

Happier at Home Care limited

# Happier at Home Care Limited

## Inspection report

Unit 40  
Evans Business Park, North Road  
Ellesmere Port  
Merseyside  
CH65 1AE

Tel: 01512720258

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This was an announced inspection, carried out on the 7 and 11 September 2017. We gave '48 hours' notice of the inspection because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available in the office to assist with the inspection.

Happier at Home is a domiciliary care agency which offers care and support to people living in their own homes. The agency has offices based in Ellesmere Port, Merseyside. The service employs 11 staff and supports 24 people.

This was the first comprehensive inspection of the service.

The service had a registered manager who was also the registered provider and had been in post since December 2015. 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 this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take the back the full version of the report.

Support staff had not all received all training relevant to their roles and had not received required updates. Staff support and supervision had not been undertaken in line with the service's policies and procedures. The registered provider's audit systems had identified the necessity for training and supervision to be updated and undertaken, however action had not been taken promptly to address this.

There were systems in place to protect people from abuse and staff demonstrated a good understanding of this when spoken to. They were able to demonstrate the actions they would take in the event of a person being at risk of harm.

Medication systems were in place and these were managed satisfactorily. Medication administration records (MARS) were fully completed and people told us they received their medicines regularly and on time.

Robust recruitment practices were in place and this ensured that only people suitable to work with vulnerable adults were employed by the service.

All new staff undertook an induction process and this included a period of shadowing an experienced member of staff. During the induction process staff were introduced to the people they would be visiting regularly.

People received support from regular staff who treated them in a kind and caring way. People told us staff respected their privacy and dignity. Staff rosters identified that there were enough staff to meet the needs of the people supported. People told us that staff were mostly on time and stayed as long as they were supposed to.

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 available to staff in relation to the MCA. Staff demonstrated a basic understanding of this. The service was not supporting anybody under a court protection order at the time of the inspection.

Information about how to complain was available to people and they were confident they could voice any concerns they had. Complaints were dealt with in accordance with the service's policy and procedure and were addressed in a timely manner.

People's individual needs were assessed and care plans were developed using this information to meet the needs of the individual. Risk assessments were in place and they outlined information for staff on the management of the risks. Information included risks relating to people's moving and handling needs, their increased susceptibility to falls as well as risks of their home environment.

The registered provider had up-to-date policies and procedures in place to support the running of the service and these were regularly reviewed.

## 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 registered provider had robust recruitment procedures in place and employed sufficient numbers of staff to meet the needs of the people supported.

People were supported to take their medicines safely and records supported this.

Risk assessments identified and mitigated the risks to people's safety and well being.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Supervision and appraisal was not provided in line with the registered provider's policy and best practice.

Staff had not received up to date training to ensure they had the right knowledge and skills to support people.

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

### Is the service caring?

Good ●

The service was caring.

People described the registered manager and staff as kind and caring.

People's rights to privacy and dignity were respected.

There were positive relationships between staff and the people they supported.

### Is the service responsive?

Good ●

The service was responsive.

Care plans reflected each person's individual needs.

People knew how to make a complaint and had received a copy of the complaints policy and procedure.

Staff worked alongside other health and social care professionals.

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

The service was not always well-led.

The registered provider's systems had identified areas for development and improvement but had not addressed them promptly.

People who used the service and staff told us, the registered manager was approachable and always available to offer support or discuss concerns.

The registered provider's policies and procedures were up to date and regularly reviewed.

**Requires Improvement** ●

# 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 was carried out by one adult social care inspector. The inspection took place over two days and was announced. The registered provider was given '48 hours' notice because we needed to be sure that someone would be available at the office.

During our inspection we spoke with three people who used the service, two relatives and visited three people in their homes. We also spoke with three support workers, one member of office staff and the registered manager. We looked at three people's care plan files, four staff recruitment and training files and records relating to the management of the service.

Before the inspection the provider 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 improvements they plan to make.

