

Happy Dayz Domiciliary Care Ltd

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Inspection report

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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

Happy Dayz is a domiciliary care agency providing support and personal care to young adults and children with a range of physical and mental health needs, including autism spectrum disorder, physical disabilities, learning disabilities and sensory impairment. The service supports young people and children living at home with their family. The service has recently updated their care services, so they could also provide care for older people. At the time of our inspection the service was supporting four children or young people.

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

The registered manager had made improvements to the safety of the service to ensure staff had the skills and competence to carry out their role. Relatives of the people supported by the service told us people were safely cared for by competent staff. Staff were recruited safely however, we have made a recommendation about the application of the Equality Act (2010) in recruitment processes. Staff understood their responsibility to safeguard people from abuse and the service supported people to understand risks to their safety and wellbeing. Risk assessments were in place which guided staff on safe practice in meeting people's needs. Staff used protective equipment to prevent the spread of infections.

The registered manager had made improvements to the training and induction of staff. Training was completed within timescales to support staff to care for people safely and effectively. This included training to meet the specific needs of the people supported. Relatives told us staff provided appropriate support with eating and drinking. The service worked with relatives and other agencies to ensure people's needs were met. Needs assessments were carried out to develop person centred plans for care and support. 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.

People told us staff were kind and caring. People were involved in decisions about their care including a choice of the staff who supported them. Staff knew how to provide respectful and dignified care and relatives confirmed this was carried out in practice.

Care plans were person centred and developed with people and their relatives. The service used a range of methods to meet the communication needs of the people they supported. No complaints had been received by the service and relatives told us their concerns were acted on promptly and to their satisfaction by the registered manager. No one was receiving end of life care at the time of our inspection. Guidance was available for staff to follow, should this be required.

Relatives and staff spoke positively about the registered manager and their leadership of the service. Improvements had been made to the service since our previous inspection, in line with the action plan submitted by the registered manager at that time. The registered manager was not aware of the Duty of Candour and we have made a recommendation about this. Whilst the regulations had been met, we noted

the registered manager needed to improve their knowledge of some regulatory requirements, which we have referred to in this report. We received very positive feedback about the service from the relatives we spoke with, consistent with feedback received by the service.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 10 August 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Happy Dayz on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

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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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

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. This is a single location provider and the registered manager is also the provider, we have therefore referred to the registered manager throughout this report.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and the registered manager is often out, and we wanted to be sure they would be available to speak to us. Inspection activity started on 24 September and ended on 30 September. We visited the office location on 25 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with the relatives of two people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager and three care workers.

We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and recruitment documents.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure all staff providing care and treatment, specifically medicines administration and moving and handling support, had the competence, skills and experience to do so safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Two people were supported with moving and handling by the service. The registered manager had received assessment and training from an occupational therapist. This was to ensure they were competent to assist a person they supported. Detailed guidance was available in the person's care plan.
- Records showed all staff had completed moving and handling and manual handling awareness training.
- All staff had completed handling of medicines training. No one supported by the service was currently receiving support with their medicines. The registered manager was developing a competency tool for use with staff to observe and check their competence in practice.
- The relatives we spoke with told us staff were sufficiently skilled and competent to meet their children's needs.
- There were enough staff available to meet people's needs so that people received the agreed level of support. The service did not always have enough staff to respond flexibly or to increase support when this was required. The registered manager was open and honest with relatives and people about this because they prioritised finding the 'right' staff member for the person. This meant they operated a waiting list for potential service users and for additional care calls. Relatives we spoke with appreciated the registered manager's careful approach to staff selection.
- Staff were recruited safely, and all the required checks were completed prior to staff supporting people.
- Applicants for jobs were asked about their health and disability on the application form prior to being offered a post. This is not in line with the Equality Act (2010).

We recommend the registered manager considers current guidance on pre-employment health questions under the Equality Act and updates their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- The relatives we spoke with told us their children were safely cared for by the service. A relative said "120% safe, I would not trust anyone any more, I'm blown away by how responsible [carer] is."

- Another relative said "Yes completely safe – really good handovers and transitions and most importantly [person] is happy with them. They are very good at introducing [person] to carers and [person] has built up good relationships with the carers."
- Staff we spoke with understood their responsibility to promote people's safety and knew the signs and types of abuse and how to report any concerns. Policies were in place to inform and guide staff on these processes.
- The registered manager gave us examples of how they had supported young people to be aware of risks to their safety such as keeping safe using the internet and risks from strangers.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Relatives told us staff were knowledgeable about people's safety needs and acted to promote their wellbeing.
- Risk assessments were in place for staff to understand the risks and guidance for them to follow to keep people safe. However, not all records were fully completed, we discussed this with the registered manager who assured us these would be updated. People were supported by consistent staff, which meant staff knew people well and understood how to support people safely.

