Happy Valley Home Care Limited

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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

This announced inspection was carried out on 20 November 2018 by an adult social care inspector. We gave the registered manager 24-hours' notice of our inspection. This is because we needed to make sure that someone would be available to assist us with our inspection.

Happy Valley Home Care Limited is a domiciliary care service providing personal care to adults living within their own homes. The service is registered to support older people, people with learning disabilities, sensory impairments and physical disabilities. At the time of our inspection the service was providing support to 38 people and employed 15 staff.

This was our first inspection of the service since it registered with us in March 2017.

The service had a registered manager. 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.

People told us they felt safe with the service they received. One person said, "Yes I do feel safe, they're very good to me."

The service had systems in place to protect people from abuse. Staff had received training on this topic and demonstrated a good understanding of this when we spoke with them. They were able to demonstrate the actions they would take in the event of a person being at risk of harm. Records showed that any concerns were promptly and effectively managed by the registered manager.

Overall, the risks associated with delivering people's care were effectively assessed and managed.
People were safely and effectively supported with their medication. Medication was administered and recorded accurately and people told us they received their medicines on time and with the amount of support they needed. Staff responsible for the administration of medicines received training to ensure they had the necessary skills and knowledge and their competency in this area was regularly assessed by senior staff.

The service had enough staff to meet people's needs. Both the records we reviewed and the feedback we received from staff and people supported showed that staff could complete all of their calls as scheduled and they stayed with people for the full length of time or as long as they were needed.

We saw that the service had robust business continuity and emergency plans in place to ensure people's care and support could be maintained.

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 found that the service was working within the principles of the MCA. We saw that the service had training, policies and guidance available for staff in relation to the MCA. This meant they were working within the law to support people who may lack capacity to make their own decisions.

People's needs were effectively assessed before they were supported by the service.

We saw that all new staff completed a thorough induction process at the start of their employment and staff received regular training relevant to their roles. The staff we spoke with gave positive feedback about training provided by the service. We also saw that staff were supported with regular supervision meetings with senior staff.

People told us the staff were kind and caring and we found that people had developed positive and friendly relationships with regular carers.

Staff treated people with dignity and respect and encouraged them to be as independent as possible. People commented, "The staff treat me as a person, with dignity and respect, they're very caring" and "[The staff] offer and ask, they don't just do. Like getting dressed, they let me do as much as I can and then help me when I need them to."

The care plans we reviewed were person-centred and gave staff the information that they needed to safely and effectively meet people's needs. People told us they had been involved in the care planning process and the service was responsive to their needs.

The service was not supporting anyone receiving end of life care at the time of our inspection. However, it had done so previously and we saw it was able to effectively support people with these needs. The service had also received some very positive feedback from the relatives of people they had support at the end of their lives.

We saw that the service used various methods to assess and monitor the quality of the service it was providing.

The service had policies and procedures in place that staff were able to access if they needed any guidance.

The registered manager and care manager regularly engaged and listened to staff. We also found that there was a caring and positive culture amongst staff at the service.

We found that the service had positive relationships with other local care providers.

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 service had robust systems in place to protect people from abuse.

People were safely and effectively supported with their medication.

Staff were safely recruited by the service.

Is the service effective?

Good

The service was effective.

People's needs were effectively assessed before they were supported by the service.

Staff received regular training relevant to their roles and were supported with regular supervision meetings.

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

Is the service caring?

Good

The service was caring.

People told us the staff were kind and caring

People had developed positive and friendly relationships with regular carers.

Staff treated people with dignity and respect and encouraged them to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People's care plans were person-centred and gave staff the information they needed to safely and effectively meet people's

needs.

Staff supported people with any specific communication needs they had.

The service had not received any complaints but there were systems in place to effectively manage complaints.

Is the service well-led?

Good

The service was well-led.

People and staff told us they felt the service was well-led.

There were systems in place to monitor the quality and safety of the service being provided and gather feedback about the quality of the service from the people supported by the service.

The service had positive relationships with other local care providers.

Happy Valley 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 was 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 announced inspection was carried out on 20 November 2018 by an adult social care inspector. We gave the registered manager 24-hours' notice of our inspection. This was because we needed to make sure that someone would be available to assist us with our inspection. At the time of our inspection the service provided personal care to 38 people living in their own homes and employed 15 staff.

Before our inspection we reviewed the information we held about the service. This included 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 looked at the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority to gather their feedback about the service. We used all this information to plan how the inspection should be conducted.

During the inspection we visited two people supported by the service and spoke with a further three people by telephone. We met and spoke with four members of staff who held different roles within the service. This included the registered manager, care manager and carers.

We looked at a range of documentation both at the service's office and in people's homes including four people's care records, medication records, three staff recruitment files, staff training records, safeguarding records, compliments and complaints records, audits, policies and procedures and records relating to the quality checks undertaken by staff and other management records.

Good

Is the service safe?

Our findings

People told us they felt safe with the service they received. They commented, "Yes I do feel safe, they're very good to me", "I feel safe with staff and I trust them" and "Oh yes, I'm very safe with the staff, I know all of them."

