

Happy Care Ltd

Happy Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Happy care is a domiciliary care service providing personal care to people in their own homes.

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 the inspection there were 17 people receiving support with personal care.

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

We found one breach of regulation in relation to recruitment practices. Gaps in employment history were not always discussed and accounted for with applicants and there was not always evidence of references from previous care agencies on file. These are requirements of regulation. We have also made a recommendation to review safety and quality auditing systems to ensure they are fully effective.

People were very happy with the care they received, and it was evident that the support had a positive impact on people's lives. Comments included, "I would definitely recommend Happy Care to anyone because I've so far been impressed with every aspect of the care" and "The carers have a great personality towards my [relative], they are full of life, full of energy and are very willing too".

The registered manager and staff went above the expectations of their role to support people's health and wellbeing. This included offering to carry out extra tasks such as cleaning and shopping and spending time with people when they were low in mood. This had been particularly important for some people over the course of the pandemic when there were social restrictions in place.

Staff were positive about working for the agency and told us they received good support in order to carry out their roles effectively. Staff told us they were satisfied with their training and this was also reflected in the comments from people who told us staff had the rights skills to care for them and their relatives. Staff worked with healthcare professionals such as Occupational Therapists and GPs to ensure people's needs were met.

The service had systems in place to ensure people were as safe as possible. This included carrying out spot checks unannounced at calls, to monitor staff performance. Staff were trained in safeguarding and felt confident about raising any concerns or issues with the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This was the first inspection of this service registered with us on 19 April 2019

Why we inspected

This was a planned inspection in order to give the service a rating in line with the Care Act 2014.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to recruitment.

Please see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Happy Care

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector, two assistant inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave a short period notice of the inspection so that we could be sure there would be someone available in the office to support our inspection. We also needed to make arrangements to speak with staff and people using the service.

Inspection activity started on 10 June 2021 and ended on 15 June 2021. We visited the office location on 10 June 2021.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also review

notifications. Notifications are information about specific events the provider is required to tell us about by law.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and financial director. We reviewed records relating to the running of the service such as care plans, risk assessments, audits and staff records.

After the inspection

We spoke with one person receiving care and seven relatives. We spoke with 12 members of staff.

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 for this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Systems for recruiting new staff were not robust enough to ensure newly recruited staff were safe and suitable for their role. For example, we found that applicants had not always completed a full work history in their application form and there was no evidence that this had been followed up at interview. In other cases, it was not clear that references had been sought from previous care agencies.

This was a breach of regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and Barring Service (DBS) checks were carried out. This check identified people who are barred from working with vulnerable adults and identifies whether a person has any convictions.
- There were sufficient staff to meet the needs of the current care packages.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care they received. Comments included, "My husband feels very safe with the care he's receiving and I have no worries", and "They wash me all over and keep me safe. They tidy the house and make sure there's nothing lying around that I could accidentally fall over".
- Staff received training in safeguarding and felt confident and identifying and reporting any concerns. Staff told us "If I had any concerns or witnessed anything, I would have to report straight to the office", and "if something happened sure, I would report it, it's very important, straight to the boss and if don't do anything I would call the number, the safeguarding book is there."
- Spot checks of staff took place as a means of monitoring their performance and development needs. This involved a senior member of staff attending a care call unannounced to check it was carried out as it should be.

Assessing risk, safety monitoring and management

- Any risks associated with people's care and support was clear in their care documentation and a plan in place to manage those risks. For example, one person needed a hoist as part of their moving and handling needs. It was clear in their care plan exactly what equipment was needed and how it should be used.
- There was an environmental risk assessment in place for staff to use when entering people's homes.
- Staff told us risk assessments were clear and easy to use. Comments included, "Yes they're clear, we use an app on the phone, each task you do there's some explanation" and "Yes, all information is in their plans

and the risk assessments are easy to understand."

- There was an electronic system in place to alert staff in the office if staff hadn't arrived as expected at the home of the person they were due to visit. This allowed staff in the office to take appropriate action and ensure the person was safe.

Using medicines safely

- At the time of our inspection, staff were supporting people with topical creams but nobody required support with administering their medicines. Where people required staff to apply creams, there were body maps available to guide staff on where to apply them.

Preventing and controlling infection

- The service had sufficient supplies of PPE. Staff had been given training and support to follow guidance during the pandemic. Staff told us, "Yes we have always received PPE and support and training. They have a stock in the office and we order from them if we need it." and "If you ask for PPE, they give it straight away".

Learning lessons when things go wrong

- The registered manager was open and transparent about some of the issues faced by the service since registration. This included significant changes and director and management level of the organisation.

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

- People's needs were assessed prior to the service commencing. Assessments covered all areas of care and what the desired outcomes for the person were. These assessments were used to inform care planning.

Staff support: induction, training, skills and experience

- People were happy with the skills of the staff supporting them. Comments included, "I'm definitely confident that the skills required by the carers are demonstrated in my care needs", and "I think in terms of the carers knowledge she is very aware of my [relative's] needs and she tries to adapt to this as much as possible". Another person commented, "I've no doubt from my observation that the carer has all the right skills to carry out all the caring needs required".
- Staff were happy with the training and support they received. Comments from staff included, "Yes, the training is good and we do not start until we have received and passed all the training." and "Yes, the training was good during the induction – it was online and it went through all the mandatory topics."
- An overall record of training and supervision was kept so that it was clear when refresher training was required.

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

- Not everyone required support with their eating and drinking. However, where they did, this was covered in their care documentation. For example, in one person's documentation it stated they were diabetic and should be offered sweeteners with their hot drink. Another person was at risk of choking and required staff to stay with them whilst they ate.