We also reviewed the information we held about the service. This included any notifications received from the registered manager, safeguarding referrals, concerns about the service and other information from members of the public. We contacted the local authority safeguarding team who told us they had no immediate concerns regarding the service.

# Is the service safe?

## Our findings

People told us they felt happy with the care staff coming into their home. Their comments included, "They recruit carers [staff] that are appropriate for the job" and "I have always felt comfortable and safe with all the carers [staff]." A relative told us, "All of the family are really pleased with the service mum receives."

The registered provider followed safe recruitment practices and employed sufficient numbers of staff to keep people safe and to provide the required level of support. We looked at the recruitment files of three staff and saw that they each held a completed application form, interview details and two references including the most recent employer. An up-to-date disclosure and barring check (DBS) was held for each person employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions. This meant that people were supported by staff deemed of suitable character to work with vulnerable people.

Risks to staff and people supported were assessed and this information was held within people's care plan files. For example, each file held an environmental risk assessment which identified any risks to health and safety and identified how these risks had been mitigated. Risk assessments were also in place for people's moving and handling requirements. This ensured the staff provided safe care and the correct level of intervention relevant to the person.

Staff were aware of their responsibilities that related to the safety of people they supported as well as their own safety at all times. Staff described safeguards that had been put in place to keep people safe. For example, staff described the hot water bottle policy and procedure. Staff also described the importance of not giving this type of hot water bottle to a person living with dementia due to the risks it involved to people's safety. The policy and procedure gave clear guidance to staff for the filling and protection of hot water bottles for people living in their own homes.

Staff supported people with the management of their medicines. We looked at the medicines administration records (MARs) for three people and found they had received the medication that they required. Information about their medicines was held within their care plans, along with an appropriate risk assessment. We saw the introduction of antibiotics in one person's care file and the appropriate 'as required' documentation was in place for the recording of this. Staff had evidenced when people had refused their medicines and reported this appropriately. This meant people received their medicines as prescribed.

Staff had access to personal protective equipment (PPE) that was held at the service's office and made available on request. This included gloves and aprons used by staff when undertaking personal care tasks. They are used to protect staff and people from the risk of infection being spread.

Policies and procedures were in place in relation to safeguarding adults. Staff that we spoke to described the different types of abuse, signs that may indicate that a person is being abused and actions they would take to report this. Records did not confirm that all staff had undertaken safeguarding training. Staff told us they were confident that the registered manager would respond promptly to any concerns they had in

relation to safeguarding people from harm.

The registered provider had a whistleblowing policy, which staff were familiar with. Staff told us they would approach the registered manager, if they had any concerns regarding poor practice. They also told us that they felt confident to report any concerns outside the organisation to the local authority or the CQC.

People's care plan files included emergency contact details for relatives, GP and other healthcare professionals and staff were familiar with them. Staff told us they had access to a member of the management team through the 'on call' process whenever they were working. This meant that in the event of an emergency staff had an appropriate person to contact without delay.

## Is the service effective?

### Our findings

People told us they were supported by regular staff that knew them well. People's comments included, "Staff complete all tasks required" and "We get to know the girls [staff] and they are all lovely." A relative told us, "Mum has a good relationship with staff and seems happy overall."

Staff training files did not hold dates of staff training undertaken or copies of certificates. Staff told us they had completed training in moving and handling, health and safety, infection control and medication. Records did not support this information. Staff told us they had undertaken training prior to commencing employment at the service but had not completed required updates. This meant people were at risk of receiving support from staff that did not have the most up-to-date knowledge and skills.

Staff personal files did not hold records of supervision and appraisal meetings. The registered provider told us they were behind with staff supervisions and appraisals. Staff told us they felt well supported and had received supervision in the past. Supervision and appraisal are an opportunity for the registered provider and staff member to review training and development needs. Supervision is a forum where staff can be held to account for their actions and an opportunity to discuss performance issues. This meant appropriate processes were not in place to monitor staff performance.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider failed to ensure that staff received appropriate support and training to enable them to carry out their duties.