We saw that people had personalised risk assessments in place and these were reviewed regularly. The risk assessments we saw gave staff the information and strategies they needed to safely manage these risks. For example, one of the people the service supported received their nutrition and fluids via a percutaneous endoscopic gastrostomy (PEG). The service had an assessment in place which identified the various risks associated with this and gave staff guidance on how these risks could be mitigated. This included additional guidance and support from the relevant health professionals. However, we found one example where the service had not considered and identified all the risks involved in supporting a person. This person was taking an anticoagulant which meant they were at risk of excessive bleeding if they cut themselves but the service did not have a risk assessment in place for this. We discussed this with the registered manager who immediately updated the person's care plan with a risk assessment and relevant guidance for staff.

The service had systems in place to protect people from abuse. There were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing. Staff had received training on this topic and demonstrated a good understanding of this when we spoke with them. They were able to explain the actions they would take in the event of a person being at risk of harm. People we spoke with said that if they ever had any concerns they could raise them directly with the care staff or contact the office and the issues would be resolved. Records showed that any concerns were promptly and effectively managed by the registered manager.

People were safely and effectively supported with their medication. Medication was administered and recorded accurately and people told us they received their medicines on time and with the amount of support they needed. Staff responsible for the administration of medicines received training to ensure they had the necessary skills and knowledge and their competency in this area was regularly assessed by senior staff. The registered manager also carried out regular audits of people's medication records to ensure they were receiving their medication as prescribed and to monitor the quality of record keeping by staff.

The service had enough staff to meet people's needs. Both the records we reviewed and the feedback we received from staff and people supported showed that staff could complete all of their calls as scheduled and they stayed with people for the full length of time or as long as they were needed. We reviewed four staff rotas and found they included a reasonable number of calls which were achievable within the timescales provided.

Staff were safely recruited by the service. Criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. We also saw that official identification, such as a passport or driving licence and verified references from the most recent employers were also kept in staff files. This helped to ensure staff were safe and suitable to work with vulnerable people.

We saw that the service had robust business continuity and emergency plans in place to ensure people's care and support could be maintained. For example, the service had strategies in place to deal with the impact of adverse weather. The service's relatively rural location meant that this required serious consideration. The service owned a 4x4 vehicle which meant that staff could continue to access the people they supported in the more isolated rural areas despite adverse weather conditions.

There had not been any accidents or incidents since the service registered with CQC. However, we saw that the service had a relevant policy and procedure in place, supported by appropriate recording processes, to deal with these situations if and when they arise.

Staff had received training on infection prevention and control and staff had access to personal protective equipment (PPE), such as disposable gloves, where necessary. This meant that staff and people were protected from the risk of infection being spread.

Good

Is the service effective?

Our findings

People's needs were effectively assessed before they were supported by the service. The information from the assessment formed the details of the care plans and risk assessments. People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. Such as age, disability and religion. People told us they were involved in the assessment and planning process and staff were able to effectively meet their 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 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 with appropriate legal authority. People who normally live in their own homes can only deprived of their liberty through a Court of Protection order.

None of the people supported by the service were subject to a Court of Protection order but some had a lasting power of attorney in place. We saw evidence that the service 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. This meant they were working within the law to support people who may lack capacity to make their own decisions.

People told us that staff asked for their consent before doing things, such as supporting them with washing and dressing. We saw records that showed that people's consent had been sought by the service for the support they received. For example, people had been involved in and had contributed to the preparation of their care plans and had consented to them.

People told us they felt the staff had the knowledge and skills required to do their jobs. One person said, "The staff seem well-trained." Another person commented, "[Staff] know what they are doing and they work with me to find the best ways to help me."

All staff had received training relevant to their roles and the staff we spoke with gave positive feedback about training provided by the service. This included manual handling, safe handling of medications, safeguarding, mental capacity, infection control, equality and diversity and dementia awareness. We also saw that staff had received additional training to meet people's specific needs, such as PEG care and management. We saw that some staff who were due to complete refresher training were scheduled to do so and this was delivered by the service's qualified in-house trainer.

We saw that all new staff completed a thorough induction process at the start of their employment, which included office-based training and completing shadow shifts. These shadow shifts were normally completed with people the member of staff would be supporting so that they had chance to get to know each other and develop an understanding of their needs. New staff were then subject to a 'spot check' of their work to

ensure they were competent. All new staff who were new to care also completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives staff who are new to care the introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

Staff were supported with regular supervision meetings, as well as 'spot check' observations to monitor the quality of their work. Staff attended quarterly team meetings and staff told us they felt well supported in their roles.

People told us that staff helped them to get enough to eat and drink. We saw that people's care plans gave staff guidance on how to support people with their eating and drinking needs. This included reflecting any preferences people had, such as tea, coffee, cereal or a cooked breakfast.

Good

Is the service caring?

Our findings

All the people we spoke with told us the staff were kind and caring. One person said, "The staff treat me as a person, with dignity and respect, they're very caring." Another commented, "I do feel they treat me with dignity and respect, particularly when they're helping me to get washed and dressed."

