

Halcyon Days Community Opportunities Ltd

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Inspection report

St Simon & St Jude Parish Hall
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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

About the service

Halcyon Days Community Opportunities Ltd is a domiciliary care service providing personal care to younger adults and older people with a learning disability or autistic spectrum disorder, mental health needs or a sensory impairment.

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. At the time of our inspection there were two people using the service, one of these received personal care.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

We have made a recommendation about recording all discussions surrounding end of life care.

The person was supported by staff to pursue their interests and to achieve their dreams. The registered manager and staff ensured relatives were involved in the care and support of the person. The person using the service was supported to have maximum choice and control of their lives. Staff supported the person in the least restrictive way possible and in their best interests. There were policies and processes in place which supported this practice.

Right Care

Staff understood the person's needs and preferences and the care was tailored to meet their individual needs. Staff knew the person well and communicated effectively using signs, picture boards and speech. Staff knew how to protect the person's privacy and dignity.

Right Culture

The person using the service was supported by staff who were experienced and caring, they put the person first and empowered them to lead a meaningful, inclusive life. The Provider enabled the person and those important to them to work with staff to develop the service. Staff valued the person's views and promoted their independence.

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

Rating at last inspection

This service was registered with us on 29 July 2020 and this is the first inspection.

Why we inspected

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

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

This 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 a short period of notice of the inspection. This was because the service is small, and staff are often out, we wanted to be sure there would be people available to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We contacted two local authorities and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager and service manager. Following the inspection, we spoke with one relative and two members of staff by telephone.

We reviewed a range of records. This included the person's care records. We looked at four staff recruitment files, meetings, and supervision records. We also looked at records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Processes were in place to protect the person from avoidable harm. Risk assessments were detailed and reviewed regularly and when there were changes in the person's needs.
- Staff knew individual risks for the person and how to keep them safe. They showed knowledge of risks and gave examples of when changes had been made to their care plan to reflect the changing needs of the person.

Staffing and recruitment

- The person was supported by a small team of staff that knew them well and had training to meet their specific health needs.
- Safe recruitment checks were undertaken to ensure staff were suitable to work with people receiving care. All staff had Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were contingency plans to cover short notice staff absence, which included the person's family.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect the person from the risk of abuse. All staff had received safeguarding training. Staff we spoke with knew how to recognise signs of abuse and how to report safeguarding concerns.
- The registered manager understood their responsibility for reporting concerns to the appropriate authority. Staff told us they were confident safeguarding concerns would be investigated and addressed by the management team. There had been no safeguarding concerns within the service.
- Easy read safeguarding information was available and accessible for people using the service.

Using medicines safely

- At the time of the inspection, staff were not administering medicines. Staff had received training and knew how to safely administer medicines should this be required in the future.
- The registered manager told us that if medicines were to be administered, they would undertake regular audits of Medicines Administration Records (MAR) records and ensure body maps were in place to guide staff where to apply prescribed creams.

Preventing and controlling infection

- The person was protected from the risk of infection. Staff had received infection prevention and control

and COVID-19 training.

- Staff had access to stock of Personal Protective Equipment (PPE) which was monitored by the registered manager. Staff and relatives we spoke with told us PPE was being used in line with current government guidance.

Learning lessons when things go wrong

- The management team and staff knew how to report accidents and incidents. There had been no accidents or incidents reported. The registered manager told us that should accidents or incidents happen these would be recorded and they would review these records to identify trends, patterns and improvements.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The person's needs were assessed before receiving care from the service. Information about the person's likes, dislikes, preferences, culture and religion were included in their care plan.
- Care and support was delivered in line with current legislation and guidelines.

Staff support: induction, training, skills and experience

- Staff providing care and support were competent and skilled. There was a system to ensure staff refreshed their training when required. New staff undertook induction training and completed shadowing of experienced staff to get to know the person's needs.
- Staff skills and experience were matched to the person receiving care.
- All staff had completed the care certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider recognised the need to provide more specialised training to better support people with a learning disability and autistic people. The management team worked with the Local Authority to ensure all staff were signed up to undertake training.

