 7 and 11 September 2017 we found that there were some improvements needed in relation to staffing. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to complete an action plan detailing how and when they would make improvements to the areas that were highlighted in the last report. During this inspection we found all the required improvements had been made.

Improvements had been made to the staffing systems. Staff had all received an induction and up-to-date training and had their competency assessed. Staff had all received supervision and an annual appraisal.

Staff recruitment systems were robust and this helped to ensure only staff suitable to work with vulnerable people were employed. New staff completed the Care certificate, undertook shadow shifts and commenced lone working when they felt confident and competent to do so. Team meetings were held each week with the registered managers.

The registered provider had safeguarding policies and procedures in place. Staff had all completed safeguarding training and demonstrated a good understanding of what abuse may look like. Staff were clear about the process to follow should they have any concerns and felt confident that the management team would act promptly on these.

People were assessed before they were supported by the service. The information from these assessments was used to prepare individual care plans and risk assessments. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process. The care plans and risk assessments gave clear guidance to staff to ensure that people's individual needs and preferences were met.

Staff had all undertaken medicines training and had their competency regularly assessed. Medicines

management systems were in place and staff followed best practice guidelines. People told us their received their medicines correctly and on time.

People told us that staff supported them with their food and drink needs as required. They told us they were always offered choice and we saw guidance was in place for staff to follow to meet people specific dietary needs.

People spoke positively about the staff that supported them and told us they had developed positive relationships. Staff knew people well and treated them with kindness. Interactions between people and staff were comfortable and friendly. People told us their privacy and dignity was respected and their independence was promoted where possible.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw that the registered provider had policies and guidance in place for staff in relation to the MCA. Staff had received training in relation to the MCA and demonstrated a basic understanding of it.

The registered provider had a complaints policy and procedure in place. People told us they felt confident to raise any concerns they had and thought they would be listened to.

The registered provider had quality monitoring systems in place that were followed by the management team to identify areas for development and improvement.

The registered provider had policies and procedures in place that were regularly reviewed and updated. These gave staff guidance in areas of their work role and employment.

## 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.

The risks to people were minimised by up-to-date and relevant risk assessments specific to meet people's needs.

People were protected from the risk of abuse through the policies and procedures that were put in place by the registered provider and the training staff received.

The systems in place for the management of medicines were safe. People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff had received up-to-date training to ensure they had the right knowledge and skills to meet people's needs.

People's rights were protected by staff who had knowledge of the Mental Capacity Act 2005.

People received appropriate support to meet their individual food and drink requirements.

### Is the service caring?

Good ●

The service was caring.

Positive relationships had been developed between staff and the people who used the service.

People were supported by regular staff that were kind and caring.

People's privacy and dignity was respected and promoted.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in place that reflected people's individual needs and gave clear guidance to staff for people's preferences.

People's care plans were regularly reviewed and promptly updated as and when any changes occurred.

People and their relatives were aware of the complaints procedures and felt confident that any concerns would be promptly addressed.

### **Is the service well-led?**

The service was well led.

The registered provider regularly sought feedback from the people who use the service and their relatives.

The registered provider had an audit system in place that identified areas for development and improvement.

Policies and procedures were in place to guide staff in their work role and employment and these were regularly updated.

**Good** ●

# Happier at Home Care Limited

## **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 inspection took place on 8 and 11 November 2018 and was announced on both days.

This inspection was carried out by one adult social care inspector.

Prior to the inspection the provider had completed a provider information return (PIR). 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 used this information as part of our inspection planning and throughout the inspection process.

We checked the information we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During our inspection we visited three people and their relatives within their homes. We spoke with three support workers and the two registered managers. We spoke to three people who use the service and their relatives by telephone.

We spent time looking at records, including two care plans and risk assessment files, two staff recruitment and training files, medication administration records (MARs), daily records, complaints and other records that related to the management of the service.

## Is the service safe?

### Our findings

People told us they received their medicines on time and that staff had a good understanding and managed these well. Comments from people and their relatives included "I am totally reliant on staff giving me my medicines and they never let me down" and "Staff always make sure I have a drink available when I take my tablets, they give me time to swallow each one and check I have swallowed them safely."

All staff had undertaken medicines training and had their competency regularly assessed by the registered managers. The registered provider had a medicines policy and procedure in place that was under review to ensure it met all good practice guidelines. People's care plans held sufficient information about their medicines and consent had been sought for staff to support people with these. PRN 'as required' protocols were in place that included sufficient guidance for staff to follow and manage people's medicines safely. We reviewed the medication administration records (MARs) and found they were consistently completed. These were regularly reviewed by the management team to identify any missing signatures or administration errors. This meant people received their medicines as prescribed.

