

Brighter Days Staffordshire 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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected this service on 12 and 13 February 2016. This was an announced inspection and we telephoned the provider two days before our inspection to ensure we had an opportunity to speak with people who used the service. This was the first inspection of this service.

The service was registered to provide personal care for people. Three people with a learning disability were supported by the provider in their own shared home.

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 chose how to spend their time and staff sought people's consent before they provided care and support. Some people did not have capacity to make certain important decisions. It was not clear whether people should make the decision for themselves or whether some decisions should be made in their best interests. We have asked the provider to make improvements.

People were supported by staff when out and they told us they were able to take responsible risks but felt safe and well supported. The staff knew how to reduce avoidable risk to prevent harm and understood how to recognise and report any abuse. People told us they were supported to develop their independence and were provided with opportunities to develop their interests and join in social activities. Staffing levels were sufficient and flexible to support people to do the activities they wanted to do.

People were supported to be responsible for their medicines and they knew why they needed their medicines to keep well. People accessed health care where needed and when they were unwell or had concerns.

Staff knew people well and were trained and competent to meet people's needs. Staff were supported and supervised in their roles by the manager. People had chosen the staff they wanted to work with them and staff had developed good relationships with people. The staff were kind and caring in their approach and people's privacy and dignity were respected.

People were involved in the planning and review of their care and support and family members continued to play an important role. Where people had any concerns they were able to make a complaint and this was responded to.

People were able to choose who to develop and maintain relationships with and visited their families and friends. People were treated with kindness and respect and staff promoted people's independence and right to privacy. People were helped to prepare and cook their own meals and people were responsible for

shopping and planning their meals. People could choose their own food and drink and were supported to eat healthily.

Systems were in place to assess and monitor the quality of the service. People and staff were encouraged to raise any views about the service to review how improvements could be made. The manager promoted an open culture which put people at the heart of the service.

You can see what action we told the provider to take at the back of the full version of the 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?

Good ●

The service was safe.

People knew how to stay safe and staff provided them with the support to reduce the risk of harm. There were sufficient staff to meet people's agreed support needs and recruitment procedures meant checks were carried out to ensure staff were suitable to work with people.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff sought people's consent when providing support although where people may lack capacity; assessments had not been carried out to ensure best interest decisions were made. Staff received training to meet the changing needs of people and supported people to plan and prepare meals.

### Is the service caring?

Good ●

The service was caring.

People told us they were supported by staff who were kind and caring, respected their privacy and promoted their independence. People were encouraged to be independent and staff helped and guided people to make choices about their care.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the review of their care and decided how they wanted to be supported. People felt able to raise any concern and staff responded to this to improve the support they received.

### Is the service well-led?

Good ●

The service was well-led.

People were happy with the support they received and were asked how they could improve the support and service. Staff told

us they were supported in their role and able to comment on the quality of service and raise any concern. Systems were in place to assess and monitor the quality of care.

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# Brighter Days Staffordshire Ltd

## **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 took place on 12 and 13 February 2016 and was announced. The provider was given two days' notice because the location provides a domiciliary care service for younger adults who are often out during the day, and we needed to be sure that someone would be in. Our inspection team consisted of one inspector.

People who used the service shared one home and were supported by staff who people referred to as their personal assistant (PA). Staff had supported people in their family home as their PA, prior to working within the service.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with three people who used the service, four relatives, three members of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people who used the service.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

# Is the service safe?

## Our findings

People told us that they were involved in the assessment and review of their risks and the staff helped to keep them safe. People told us that staff talked to them about the things that they could do to reduce risks from choices they had made and how to keep safe. One person told us, "When I go out, I always check before I cross the road. My PA helps me when I need them but I am independent and try and do more by myself." One relative told us, "People here have the freedom to make mistakes but they are also always safe." Staff understood how each person wanted to be supported and were aware of any potential risks. They told us they were committed to maintaining people's independence whilst at the same time protecting them from harm. One member of staff told us, "We help people in their home and when out to be more independent. It's wonderful to see how people have developed and do so much for themselves now. This sometimes means we let people take risks, but we also support them to be safe." Another member of staff told us "Each person is different, and we do what is right for each person." Care records included information to inform and guide staff on what they needed to do to support people to reduce risks and to keep them safe when they were out.

People were helped to understand what potential abuse was and how to report it. One person told us, "I know what to do if I don't like something or if someone wants to hurt me. I would speak to my family or PA and tell them." The staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people's safety were reported to the registered manager and local safeguarding team.

All the staff had been employed as personal assistants (PAs) and supported people before they decided to share a home. People told us they had helped to recruit the staff and staff confirmed that before they started work, all employment checks were made. One person told us, "I like my PA; they've been helping me for a long time and we get on really well together." Records we looked at confirmed these checks were made before they started work. This meant recruitment procedures made sure, as far as possible, that staff were safe to work with people who used the service.

