

The Good Days Project Limited

The Good Days Project

Inspection report

57 Burton Street
Sheffield
South Yorkshire
S6 2HH

Tel: 01142325182

Date of inspection visit:
11 October 2019
22 October 2019

Date of publication:
06 November 2019

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:

The Good Days Project is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults with a learning disability, physical disability and people living with autism in their own homes and in the community. At the time of our inspection the service was providing support to 21 people. Not everyone who used the service received personal care. There were three people being supported with their personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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:

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.

Relatives spoken with did not express any concerns about the safety of their family member. Safeguarding procedures were robust and staff understood how to safeguard people. Systems were in place to make sure managers and staff learnt from events such as incidents, concerns and investigations.

The provider completed pre-employment checks for new staff, to check they were suitable to work at the service. There were enough staff employed at the service so people experienced continuity of care. They were supported by a core group of staff who knew them well.

Medicines were managed safely at the service.

Relatives spoken with were satisfied with the quality care provided by the service to their family member. They said they would recommend the service for people with complex physical needs and/or learning disabilities.

Staff received a range of training and support relevant to their role. Staff told us they felt fully supported and listened to. Relatives were confident support workers had received appropriate training to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice. Staff understood the importance of respecting people's diverse needs and promoting independence.

Relatives told us staff were respectful and treated their family member in a caring and supportive way.

There was a strong, visible person-centred culture. It was clear from our discussions with staff that they enjoyed caring for people living at the service and they found it rewarding.

At our last inspection, we found people's care records needed updating to reflect their current care and support needs. At this inspection we found action had been taken to update people's care and support records.

Relatives felt confident they could raise any concerns with the registered manager and those concerns would be taken seriously. There was a robust complaints system in place.

People using the service was supported to maintain their independence and engage in activities within the community.

At our last inspection, we saw the systems to monitor the quality and safety of the service needed to be formalised and embedded to evidence continuous improvement. At this inspection we found the quality assurance systems had been improved.

Rating at last inspection:

At our last inspection Good Days Project was rated requires improvement (report 11 October 2018 published). At this inspection we found improvements had been made and the overall rating of the service had improved to good.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

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

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 had improved and was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service had improved and was well led.

Details are in our well-Led findings below.

The Good Days Project

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Good Days Project is a domiciliary care agency. It provides personal care to people living in their own home.

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:

This inspection was announced. We gave a short period notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be available to support us with our inspection.

Inspection activity started on the 11 October 2019 and ended on the 22 October 2019.

What we did before this inspection:

We reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within 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 contacted social care commissioners who help arrange and monitor the care of people using the Good Days Project service. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During this inspection we spoke with three people's relatives about the quality of care provided to their family member. We also met one of the people using the service and their support worker at the main office. We also spoke with the registered manager, service delivery manager, deputy, team leader and a support worker.

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

- Systems were in place to safeguard people from abuse.
- All the relatives spoken with felt their family member was safe and did not express any worries or concerns.
- Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm.
- The registered manager understood their responsibilities and worked with other agencies to ensure any safeguarding concerns were dealt with properly.

Assessing risk, safety monitoring and management

- There were systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service were effective.
- Individual risks assessments were completed for people so that identifiable risks were managed effectively. Staff had consulted with relevant healthcare professionals to manage people's risks.
- Risk assessments were reviewed regularly or when a person's needs changed. This supported staff to take appropriate action to reduce risks and ensure people were safe.
- An environmental risk assessment was undertaken of people's homes before staff started supported the person to help keep staff safe.

Using medicines safely; Preventing and controlling infection

- Relatives told us they supported their family member with most of their medication. People were supported by staff to administer medicines such as topical creams and eye drops.
- Staff who administered medication had received training and their competency had been checked.
- People's Medication Administration Records (MARs) were checked each month by their key worker and a senior manager. This helped to ensure any errors were identified and action taken to reduce the risk of them being repeated.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. Staff had received training in infection control.
- Relatives spoken with did not raise any concerns about infection control.

Staffing and recruitment

- The provider completed pre-employment checks for new staff, to check they were suitable to work at the service.
- There were enough staff employed at the service so people experienced continuity of care. They were supported by a core group of staff who knew them well.
- The service provided an out of office hours on-call service for people, their relatives and staff to contact if

they needed assistance.

Learning lessons when things go wrong

- The service had a process in place for staff to record accidents and untoward occurrences. These records were kept in people's individual care records. We saw the service would benefit from having an incident log to assist in monitoring these occurrences. We shared this feedback with the registered manager.
- The registered manager understood the importance of investigating accidents and incidents, reporting to the relevant agencies and acting to reduce the risk of recurrence.

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 our 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

- The registered manager explained how they assessed people's needs before the service started supporting them. The assessment considered all aspects of people's needs and the information was used to develop written support plans and risk assessments. Protected characteristics under the Equality Act were considered.
- People's support plans were detailed and person centred.
- Relatives were satisfied with the quality of care their family member had received. All the relatives told us they would recommend the service for people with physical disabilities and/or learning disabilities. One relative said, "I would recommend the service for people with a physical disability and complex needs."