Environmental risk assessments were in place that identified areas of risk for staff to consider when visiting and undertaking tasks within each person's home. Risk assessments were also in place that related to people's individual needs and health conditions. These documents clearly identified the risks and included guidance to staff to minimise or mitigate the risk. For example, one person required equipment for moving and handling and the guidance included the type of equipment to be used, the type of sling and how it was to be attached to the equipment safely. This ensured staff could provide the correct level of intervention to promote to safe care.

Staff had all undertaken safeguarding training and received regular refresher updates. Staff were able to describe the signs and symptoms they needed to be aware of and the procedure they would follow should any concerns be identified. Staff understood the importance of keeping people safe and were also aware of managing their own safety when lone working within the community. The registered provider had policies and procedures in place to safeguard people from abuse.

People's care plan files held essential contact information that included relatives and health and social care professionals to be contacted in the event of an emergency. Staff told us they had access to a member of the management team at all times when they were working. This meant that in the event of an emergency, or when staff needed support or guidance an appropriate person was available to contact without delay.

The recruitment process followed by the registered provider was robust. All staff had completed an application form and any gaps in their employment was explained. Interview records were in place alongside to employment references and right to work information. Disclosure and barring (DBS) checks had been undertaken for each person employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. All staff had an ID badge which held a photograph of them on it. This meant people were supported by staff that were deemed of suitable character to work with vulnerable adults.

Staff told us the importance of washing their hands between tasks as well as between every visit they undertook. Records showed that all staff had completed infection control training. Personal protective equipment (PPE) was held at the office and made available to all staff. This included disposable gloves and aprons used by staff when undertaking personal care tasks. These items are used to protect staff and people from the risk of infection being spread.

Accidents and incidents were clearly documented and detailed thoroughly events that had occurred. These documents were reviewed by the registered managers and areas for development or improvement were identified throughout this process.



## Is the service effective?

### Our findings

During our last inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure all staff had received appropriate support and training to enable them to carry out their duties.

At this inspection we found that the above requirements had been met.

Improvements had been made to the consistent completion of the induction at the start of staff employment. Staff were introduced to the organisation, had an overview of the policies and procedures and were also given key information relating to conduct, confidentiality and data protection. New staff completed the Care certificate which is a nationally recognised qualification that social care and health workers follow during their daily working life. Staff undertook shadow shifts with the registered managers prior to them lone working in the community. Staff told us the induction and shadow shifts had given them sufficient information to fully prepare them for their role.

Improvements had been made to the consistent completion of training required for staff to be able to fully undertake their role. Staff completed training essential for their role that included health and safety, first aid, food and nutrition, equality and diversity and moving and handling. There was evidence that refresher training had taken place. Records showed that some staff had completed additional training relevant to the needs of the people they supported that included dementia awareness and diabetes.

People and their relatives spoke positively about the staff team. Comments included, "Staff are really switched on. They get things done quickly", "Staff are well trained, just excellent", "The management team visited the hospital to get all the required information to meet my needs and trained all the staff prior to them supporting me independently" and "All the staff are equally good."

Staff told us they received regular supervision and an annual appraisal. The management team invited staff to discuss any areas of concern both in and out of work, training needs and any additional information required to support them in their role. Staff described the management team as supportive and understanding. The management team undertook regular observations of staff while they were working to identify areas of good practice or for development and improvement.

Staff had access to clear guidance within the care plans to meet people's individual food and drink needs. People told us that they always chose their own meals and staff supported them with the preparation of these. People's food and preferences were clearly documented and included essential information about if they liked milk and sugar in their tea or coffee.

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 2005. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order (CoP). There were not any people on a Court of protection order at the time of our inspection

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). Discussions with people confirmed that their consent was sought in relation to care and treatment and records supported this. Comments from people included "Staff always ask for my permission before they support me with anything. For example, would I like a shower or wash, what I would like to wear and what I would like to eat or drink" and "I signed a document to agree for staff to have my key safe number to get into my home as I cannot open the door."

## Is the service caring?

### Our findings

People and their relatives spoke positively about all the staff that supported them. Their comments included "Staff are jolly as well as kind and caring", "I enjoy the staff visiting, they brighten my day" and "We just can't fault the staff, they are wonderful."

People told us that they knew all the staff that visited them and they received support from a regular staff team. We saw and staff confirmed that their visits were to the same people. Staff told us this meant they could build very positive relationships with people and it helped them to fully understand people's individual support needs.

Staff and the management team demonstrated a good understanding of people they supported. There were very knowledgeable about people's histories, likes, dislikes and preferences. Staff interactions were observed as comfortable and appeared very natural. We saw that people were happy and relaxed with the staff that supported them.

Recently staff had identified a person was allowing staff to do everything for them rather than continuing to do as much as they could for themselves. Staff identified the person was losing their independence. The registered manager visited and discussed the person's independence with them and how they could improve this. The care plan was rewritten with the person's full input and staff have reported a significant improvement.