People told us they were satisfied with the frequency of staff support. Staffing was arranged flexibly and there was always staff available in the shared home and for when people planned activities. One person told us, "I can go out whenever I want and the staff help me." Another person told us, "I'm busy every day and do lots of activities and jobs. The staff always come with me." We saw that there was sufficient staff available to enable people to change their minds about what they wanted to do. For example, people had planned for an activity to take place together but one person changed their mind. The provider arranged for additional staff to provide support so the person could stay at home.

We saw there was enough staff to support people to do things they liked to do, when they wanted to do them. Additional support was provided from the existing staff team and the registered manager. One person told us, "Only the PA's support us here." One relative told us, "It's very person centred here. This can be challenging for staff because it means they have to be flexible, and they always are." The level of support was reviewed with the person and people who commissioned the service to ensure it continued to meet



their needs and we saw the agreed support was provided.

People were supported to take responsibility for their own medicines. One person told us, "I know when I take my tablets and I tell the staff. I tick the medication sheet when I have taken them." They showed us how they recorded taking their medicine. Other people needed prompting to take their medicines and systems were in place to ensure that people took their medicines at the right time. Staff had received training for safe handling of medicines and told us in detail about what medicines were prescribed for people and what these were for. One member of staff told us, "People are responsible for taking their tablets and we help to remind them. If we have any concerns about any tablet or people's health then we speak with the doctor."

## Is the service effective?

### Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff told us that some people may not have had the capacity to make certain important decisions, for example about their finances or how to keep safe when out. Where there were concerns that people may have lacked capacity, assessments had not been completed. We saw some people had restrictions placed on them as they could not leave their home without support. The staff told us that when people wanted to go out, they would be supported by staff and did not go out alone. The registered manager agreed that capacity assessments needed to be completed, to record where decisions were being made in people's best interests and for any restriction to be lawfully authorised.

The above evidence shows that there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's consent was sought before the staff provided support. We saw that people had the ability to make everyday decisions about their care and support. One person told us, "I can decide what I want to do every day. It's up to me." One relative told us, "The staff know [person who used the service] so well. Their communication is so much better and this helps them to tell people what they want or don't want to do."

People told us that they were supported to see the doctor when they were unwell and had regular appointments with other specialist health care professionals. The staff knew about people's health care needs and the signs that people were unwell. One relative told us, "The family are still involved but we know that that people have responsibility for their health. If anyone is unwell or in pain, the staff always recognise this and get the help people need."

People received effective care and support from staff who were well trained and knew how people liked things done. People told us they were happy with how staff provided support and how they were trained. One relative told us, "This is a bespoke service. You couldn't get any better than here." Staff told us all the training they received gave them the skills to meet people's needs. The staff were provided with regular supervision to support their role and development. One member of staff told us, "Supervision is really positive. We have an opportunity to talk about our own development and how we can improve our service. The manager is always available whether it is in supervision or on a daily basis. We can always count on them."

There had been no new staff employed as all the staff providing support had worked with people as their PA prior to moving into their shared home. The registered manager had made arrangements so any new staff recruited would complete the care certificate. This sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People were supported to plan, purchase food and prepare meals in their home. People were able to choose what they wanted to eat on a daily basis and encouraged to make healthy choices. One person told us, "I like cooking dinner and we make really nice cakes here." We saw people were supported to cook their evening meal and one person shared a sweet bread they had made. People and staff talked about what food they wanted to eat and special recipes they wanted to try. One person told us, "We like to look at different recipes and try new things."

## Is the service caring?

### Our findings

People told us they liked living in their home with staff supporting them. They told us the staff were kind and caring. One relative told us said, "This is their home. When they visit us, they tell me when they want to go home and it's lovely. Being here has changed their life." Another relative told us, "People are treated as adults here." Another relative told us, "When activities take place, they look at who is the most appropriate staff member to help. If [person who used the service] is going to a concert, they make sure the member of staff also enjoys this. That way they look like they are just friends going out together and having fun."

People told us they could make choices and decisions about their care. One person told us, "I'm really busy every day and my PA helps me so I can do everything." We observed there was a respectful and friendly rapport between staff and people who used the service. The staff were patient and kind when supporting people. When the doorbell rang, we saw people who used the service were responsible for ensuring the security of their home and deciding if people could come in. People had given us their consent for visiting and one person told us, "The staff asked me if I wanted to speak to you. I like it here and wanted you to see my home."

People told us their privacy and dignity were promoted and respected. One person told us, "We all have our own room here and I know it's private." One member of staff told us, "People moved here from their family home and we supported people to recognise how important their privacy was. When you are sharing a home with friends you have to think more about shutting toilet doors and what you wear around the house, and respecting other people's privacy." We saw when people wanted to speak with other people; they knocked on their bedroom door and asked if they could come in. A member of staff told us, "We are all very conscious that we are guests in people's home. We are very respectful of that."

