

Brighter Days Staffordshire Ltd

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Inspection report

15 Lichfield Crescent
Hopwas
Tamworth
Staffordshire
B78 3AJ

Tel: 0182767779

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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

Brighter Days Staffordshire Limited is a supported living service providing personal care to three younger adults with a learning disability or autism at the time of the inspection. The service can support up to three people living in their own house. There was a room for staff on so called 'sleep-in' shifts during the night, but the house was respected and maintained as people's own tenancy.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People's experience of using the service was very positive and people felt safe with support from staff. Within the service, staff were referred to as Personal Assistants (PAs) and we have used this term throughout the report. Feedback from people, relatives and PAs told us that this was a very settled service where people felt comfortable. Together, everyone involved in the service had created a supportive, family-like atmosphere and positive outcomes were achieved. We considered with the team that to continuously develop the service, it would be beneficial to stay informed of current best practice models. We made a recommendation regarding this.

Support from PAs was flexible around people's interests, needs and choices. The team of PAs had remained consistent since our last inspection and no new staff had started. This had a positive impact on the stability of people's care and support. People and PAs knew each other well, which was clear from the personalised ways in which they interacted, as well as the smiles and laughter shared.

People were actively involved in their community, through things they enjoyed doing. This included volunteering in care homes, regularly visiting the local pub or holding a weekly music club for others in the community to attend. People, families and PAs were involved in the development of the service through regular reviews and meetings.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the

service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 14 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brighter Days Staffordshire Ltd

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.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before 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 all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spent time sitting with people and their PAs and observing their support and interactions. We also read feedback surveys people and relatives had completed about the service. We spoke with five members of staff including the registered manager and PAs.

We reviewed a range of records. This included two people's care records and medication records. No new staff had started since the last inspection and we therefore did not check recruitment records. A variety of records relating to the management of the service, including supervision information, quality checks and procedures were reviewed.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the support from PAs. One person said about the PAs, "They are alright", then jokingly, "[name of PA supporting at the time] talks a bit too much sometimes". This was followed by the person smiling and laughing warmly with the PA.
- People were relaxed and comfortable around their supporting PAs. People knew who to speak to if they were worried about anything.
- PAs were aware of safeguarding responsibilities and had confidence in the registered manager to address any concerns. A PA explained, "We know people so well, we spot the slightest changes and act on them straightaway". PAs gave examples of this.

Assessing risk, safety monitoring and management

- People had different risk assessments in place based on their individual health and safety needs. These were reviewed regularly together with people.
- PAs supported people's fire safety awareness through regular fire drills and fire protocol meetings. Fire safety information had been made available in a format that was easy to read and understand.
- The registered manager arranged regular maintenance checks to help keep people's property safe.

Staffing and recruitment

- There had been no new PAs employed since the last inspection. Support was consistent, settled and flexible around people's needs and interests.

Using medicines safely

- PAs helped people to take their medicines safely and as independently as possible.
- PAs supported people to know what their medicines were for.

Preventing and controlling infection

- People looked after their own house to keep it clean and hygienic with support from PAs.

Learning lessons when things go wrong

- There had been no recent accidents or incidents. PAs reflected on near misses or potential risks, to help prevent accidents.
- We discussed examples of PAs learning from previous events. This included changing support approaches in consultation with people using the service, to prevent reoccurrence of events.

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 good. At this inspection this key question has remained the same. 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; Staff support: induction, training, skills and experience

- People's support had achieved positive outcomes. We discussed with the registered manager and team that knowledge of current best practice models would be beneficial to continuously develop support.
- For example, people received ongoing 1:1 support and supervision, although PAs explained this was always done in the least restrictive way possible. Plans were in place for PAs to help manage people's potential behaviours that challenge.
- We considered that knowledge of best practice guidance and models such as Positive Behaviour Support (PBS) could help the service to further develop proactive working. PBS is a widely recognised best practice model to develop people's independence, reduce restrictive practices and improve people's quality of life.

We recommend the service regularly explore and share information from reputable sources regarding current best practice guidance and models, as well as related learning opportunities.

- The registered manager was exploring additional training opportunities but explained they had found it difficult to appoint a reliable training provider. The registered manager encouraged PAs to ask for additional training they would like to attend.
- PAs felt well supported and received regular supervision. All PAs had completed their national vocational qualifications (NVQ) and attended training offered by the provider of day services people attended.

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

- People were supported to be as independent with food preparation as possible. PAs helped people to make informed decisions about healthy food choices.
- PAs encouraged people to stay well hydrated during the hot weather at the time of our visit.

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

- The service worked effectively with a variety of professionals. This helped to assess people's needs, achieve positive outcomes and promote people's health and wellbeing.
- People were supported to be physically active and saw a doctor or health professional when they needed to. PAs also ensured that people had a yearly health check, in line with best practice guidelines.
- A relative told us how successful their family member's transition into the service had been. "We had planned a long transition, but the second time [relative] visited, they just told us they wanted to stay here. Different people have told me they cannot believe how well [relative's name] is doing since they moved in

here."