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

- Staff worked with healthcare professionals to ensure people's needs were met. One person for example had concerns about their hoist and so the registered manager made a referral to the occupational therapist.
- Concerns about a person's health or wellbeing were reported to the GP when necessary.

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 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.

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.

- Relevant information was included in people's care documentation, such as whether they had a registered power of attorney in place.
- Staff were aware of the importance of gaining consent before undertaking care tasks. Comments included, 'I always ask how I can help them, do they need a shower or personal care, everything I do, I ask If they are happy or not. If they refuse, we have to leave it.' And, "We will always ask people what they want and if we can give a bath or a shower and we always check with people if they are ok and always give them a choice."

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

- People and their relatives gave positive feedback about the service they received, illustrating strong positive relationships with staff. Comments included, "The carer is very kind and thoughtful and this is genuine not just for the job", "My [relative] has a very good relationship with her carer" and "There is a lot of empathy and kindness given by the carer and it's almost like a counselling session to her when she's ever feeling low".

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

- Staff were clear about how they involved people and included them whilst following their care plans. Comments included, "Whatever they like we have to follow them, they're independent." and "People are involved in their care by us talking to them and I straightway I go in and always talk to them and ask how they are feeling and I ask them what they would like and I will always ask before I go if they are happy with everything."

- People told us they were involved in planning their care. Comments included, "I think the manager was very friendly and eager to get to know as much as possible about my husband and asked me if I was satisfied" and "I do get involved in my husband's care plans."

Respecting and promoting people's privacy, dignity and independence

- It was clear from people's care plans which aspects of their care they were able to manage independently and which they needed support with. In one person's plan for example, it was clear which part of the person's washing routine they were able to complete themselves.

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.

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

- People and their relatives gave positive feedback about their care and support. Comments included, "The carers have a great personality towards my gran[relative]. They are full of life, full of energy and are very willing too. They really talk to my [relative]gran and ask how she's feeling today. There is a good bond, because we are from the same community". Another person said, "They talk to me like a friend and always ask if there's anything more they can do before they leave".
- Care plans were clear and person centred with a good level of detail about how people liked their care and support delivered.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was located in a culturally diverse area of the city and supported people from a wide range of backgrounds and communities. Staff told us they adapted their communication when needed in order to communicate with people.
- One person receiving support, whose first language wasn't English, used a translation app on their phone to communicate with staff.

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

- There were occasions when the service went above the expectations of their role to support people emotionally and support their wellbeing. The registered manager told us for example, that on one occasion care staff had phoned to say a person was tearful and upset. The registered manager went to visit the person and spent time with them talking through their concerns.
- It was also evident that particularly during the pandemic, staff visiting people had made a difference and reduced the impact of social isolation. One relative commented, "She has a big family that she hasn't been able to see because of the pandemic and to see these extra people come has helped her wellbeing no end". People also told us that staff often offered to do extra tasks such as shopping or cleaning to support people. One person told us, "She also helps out with shopping and is always willing to do more for her if needed."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. We saw an example of a complaint that had been responded to in line with this procedure.
- People told us they felt able to raise concerns. One person commented that when they had done so, "Happy Care were quick to resolve the issue."

End of life care and support

- The service was not providing end of life care at the time of our inspection. However, the registered manager told us they would be able to if the situation arose, and would provide staff with appropriate training.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were some systems in place for checking and auditing the service, including care planning, safeguarding and infection control. However, we found a breach of regulation in relation to recruitment. This had not been identified within the provider's own quality and safety auditing.

We recommend the provider reviews their systems to ensure they are fully effective at identifying areas for improvement within the service.

- There was a care coordinator employed by the service to support the management team. Their role included carrying out spot checks.
- Whilst talking with people using the service, some of them referred to a manager that had recently left the service. The current registered manager confirmed people had been told that this person had left but would reiterate this with people to ensure they understood the current management arrangements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a strong person centred culture within the service. Staff were able to build positive relationships with people they supported, which had a strong impact on health and wellbeing. Comments included, "The carers are very friendly, vary caring and just good to have around I would be lost without them." And "I would recommend the service based on the excellence of the carers. They are very reliable and do a good job with my mother". Another person said, "They are a professional company who take the clients into mind, their mental wellbeing and surroundings and also culture, which is important."
- The registered manager told us how they attracted and retained staff through providing good working conditions and remuneration. This was reflected in comments from staff, who told us; "If my car broke down they give us a spare car, they give us money for fuel every month" and "I really feel valued and we need more companies like 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; Continuous learning and improving care

- The service had experienced some disruption over the past 12 months, with changes at company and director level. The registered manager was honest and transparent about these difficulties.
- The registered manager was also open about occasions when the service had fallen short in terms of their

performance and how they had worked with the safeguarding team to resolve the concern. For example, we heard of one occasion when a person had experienced missed visits.

- The service had introduced new systems over the course of being registered in order to improve safety and quality. This included investing in electronic systems to help monitor that calls were taking place as expected. The system would generate an alert if staff did not log in to a call at the expected time.
- The registered manager also told us one area of quality they were currently addressing was how staff wrote notes of their visit. They told us they were working with staff to ensure they included more details in their report of the visit.

Working in partnership with others

- The provider worked with other agencies when required to address specific issues or concerns. This included safeguarding teams and commissioners.
- The registered manager told us they had built positive links with other domiciliary care agencies in the area.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Full checks on people were not always completed prior to them commencing employment.</p> <p>This was a breach of regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>