We saw that people's independence was promoted and they were given as much choice and control as possible. One relative told us, "The staff are very mindful about all their choices. It's fabulous. We couldn't have found anywhere better. The staff all bring something different to the team and it all works so well."

Staff respected people's privacy and were aware of the need to maintain confidentiality and securely maintain records. Two people showed us their care records which they kept in their bedroom. One person told us, "This is all about me. I keep this folder in my room. The staff ask me if they can look at it and we talk about it."

People told us they were supported to keep in contact and maintain relationships with their family and friends. One person told us "I visit my family every week and go and stay there when I want to." One relative told us, "We visit whenever we like. What's lovely is that all the family can be involved. It doesn't matter if you are a sister, grandmother or aunty, we are all welcome." Another relative told us, "The staff support [person who used the service] to visit family members. It's really important to them and what's even better is that they can ask which staff support them on the visit." Relatives told us they were welcomed into the home and with consent from people who used the service, were encouraged to be involved in planning and review of care.

## Is the service responsive?

### Our findings

People chose how to spend their time and were involved in a range of activities according to their interests. People spoke enthusiastically about their work and leisure activities and told us they enjoyed the activities they chose to do, which included Zumba classes, trampolining, going to the pub and working as a volunteer. One person told us, "I like working and serving the meals to people. I like to help others." Another person told us, "I'm busy every day and see my friends when I go out too." One relative told us, "They always have a choice about what they do and if they change their mind, then they look at doing other activities. For their holidays, they have been to Spain and Greece. They liked Greece better so are going back there again."

People told us they had a support plan which they kept in their room and told us they had been involved in how this was developed. We looked through this with two people and they were happy with how the plan had been written and agreed with the level of support they wanted. The support plans were personalised to each individual and contained information to assist staff to provide support. Staff knew people well and were able to tell us about the things that were important to people.

People told us their support plan and care was reviewed with them. One person told us, "We talk about what we want to do and what's been happening. If I don't like something anymore I just tell them and we do something different." We saw the support plan was changed to reflect how people wanted to be supported. One member of staff told us, "We don't just talk about things here; we do what people want straight away. We can change very quickly and be responsive. We don't have to ask three different people to make changes. People are in control of their lives and we respond. I know I am well supported by the manager and we talk about significant events but we can also act on what's happening each day."

People we spoke with and their relatives told us they knew how to raise issues or make a complaint. They told us they felt confident that any issues raised would be listened to and addressed. One person told us, "I like the staff here and they ask me if I'm happy. I would talk to the staff. I know I can talk to them." One relative told us, "We've had some minor concerns and we spoke about them. The manager here isn't defensive and wants to know what's happening and wants to make improvements."

## Is the service well-led?

### Our findings

There were systems in place to monitor the quality of the service and audits were undertaken by the registered manager. These included checks on care and associated records, health and safety and incidents. Where concerns with quality were identified, action was taken to make improvements. People were asked about the quality of the service and where improvements could be made. One person told us, "They ask me if I'm happy and what I want. I'd tell them if I wasn't."

The service had a registered manager and people we spoke with knew the manager and told us they visited them and asked them if they were happy. People told us the registered manager was always available and supportive. One person told us, "She's lovely." Relatives spoke positively about the manager. One relative told us, "They always know if something needs improving or where things can be made better. They welcome any comments and they are one in a million." We saw that people were comfortable and confident to approach the registered manager for assistance.

Staff told us that there was an open culture in the home and they felt comfortable to raise any issues with the registered manager. All the staff said that the registered manager listened to them, and made changes in response to these. Communication in the home was good with daily handovers to discuss people who used the service and their wellbeing. The staff told us that the manager provided leadership, guidance and the support they needed to provide good care to people who used the service. The provider had a clear set of values in place to promote people's independence and empower them. The staff were clear about their role and spoke passionately about these values and how they incorporated these into their work. One member of staff told us, "We all share the same values here. This is people's home and we are very lucky to have been picked to help and support people. Everyone really wants people to succeed here and enjoy life. We are in a very privileged position to be able to support people here."

Staff knew how to raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they wouldn't hesitate to report any concerns they had about care practices. They told us they would ensure people using the service were protected from potential harm or abuse and would be supported by the management team. "We have a responsibility and duty to report what we see. It wouldn't matter to me who knew I'd made the report. We are committed here to people and they are the important ones." This meant suitable action would be taken to protect staff if they raised a concern in good faith, to protect people in receipt of care or from potential harm.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people lacked capacity the provider had not ensure that decisions were being made in their best interests.</p>