People described how staff promoted their privacy and dignity. People told us that staff knocked and waited for an answer before they went into their room. Their comments included "Staff always close the blinds when I use the commode as I'm on the ground floor" and "Staff keep me covered whenever possible throughout my personal care routine each morning and night. This is important to me." Staff described to us the importance of protecting people's privacy and dignity. They included examples of not rushing people during their routines and working at the person's own pace.

People's communication needs were considered throughout the care planning documents. Information was available to staff about people sensory loss that included eyesight and hearing. Guidance was in place that described if people required glasses for reading, hearing aid to be put in place as well as the importance of checking the battery and that it was in full working order before staff left each day. Staff were able to clearly describe people's individual communication needs and how they supported them with these.

People's records were stored securely in a locked filing cabinets and cupboards within the office to maintain confidentiality. Computers within the office were password protected and only accessed by specified staff.

## Is the service responsive?

### Our findings

People and their relatives told us they knew all the staff that visited them. They told us that staff almost always arrived on time and if they were running late staff would contact them to let them know. Comments from people and their relatives included "The staff are generally on time and do everything that I need", "Regular carers [Staff] visit that we've got to know really well", "Staff are very reliable" and "They've always rung if they've been running late."

The registered managers undertook an assessment of a person's needs before they were supported by the service. This information was used to prepare individual care plans and risk assessments. People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. These needs included age, disability, religion and other protected characteristics. People and their relatives told us they had been involved in the development of their care plans and they accurately reflected their needs.

People's care plans included essential information about their medical conditions, their preferred daily routines, likes and dislikes. Care plans reflected people's individual needs and held sufficient information for staff to have clear guidance to meet specific preferences. For example, one person needed to have the cordless telephone next to the bed at night and this needed to be put on its stand for charging each morning.

People had an 'All about me' document in place that included information to support the staff understanding and knowledge of each person. It included details about family members, hobbies, favourite television programmes, favourite sports and holidays. The registered managers had also introduced hospital passports for people that would benefit from this when visiting healthcare professionals or the hospitals that may not be able to fully explain their needs or preferences.

People that required a lifeline pendant around their neck due to their vulnerability had this clearly detailed within their care plan. Staff signed a checklist at each visit to confirm this important piece of equipment was in place. Staff also undertook regular checks that the lifeline was in full working order. The documents we reviewed had all been consistently completed by staff. One person said "The girls [Staff] always make sure I am wearing my pendant[Lifeline]. I can be a little forgetful so this is important to me."

Staff completed a log for each visit to a person's home. The log included information about personal care, continence, medicines and diet. These were consistently completed and signed by staff at each visit. When areas of concern had been identified this was clearly recorded along with the actions taken. For example, a clip had broken on a piece of equipment, this had been immediately reported and was replaced the same day. On another occasion a person had appeared unwell and the staff member had contacted the GP to visit, informed the office and contacted a relative at the request of the person to keep them updated.

The registered provider had a complaint policy and procedure in place that was available to people and their relatives. People told us they knew how to raise a complaint and felt confident any concerns would be

listened to and acted upon. Comments from people included "I have never had cause to complain in over two years of having happier at home", "I have had no problems whatsoever" and "We haven't had cause to complain but would feel confident to do so."

## Is the service well-led?

### Our findings

People and their relatives spoke positively about the service. Their comments included "Happier at home are brilliant", "The managers check everything is okay and always look after both of us", "The managers are part of the staff team and work alongside the staff" and "They are a great company, I am so happy with them."

The service had two registered managers. One was also the nominated individual who had been registered with the Care Quality Commission since July 2015. The other had been registered since December 2017. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Quality assurance systems were in place to monitor areas of the service. These included medicines, care plans and daily records. Staff received supervision, training and guidance for areas that require development. Accidents and incidents were reviewed to identify any trends or patterns within the service. The registered managers undertook monitoring visits to people's homes to ensure staff were meeting the requirements of their role. Staff told us they were regularly visited whilst working and records confirmed this.

Annual satisfaction surveys were undertaken by the registered provider. Feedback was positive but the managers told us they would use any feedback they received to continually develop and improve the service. The registered managers also visited people regularly to seek feedback about the service. Everyone we spoke to said that they were regularly asked if they were happy with the service and the staff that visited them. People told us they had recommended the service to others.

The registered managers met with staff every week and staff confirmed this. The managers would highlight any areas for development and improvement. For example, completion of daily logs and the importance of these being signed. Discussions took place at these meetings about any concerns staff had about people, any difficulties they were having or changes required to people's care plans.

The registered provider had developed positive relationships with other local organisations. They shared space and facilities to undertake training.

The registered provider had up-to-date policies and procedures that gave clear guidance to staff in all areas of their work role and employment.

Registered providers are required by law to inform the Care Quality Commission of certain incidents and events that happen within the service. The service had notified CQC of all significant events which had occurred in line with their legal obligations.

The registered provider had displayed their ratings from the previous inspection in line with the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.