Staff support: induction, training, skills and experience

- Staff underwent an induction and shadowing period prior to supporting people on their own. This gave people the opportunity to be introduced to new staff.
- Staff were supported to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.
- Staff completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care. We noted staff had not received training in oral care. The registered manager told us they would arrange for this to be completed.
- Staff told us they felt supported and received regular supervision.

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

- People were supported with their health and dietary needs, where this was part of their plan of care.
- Staff were aware of the people who needed a specialised diet and/or soft diet. This told us that people's preferences and dietary needs were being met.
- People were supported to make choices, which meant they could eat foods that were to their specific tastes and which met their cultural needs.
- Support workers monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.

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

- People's care records showed they were provided with support from a range of health professionals to maintain their health. Each person had a health action plan in place.
- In people's records we found evidence that staff sought advice from community healthcare professionals

such as speech and language therapists. This process supported staff to achieve good outcomes for people and to help people maintain their health.

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 with appropriate legal authority. 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.

- The registered manager and staff understood the implications of the MCA and were aware of the need for best interest meetings when significant decisions needed to be made for a person lacking capacity.
- Support staff had received training in the MCA. Staff described how they promoted people to be as independent as possible and to make decisions for themselves.
- Staff described how people expressed their consent prior to them providing care and support. For example, verbally, by facial expression or by using gestures.
- Relatives told us staff gained consent from their family member prior to providing care and support.

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 our 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

- Relatives spoken with made positive comments about the support staff. Comments included, "[Family member] likes all the staff, [family member] loves them" and "My [family member] needs are being met and they are happy."
- Staff demonstrated a compassionate and caring approach to their work. Staff knew each person they supported really well and had established good relationships with them and their families.
- Staff described how the service celebrated peoples and staff "golden moments". For example, one person had recently been supported by staff to go on holiday for the first time.
- We saw that people's support plans fully reflected their physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Relatives told us their family member was involved in making decisions about their care and support needs where able. For example, one person was asked each day what activity they would like to do in the community.
- Support plans contained information for staff on how people expressed their views and how to support them to be involved in making decisions about their care.
- Relatives told us their family member was treated with dignity and respect and were supported to be as independent as possible. One relative said, "They treat [family member] with dignity and respect. They go at [family member] pace and listen."
- Staff understood the importance of respecting people's privacy and supporting them to be an independent as possible.

Is the service responsive?

Our findings

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

At our last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection we found people's care records needed updating to reflect their current care and support needs. At this inspection we found action had been taken to update people's care records.
- Relatives told us they could ask for changes to their family member's plan of care.
- People's risk assessments and support plans showed how some people may behave when they were becoming agitated or displayed behaviour that may challenge. Support plans gave detailed guidance to staff on how to respond to these challenges.
- People's support plans and risk assessments were regularly reviewed and in response to any change in needs.

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 using the service were supported to attend activities within community. For example, people were supported to go to different day centres, hydrotherapy and going out for meals.

Improving care quality in response to complaints or concerns

- A copy of the service's complaints policy was provided to each person using the service.
- Relatives told us that any concerns were taken seriously by the registered manager.
- We found the service had responded to people's and/or their representative's concerns and taken action to address any concerns.

The provision of accessible information

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.

- People's communication needs were identified, recorded and highlighted in support plans. For example, one person's plan contained the phrases they used to communicate and how staff should respond.
- The service had a range of easy read documentation to help people understand and be involved in their support planning. For example, a pictorial communication plan and an easy read complaints procedure.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. The registered manager was in the

process of exploring different ways in which people could be supported to express their wishes and preferences.

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.

Continuous learning and improving care

- At our last inspection we found the quality assurance systems needed to be formalised and embedded into the service. At this inspection we found the systems to monitor the quality and the safety of the service had been improved. Regular checks were completed at the service to identify any areas for improvements and to ensure it provided high-quality care and support.
- One of the provider's senior managers regularly visited the service to monitor the quality and safety of the service. This included a review of the following areas; health and safety, safeguarding, staff records, people's support plans and delivery of care. The registered manager was given an action plan for any identified areas of improvement.
- Staff meetings took place to review the quality of the service provided and to identify where improvements could be made.

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

- Relatives told us they were asked their views about the quality of care and support provided by the service.
- We saw the registered manager had actively sought peoples and their representative views, by sending out questionnaires and ringing people or their representatives for feedback. This feedback was incorporated into people's support plans.
- The service had developed strong links within the community. For example, with other days centres and leisure facilities.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a strong, visible person-centred culture at the service. It was clear from our discussions with staff that they enjoyed caring for people living at the service and they found it rewarding.
- They registered manager was available to people and staff to speak with. We received positive feedback from relatives about the registered manager. Comments included, "It's a well-managed service" and "The manager does a good job."

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

- We received positive feedback from staff about the way the service was run. They told us the senior staff were approachable, supportive and proactive at dealing with any issues that arose.

- Staff were clear about their roles and responsibilities. They told us there was a good team working at the service and they felt valued.
- Staff were committed to providing person-centred care and learning from any incidents.
- The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.

Working in partnership with others:

- The service worked with other agencies such as the local authority and clinical commissioning groups who commissioned care for some people living in the home.