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

- Care plans provided detailed information on the person's mealtime routine and how they preferred their food and drink to be served.
- There were clear instructions on how staff were to observe mealtimes and keep the person safe.
- Staff demonstrated sound knowledge of the person's dietary requirements and what was required to keep the person safe from associated risks such as choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked together with the person's relatives to effectively communicate any changes in care needs. The registered manager ensured that new staff were accompanied on visits to allow them to get to know the person and how they liked to be supported.
- There was a health action plan in place which contained details of how staff were to assist the person to keep healthy.
- The service had 'emergency grab sheets' available. These provided essential information about the person's medical needs to support emergency services and health professionals to provide continuity of

care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The requirements of the MCA were met. The person receiving care was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person was supported by staff that were caring, kind and knew their needs very well. We reviewed compliments records and received feedback from staff and a relative. All of which were positive about the care and support provided.
- Staff undertook equality and diversity training as part of their induction, as well as yearly refresher training. This meant they knew how to support people whose needs were protected under the Equality Act 2010.
- Staff demonstrated a thorough understanding of the person and how the care was tailored to their needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff, the relative and registered manager told us that the person receiving care was offered choices regarding their care.
- The person was involved in the development of their care plan. This was reflective of their expressed preferences about the delivery of their care and support.

Respecting and promoting people's privacy, dignity and independence

- All staff had completed training in privacy and dignity. Staff told us how they respected privacy, dignity and confidentiality.
- The person's outcomes and future goals were recorded in their care plan along with how best to support these goals. The registered manager had worked with other agencies to promote the person's independence.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- The registered manager told us the person and their family had discussed end of life preferences. However, these wishes had not been recorded.

We recommend the provider formally records people's end of life preferences.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans and risk assessments were regularly reviewed. There were also reviews and changes to care plans to meet the changing needs of the person being supported.
- A one-page profile was in place. This included information such as 'what's important to me and what I would like from the future' as well as a photograph of the person. This gave a good overview of their needs and helped staff get to know the person.
- The registered manager and staff told us that person-centred care was very important to the service. Care plans and other supporting documents evidenced that all aspects of the person's care had been tailored to reflect the persons preferences and chosen outcomes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured the person had access to information in a format they could understand such as easy to read safeguarding booklets.
- The person's communication passport contained detailed effective and preferred methods of communication. This also provided information for staff on how to respond to the person's non-verbal communication, meaning they could respond appropriately.
- Staff told us they communicated in various ways including using Makaton and picture boards, to support the person to make choices and enable their views to be heard. Makaton is a recognised language programme that uses signs and symbols to support the spoken word to help people with learning disabilities and/or communication difficulties.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- Staff understood the importance of maintaining relationships. They supported the person to maintain relationships with their family, which was important to them.
- The registered manager was committed to supporting the person to access activities within their local community. The registered manager evidenced they were working with the person's family and other agencies to ensure this was done safely.

Improving care quality in response to complaints or concerns

- The provider had a policy and processes in place to manage and review complaints and concerns.
- The complaints file was reviewed during the inspection. There had been no complaints about the service, registered manager or staff members.
- Staff, the person using the service and their relative were aware of the complaints policy and had been provided with details on how to make a complaint.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager understood regulatory requirements such as submitting legally required notifications.
- Staff demonstrated a good understanding of their roles and responsibilities. The registered manager carried out regular supervisions and spot checks to review staff performance, training needs and development.
- There were effective systems in place to monitor the quality and safety of the service. Whilst these were effective for a small service, the registered manager understood they would need to be developed further should the number of people receiving care increase.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The person receiving care and support was involved with the decisions about their care. The registered manager and staff understood the need to treat people as individuals and respect their preferences and wishes. The registered manager and staff were committed to ensuring person centred care was delivered.
- Care plans included the person's 'dreams and things they wanted to do', as well as what they would like for the future and the support they needed to achieve this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff members understood their duty to be open and honest. There were systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager regularly sought feedback about from the person and their relative about their experience of receiving care. The feedback was obtained during care plan reviews, annual surveys and informal discussions.
- We reviewed the feedback from 'Parent and Carer Satisfaction Survey's' which recorded the person using the service was 'very satisfied' with all aspects of the service.
- Regular staff meetings took place which gave staff the opportunity to discuss all aspects of the service and

care people receive.

- Staff told us they felt able to approach the management team to discuss matters and felt well-supported in their roles.

Continuous learning and improving care

- The provider had identified further training needs for all staff due to changes in current guidelines. They had accessed staff training through a local workforce development group. This helped to ensure the staff team and service continued to develop and improve.

Working in partnership with others

- The management team and staff worked in partnership with professionals to ensure that the person received the care and support they needed.