The registered provider was able to demonstrate that they were experiencing difficulties with their training provider. We have received confirmation that staff have been appropriately registered and commenced the Care Certificate and a Qualification and Credit Framework (QCF) qualifications. The Care Certificate is a nationally recognised qualification based on a minimum set of standards that social care and health workers follow in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. QCF is a nationally recognised qualification which demonstrates staff can deliver health and social care to required standard.

All staff had undertaken induction training with the registered manager. The induction included information that related to the company, roles and responsibilities, documentation and administration, policies and procedures, data protection, confidentiality, conduct, training and development. Staff undertook a period of shadowing a more experienced member of staff for at least one to two weeks. During the period of shadowing staff were introduced to the people they would be supporting on a regular basis. Staff told us they felt fully prepared to undertake their role following the induction and shadowing process.

Records showed staff had undertaken specific training relevant to the needs of individual people. For example, catheter care training had been completed by staff that worked with people that required support in this area.

People's care records included the contact details of their GP and other healthcare professionals involved in their care, so staff could make contact if they had concerns about a person's health. Care records showed staff had contacted district nurses, GPs, occupational therapists and social workers appropriately and in a timely manner. This meant staff were responsive to people's individual health needs.

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 or are helped to do so when required. 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. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

We checked whether the service was working within the principles of the MCA and found that it was. The registered manager and staff had a basic understanding of the MCA. The process of assessment used by the registered provider in gathering information on the needs of people included reference to their capacity to make decisions. Some people were subject to a Lasting Power of Attorney and this was clearly evidenced within people's care records. The registered manager told us that they worked alongside family members as well as health and social care professionals if a person did not have the mental capacity to make their own decisions.

Records showed that people's consent had been sought by the service for the support they received. People had been fully involved in the preparation of their care plans and had consented to the contents of these. People told us that staff asked for consent before undertaking personal care tasks. Records showed staff had asked for consent from a person prior to contacting healthcare professionals on their behalf.

Some people required support with meal preparation. Care plans clearly outlined the amount of support a person required with preparing the meal and if any assistance was required when eating. Dietary needs were documented within the care plans. This included specific information relating to people's likes and dislikes and any specific needs such as diabetes management.

## Is the service caring?

### Our findings

People told us, "I like the girls [staff], they are very friendly", "Staff are caring" and "Happier at Home concentrate on the individual person and this is just how I like it."

People told us that they had regular staff that knew them well. We saw and staff confirmed that the majority of their visits were to the same people. Staff told us that this helped to ensure that people received a consistent service. This meant staff had the opportunity to get to know people well and to understand their care and support needs. Staff told us that because they got to know people well they would recognise changes to a person. For example, a person appearing confused that would not normally be.

People told us that staff promoted their privacy and dignity. Comments included, "The girls [staff] cover me with a towel when they are doing personal care" and "Staff always knock before entering even though they are using a key from the key safe." We observed that staff respected people's privacy and dignity and sought permission before undertaking any tasks. We saw that staff did not rush people and tasks were undertaken at a pace appropriate to that person. Staff described ensuring doors and curtains were closed during times when they were completing personal care tasks.

People told us that staff spent time talking to them during each visit. Staff stated that communication was really important to establish if people were well or if they needed to highlight any concerns about a person's well-being. Staff described the importance of encouraging people to talk about anything that was important to them. All the staff we spoke with were very aware that they may be the only visitor to that person on any given day.

The registered provider gave the service brochure to all people using the service. This included key information about how to make a complaint or raise a concern, confidentiality, ways to contact the service as well as the aims and objectives of the service.

Relatives told us they felt particularly supported by the staff and management team. One relative that lived abroad described the registered manager supporting their Mum to 'Face time' them each week. This meant they could see and speak to their Mum on a regular basis.

## Is the service responsive?

### Our findings

People told us that they knew all the staff that visited them and the staff knew their preferred routines. They said their staff arrived on time and stayed the full length of time to complete all tasks. People told us that if staff were delayed for any reason or if there was a change to their usual member of staff they were always informed. Their comments included, "The staff are almost always on time", "Staff let us know by calling if they going to be late for any reason" and "Staff complete all tasks required."