Adapting service, design, decoration to meet people's needs

- This was people's own home. They had designed and decorated it in individual ways that they preferred.

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.

- Mental capacity assessments had been completed regarding specific decisions. Consideration of people's best interests together with the individual and others had been documented.
- PAs sought people's consent and respected decisions, for example people wishing to have an alcoholic drink.
- One person required a review by social workers. We asked the registered manager to clarify with social workers whether any applications to the Court of Protection by the local authority were needed, in light of people's ongoing 1:1 support. The registered manager acted on this straightaway.

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 told us or showed us in their own ways that they were happy with the support from PAs. One person said, "I like living at [house name]". PAs had been working at the service for a long time. It was clear that people and PAs knew each other very well. We saw this in the ease of exchanges, as well as the smiles and laughter people shared with their PAs.
- Interactions were kind, respectful, knowledgeable and supportive of people to express themselves in individual ways.
- Photos of shared activities and holidays were displayed that showed how much people living at the service enjoyed each other's company.
- The registered manager told us, "[Name's parents] said, [they do not] want to come on holidays with us, [they] would rather go on holidays with their friends." By friends they were referring to the people sharing the house.
- The family-like atmosphere of the service also extended to how people's different families had become close friends. One relative wrote, "I have nothing but praise for the management and staff of Brighter Days Staffordshire Ltd. The professionalism, care and kindness with which they carry out their work is second to none. My [relative's] life is fulfilled, happy and contented thanks to Brighter Days."

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

- PAs supported people to make choices and be as independent as possible
- For example, people completed their own diary and charts to say how they felt the day had gone.
- PAs involved people in conversations and used their person-centred knowledge to do so. We observed how PAs were creative and effective at supporting people to express themselves. We heard positive examples of how people and PAs worked together to ensure good partnership communication.
- People and their families were involved in decisions over, planning and review of care

Respecting and promoting people's privacy, dignity and independence

- A notice in people's care plans reminded readers to respect people's privacy and the fact that this information was the property of the person.
- People kept their care files in their own bedrooms.

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; Improving care quality in response to complaints or concerns

- People's care was personalised and flexible around their activities, interests and decisions.
- People's care plans detailed likes, preferences, activities and personalised support approaches. Care and support plans were reviewed at least yearly or updates were written when needed
- People had a three-monthly review together and also completed a monthly update with their key worker. This helped to think together about the previous month, any achievements, plans or needs to change support.
- People knew who to speak to about any complaints and felt listened to. Although there had been no formal complaints, any issues or suggestions had been resolved together with PAs.

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.

- Important information, for example about fire safety or safeguarding, was displayed in a way that was easy for people to read and understand.
- PAs communicated with people in their preferred individual styles. One PA explained, "[The person] may use quite specific reference points, that we just would not be able to guess. But they are really patient with us to help us understand. One time, we went to the library to look up the meaning of things they were referring to together. They could use the computer here, but they really like to go to the library."

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 took part in a variety of activities that they enjoyed and spoke of these with enthusiasm. There was an activity calendar and people told us about each other's activities.
- Activities involved people in their community, for example through volunteer work at residential homes or regular visits to the local pub. PAs supported people to develop and maintain relationships with friends and loved ones.
- People had gone on a holiday together to a UK holiday resort recently and told us how much enjoyed this. They were also looking forward to their second annual holiday together, for which they had chosen Spain this year.

End of life care and support

- At the time of inspection, none of the people living at the service were receiving care at the end of their life.
- We considered with the registered manager how planning ahead for people's advanced decisions and wishes could be approached in a sensitive and supportive way.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The registered manager completed different checks regularly to ensure a safe, quality service and made improvements if any were needed.
- People were listened to, to make changes to their support and activities.
- We discussed learning opportunities at team meetings to develop awareness of current best practice, in line with our recommendation. However, people, their families and PAs were very happy with the service. A PA said, "It is just a big family."

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

- PAs praised the service for being built around people's needs and being person-centred. This culture was evident in the way that people and PAs interacted and the close, yet professional relationships that had developed.
- PAs gave examples of how they supported people's equality and diversity, including through community involvement and volunteering. A PA said, "I feel very happy here, I really enjoy coming to work. It is just a pleasure being able to support people just to do things that everybody else is."
- PAs and families spoke highly of a well-respected registered manager. One relative's feedback read, "[Registered manager] is the most experienced and knowledgeable care professional I have ever met."

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

- A registered manager was in post. They were aware of their obligations to notify the Care Quality Commission (CQC) of specific events, but none such events had recently occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service held a music club every week. People had come up with this idea together in one of their review meetings. People took pride in running this event. It was held at a local hall, so that other members of the community could get involved.
- The service worked positively in partnership with families and other professionals. The feedback received by family members in surveys was very positive.