People told us that staff always stayed with them as long as they needed them and did not rush them. People also explained that staff checked there was nothing else they needed help with before leaving. One person said, "I can ask for help with anything, [the staff] are always helpful and check there's nothing else I need doing before they go."

We found that people had developed friendly and positive relationships with the staff who supported them. People told us that it was usually the same carers who supported them and they had got to know them quite well. We saw records that confirmed this and the registered manager understood how important this was to the people they support. One person commented, "[The service] has been constant and reliable for me, they put what I need first. I have regular carers that I know, not like some other companies."

We found that staff supported people to be as independent as possible. For example, supporting people to do as much of their washing and dressing as they can for themselves. One person told us, "[The staff] offer and ask, they don't just do. Like getting dressed, they let me do as much as I can and then help me when I need them to."

All staff had received training on equality and diversity. We saw from people's care plans and the staff we spoke with that the service treated people as individuals with individual needs. For example, the service considered people's personal histories and any religious and cultural preferences.

People told us that staff were respectful of their homes. One person said, "All the staff have a very caring attitude, they always leave my kitchen tidy. They know how I like it and respect the how I like things to be kept."

We found that people's individual communication needs were considered and met by staff. For example, we found that people who needed to wear hearing aids to help them communicate had been supported to wear them.

We found that people's confidential information, such as care plans, was stored securely at the service's office and only people who required access could do so.

Good

Is the service responsive?

Our findings

All the people we spoke with told us they were aware of their care plan and had been involved in the care planning and review process. One person said, "I was involved in setting up my care plan and I can speak with the staff to update it if needed."

The care plans we reviewed were person-centred and gave staff the information that they needed to safely and effectively meet people's needs. People's care plans provided information about what was important to them, such as family and important relationships, preferred routines, hobbies and interests and religious and cultural preferences, along with guidance on how to support people with these preferences. This ensured that staff had some of the information needed to get to know people and clear guidance on how to support them. We also saw that people's care plans were regularly reviewed to ensure the information they contained was accurate and up-to-date.

People's care plans gave staff clear information on how to support people with any specific communication needs. For example, ensuring people who wore hearing aids or glasses were supported to wear them. We also saw that one person supported by the service had a visual impairment to one side of their body. Therefore, staff needed to ensure they could be seen and heard on the person's unaffected side so that they could effectively communicate with them. We found that staff were aware of these specific communication needs as they were explained to us when we met with this person. They were also outlined in the person's care plan. These were examples of the service acting in line with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly-funded care to ensure people with a disability or sensory loss can access and understand information they are given.

The service had not received any complaints since the service registered with CQC. However, we saw that the service had a relevant policy and procedure in place, supported by appropriate recording processes, to deal with these situations if and when they arise. People told us they felt they could make a complaint if needed but had not had any reason to do so. One person commented, "I've never needed to complain but if I was unhappy I know I can ring [registered manager] and I'm confident she would deal with any concerns I had."

At the time of our inspection the service was not providing any end of life care. However, the service had done so previously and had an appropriate policy in place informed by the relevant national guidance. Staff had also received training on supporting people receiving end of life care. The registered manager explained that they also worked closely with other health professionals, such as the district nurses. We saw that the service had received some very positive feedback from the relatives of people they had support at the end of their lives. One relative commented, "I can honestly say each and every one of the team treated [relative] like she was one of their own…Their care, compassion, warmth and humour undoubtedly improved [relative's] quality of life during the last six months. As a family we always felt comfortable and confident that [relative] was being cared for in the best possible way, and we cannot thank [the service] enough for being part of [relative's] team during the last six months enabling her to pass away peacefully at home."

Good

Is the service well-led?

Our findings

People told us they felt the service was well-led. They commented, "[Registered manager] and [care manager] are well-organised and there's positive communication both ways", "It is well-managed, they're always responsive and I can always talk to [registered manager]" and "[Registered manager] is always very helpful and approachable."

The service had a registered manager. 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.

The service had policies and procedures in place that staff were able to access if they needed any guidance. We saw that these policies and procedures were up-to-date and regularly reviewed. Any updates were shared with staff in team meetings and supervisions.

The registered manager and care manager regularly engaged and listened to staff. For example, we saw that regular team meetings took place to share information and also listen to any staff feedback. The staff we spoke with told us they felt listened to by senior staff and they enjoyed working for the service.

We found that there was a caring and positive culture amongst staff at the service. All of the staff we spoke with were committed to providing a quality service that put the people they supported first.

We saw that the service used various methods to assess and monitor the quality of the service it was providing. These included regular audits, spot checks of staff performance and regular staff meetings to share learning points and gather feedback from staff.

We found that the service had positive relationships with other local care providers. This had previously involved sharing training resources and facilities. The registered manager also benefitted from regular mentoring, information and advice sharing from the registered manager of another local service. The registered manager told us that these links were very helpful in developing and improving the service.

Registered providers are required to inform the 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 and had managed any such situations appropriately.