Using medicines safely

- At the time of the inspection no one receiving the service was supported with their medication by staff.
- The registered manager had updated their medication policy to reflect current best practice guidance.
- Documents were available for staff to record medicines administered and to give specific instruction on each medicine. This included medicines which were prescribed to be taken as required or for a short period.

Preventing and controlling infection

- Procedures were in place to protect people from the spread of infections.
- Staff we spoke with told us they used protective equipment such as gloves and aprons and understood the importance of hand hygiene. This was checked by the registered manager during spot checks.

Learning lessons when things go wrong

- The registered manager told us there had not been any incidents or accidents at the service and people we spoke with confirmed they had not reported any adverse incidents or accidents.
- The registered manager gave us an example of when they had reflected on and made changes in their approach and practice from experiences which had not gone to plan.
- Improvements had been made as a result of the previous inspection.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure all staff received the appropriate support and training to carry out their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Records showed that staff had completed a programme of induction training in line with the care certificate and this was completed within eight weeks of employment.
- A programme of taught, eLearning and in-house training was in place to support staff to develop their knowledge and skills to meet the needs of the people they supported. Topics included, epilepsy, autism and disability awareness, infection control, medication management and safeguarding children.
- Relatives we spoke with told us staff were sufficiently trained and a relative said "[Carer] had to undergo quite a bit of training and is excellent 3 gold stars!"
- Staff we spoke with told us they received the training they needed to be competent in their role.
- Staff received supervision and told us they were supported in their role by the registered manager through regular contact, to check how things were going.
- The registered manager carried out spot checks of staff. On these occasions, staff were assessed whilst supporting people, to check they provided safe, effective and appropriate care.

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

- The service continued to carry out needs assessments with young people and their relatives. The examples seen were thorough and the information was used to develop person centred care plans.
- We noted that information about people's cultural and religious needs was asked about. However, needs relating to all the protected characteristics under the Equality Act were not included in the assessment. This is important to ensure care and support is delivered in line with legislation, people's choices and preferences and helps prevent discriminatory practice. We discussed this with the registered manager who told us they would review and update their practice accordingly.
- Care provided was supported by policies and procedures which were based on current legislation and best practice guidance.

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

- People continued to be supported appropriately and safely with food and fluids.
- Staff knew and understood people's needs in relation to food and fluids including any risks and their preferences.

Staff working with other agencies to provide consistent, effective, timely care

- Staff had worked collaboratively with another service to support a person's needs at the end of their life and ensured they had received consistent care with familiar staff.
- The service shared information with other services supporting a person, to promote their safety and wellbeing.

Supporting people to live healthier lives, access healthcare services and support

- Children and young people using the service were usually supported by their relatives when healthcare support was required.
- Staff were aware of people's healthcare needs and monitored their health and wellbeing, reporting any changes to their relatives as necessary. A relative said, "I have not encountered any problems we have made sure they [staff] are aware of the signs and symptoms to look out for. They will tell me things, they seem to have a good knowledge before they come about [name] quirks."

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.

- Staff completed training in the MCA. Staff we spoke with understood the principles of the act and how these should be applied in practice.
- We spoke with staff who supported people over the age of 16 and they told us how they supported people to make their own decisions, as far as they were able. People's relatives confirmed this.
- The registered manager understood their responsibilities under the MCA and a policy and procedures were in place to support decision making under the MCA should this be required.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 continued to receive support from kind, caring and compassionate staff.
- Relatives we spoke with told us staff were caring. A relative said "[carer] looks after him, [carer] plays with [person], meets their needs and [carer] is incredibly patient they take [person] out to lunch to play and on the train, they have good boundaries." Another relative told us how staff had brought their child a birthday present and another staff member had brought something for the person they particularly liked, and how much their child had appreciated that.
- Staff we spoke to were knowledgeable about the people they supported, their likes, dislikes and what was important to them. They described how they supported people in line with their preferences and needs.
- The registered manager told us they monitored staff attitude and behaviours through spot checks, reviews of session notes and speaking to relatives.

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

- People were involved in decisions about their care for example, which staff supported them. The registered manager told us how they recruited and matched staff to the preferences of the person. Relatives confirmed this. A relative said "What drew us to them [Happy Dayz] was that they matched the staff to the individual and [registered manager] has high standards. It has to be the right person so it's just making sure of this – [person] only likes certain people."
- Another relative told us their relative was involved in decisions and said "[person] can make their own decision but not always the right ones [carer] gives choices and guidance."