Some people required assistance with moving and handling and told us that two staff always attended to meet their needs. People told us that staff did not rush them when undertaking personal care tasks and this was important to them. One person said, "I take a while to get going in the morning and I find the staff are considerate to my needs."

The registered manager undertook an assessment of people's needs prior to them using the service. This information was used to develop people's individual care plans and risk assessments. People and, where appropriate, their relatives were involved in planning the care needed and making decisions about how these needs were to be met. All care plans we reviewed reflected each person's individual needs, choices and preferences and gave guidance to staff about how to ensure personalised care was provided.

Each person's care plan included an 'all about me' document that included a person's preferred name, where they were born, family information, favourite television programmes, music they enjoyed listening to, holidays they had undertaken and activities they enjoyed. It also included breakfast choices and how they liked their drinks prepared.

People's care plans were reviewed regularly and any changes in people's care and support needs were clearly documented. People and chosen relatives were included in this process. Any changes were shared with support staff to ensure continuity of support.

Staff completed daily records at the end of each visit. Information included the time of staff arriving and leaving, all activities completed, any concerns raised or actions taken as well as staff signatures. This information was reviewed regularly by the office team to ensure full completion.

Where required staff worked alongside relevant others, health and social care professionals, including district nurses, occupational therapists and GPs. Records showed that one person's heels were noted as red. They had been raised on a pillow and a district nurse visit promptly requested. This demonstrated that staff responded promptly to people's changing needs to ensure their health and well-being was maintained.

The registered provider had a complaint policy and procedure which was provided to people when they first started to use the service. Records showed that complaints had been recorded and responded to in a timely way in line with the registered provider's policy. People told us that if they had any concerns they would feel confident to raise them and they felt their concerns would be appropriately addressed. Comments included, "I know how to complain and would feel confident to do so" and "I would be happy to raise any concerns

but have never had to." Staff were knowledgeable about the complaints procedure and they were confident about dealing with any concerns, complaints or comments people made.

## Is the service well-led?

### Our findings

People spoke positively about the registered manager and the service. Their comments included, "[Staff Member] has been helpful with suggestions regarding my father's care needs", "[Staff Member] the manager is very nice and visits regularly" and "Happier at Home is the best of the companies we've had."

The registered provider was also the registered manager at the service and they had been in post since the service opened in December 2015.

The registered provider had identified that staff training and competencies were not in place and up-to-date. However they had not ensured prompt arrangements were put in place to address this. This meant staff may not be up-to-date with the knowledge, skills and competencies required for their roles.

The registered provider had identified that supervisions and appraisals were not up-to-date. Supervisions and appraisals are an opportunity for the registered provider and staff member to review development and training needs. Supervision is a forum where staff knowledge can be assessed and any performance issues addressed.

Medication administration records (MARs) were returned to the office each month and were subject to an audit. Evidence of follow up actions were seen where missing signatures were identified. Staff were contacted for an explanation and this was recorded.

Daily records were regularly reviewed and audited to ensure they were fully completed and up-to-date. This meant staff always had the most up-to-date information for the people they supported. The registered provider had a secure messaging service that they used to inform staff of any changes to a person's care plan or medication.

Quality questionnaires had been sent to people supported by the service. The responses showed that people were satisfied with the service they received and had no concerns. The registered manager regularly visited people in their homes and sought their views about the service.

Records showed regular staff meetings were arranged and the minutes of staff meetings were made available. Recent topics discussed included the accurate completion of MARs, appropriate use of social media, sharing of personal information and the process of spot checking and monitoring.

Staff told us they felt supported by the registered manager. They described them as approachable and supportive. The registered manager 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.

The registered provider had policies and procedures in place that staff were able to access at the office if they needed any guidance. We saw that these policies and procedures were up-to-date and regularly

reviewed.

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

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered provider had not ensured that all staff had received appropriate support, training, supervision and appraisal to enable them to carry out the duties of their role.