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with knew how to provide respectful and dignified care. A relative said "[Staff] are respectful. In the shower they encourage [person] to be independent and do things for themselves rather than do things for [person]. [Staff] will be present to make sure [person] doesn't walk out of the bathroom with nothing on and in the community, like going to the toilet and getting changed."
- A staff member told us how important it was to promote the independence of the young person they supported. They gave us several examples of how they were supporting the person to develop their self-care and daily living skills to enable them to transition into a college environment.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Relatives we spoke with told us the service met the needs of their child based on person centred care plans which were developed with the person and their relatives. A relative said "Yes, [person] was involved in the care plan, we sat down with [registered manager] and did it with her."
- Care plans included people's likes, dislikes and important needs. Such as, strategies for managing behaviours that challenge others or were self-harming and information on conditions such as epilepsy to inform and guide staff.
- Records of each session were kept, which showed care was delivered in line with the planned care.

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 registered manager did not know about the AIS and told us they would research this following the inspection. However, the service evidenced good practice in supporting people to understand information.
- For example; the service had produced information sheets using pictures and symbols to help people understand risks associated with internet use, growing up and physical changes, how to promote their dignity in public, going to hospital, having blood tests and risks from strangers.
- A staff member told us how they used Makaton with a person they supported to aid understanding and check they had understood the person's wishes. Makaton is a type of sign language used by people with disabilities and uses signs with speech to help clarify what is being said.
- People's communication needs were assessed and clearly outlined in their care plans.

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

- People were supported to engage in activities of interest to them at home and in the community. Relatives we spoke with told us about the activities their children enjoyed with staff.

Improving care quality in response to complaints or concerns

- The registered manager had not received any complaints. People were made aware of the complaints process in the statement of purpose and an introductory pack to the service. The registered manager was producing a complaints procedure in an accessible format.

- Complaints information included, who else people could contact if they remained unsatisfied with the response from the service.
- The registered manager said "[children and young people] will usually tell their relatives and we ask them at reviews. I ask them what they would like us to do? One person didn't like my perfume, so I changed that."
- Relatives we spoke with told us, their child would tell them, or they would know if they were not happy. When a concern had arisen, they confirmed this had been dealt with promptly and to their satisfaction.

End of life care and support

- The service was not supporting anyone at the end of their life at the time of the inspection.
- Policies and procedures were in place which contained guidance for staff on the procedures they should follow, including a person-centred end of life care plan, should this be required.
- The registered manager told us they had provided end of life care to an older person they had supported. They had worked in partnership with a hospice and other healthcare professionals to meet the person's needs, wishes and preferences during this time. We saw the service had received several compliments about the care they provided to the person during this time. Comments included "The whole team who helped care for [person] were amazing. They all went above and beyond to make her smile and be there for her and [person] 100% loved the attention. They kept their dignity and respected her, and I was happy knowing they were caring for her."

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives we spoke with told us the service was well-led. A relative said, "I like how she [registered manager] manages it [service] it's such a personable service, she is on it and responds really quickly I have never felt I'm being ignored." Another relative said, "We are more than happy it's been life changing."
- Relatives were particularly appreciative of the care given to the recruitment of staff to ensure they were a good match for their child. One relative said, "It's the thing we love the most and the most frustrating." This referred to their disappointment that additional staff were not always available.
- Staff spoke positively about the leadership of the registered manager and the culture of the service. A staff member said "[registered manager] is at the end of the phone whenever you need her, nothing is too much trouble for her. She is firm and fair, holds regular training and supervision, but you can always request a meeting with her and she will get it sorted at your convenience."

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 was not aware of the Duty of Candour. The Duty of Candour is a regulation that outlines the responsibility of providers to be open and transparent about notifiable incidents.
- There had not been any incidents which would require the registered manager to act on the duty of candour. However, providers are expected to have systems in place to ensure the regulation is met.

We recommend the registered manager considers the guidance on the Duty of Candour and updates their practice accordingly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Following the previous inspection, the registered manager had acted to address the shortfalls we found, and improvements had been made to meet the regulations.
- They told us about the information they used from a range of sources to inform and improve their practice and how they had developed clearer boundaries with people and staff which enabled them to manage the service more effectively.
- From our discussion with the registered manager we found some improvement was required in developing their knowledge about the regulations and legislation such as the Duty of Candour, the Equalities Act (2010) and the Accessible Information Standard, which we have addressed in this report.

- Staff told us they were confident in the registered manager to act on any concerns and were supported in their role, through supervision and as and when needed.

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

- People and their relatives were asked for their feedback about the service. This was sought through questionnaires and at reviews. The feedback received had been positive and no comments or suggestions for improvement had been received.
- We saw the record of compliments received by the service and this showed people appreciated and valued the care and support they or their relative were given.
- Staff told us they were asked for their views and listened to by the registered manager. The staff we spoke with said they could not identify any areas for improvement. Staff commented on the good level of communication they had with the registered manager and felt valued by her.

Working in partnership with others

- The service continued to work in partnership with other agencies involved in the care of the people they supported. This included schools, social services, a local hospice, occupational therapy and other healthcare professionals.