

The Good Days Project Limited

The Good Days Project

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 5 September 2018. The inspection was announced. This meant the registered provider was given 48 hours' notice of our inspection this was because we needed to be sure that someone would be available to meet with us. This was our first inspection of 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.

Not everyone using The Good days Project receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

There was a newly appointed manager at the service on the day of the inspection. They were in the process of registration with CQC. 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.

Everyone being supported had a care record. Staff could explain people's current needs. However, the provider was in the process of transferring the care records onto a new system. This made it difficult to navigate some of the care records we looked at, and therefore it was likely a new member of staff may also struggle to easily find the most recent information relevant to the person's current care and support needs. However it was clear from conversations with staff that they knew people well and how they supported them.

We have made a recommendation that the provider transfer the care plans to the new system and archive any old information as soon as possible to make sure that staff have access to up to date and accurate information and to make sure they can easily access information in the event of an emergency.

People received a safe service because risks to their health and safety were being well managed. We looked at the care records for the people who used the service and these included risk assessments and support plans about keeping the person safe and covered all aspects of daily living. This promoted the person's independence and ensured their rights to freedom were respected. The risk assessments had been kept under review. The plans detailed the support the person required to maximise their independence and

choice, including the management of behaviour that might challenge the service.

People we spoke with told us they felt "safe" and had no worries or concerns. Safeguarding procedures were robust and staff understood how to safeguard people they supported and felt confident the registered manager would act on their concerns. We found there were satisfactory arrangements in place to safeguard people who had monies managed by the service.

There were safe recruitment procedures in place so people were cared for by suitably qualified staff who had been assessed as safe to work with people. The provider had a number of job vacancies which they were trying to recruit to. This meant the manager was often out of the office supporting staff or providing care. This meant they had to divide their time between providing direct support and managing the service.

Appropriate arrangements were in place for the safe administration of medicines. Systems were in place to monitor accidents and incidents however the registered provider was in the process of implementing a system to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations.

There were effective infection control measures in place. Staff had access to gloves and aprons and we saw these were readily accessible throughout the service.

In people's records we found evidence of involvement from other professionals such as doctors, optician, tissue viability nurses and speech and language practitioners.

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.

People were supported with their health and dietary needs, where this was part of their plan of care.

Staff underwent an induction and shadowing period prior to commencing work, and had regular updates to their training to ensure they had the skills and knowledge to carry out their roles. Staff were well supported and received supervisions and appraisals regularly.

Staff spoken with could describe people's individual needs, hobbies and interests, life history, people's likes and dislikes. Staff enjoyed working at the service. Staff could describe how they maintained people's privacy and dignity and could describe how people made choices for themselves.

The service was following the Accessible Information standard (AI). The service provided information to people using the service in an easy read format to meet their needs.

The provider had a complaint's process in place. People and relatives told us that concerns and complaints were always taken seriously, explored thoroughly and responded to in good time.

People knew who the manager was and knew they could ask to speak with them if they had any concerns. The provider had plans to improve the delivery of the service but further systems needed to be formalised and embedded to evidence continuous improvement of the service provided.

Accidents and untoward incidents were monitored by the provider and the provider.

The service had up to date policies and procedures which reflected current legislation and good practice

guidance. The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

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.

There were clear procedures in place to recognise and respond to any allegations of abuse. Staff had received training in this area.

Recruitment procedures made sure staff were of suitable character and background. The provider was in the process of recruiting staff to ensure there were enough staff to meet people's needs.

We found systems were in place to make sure medicines were safely stored, and people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. The manager and care staff understood the Mental Capacity Act 2005 and understood what this meant in practice.

Staff were provided with relevant training and supervision to make sure they had the right skills and knowledge to support people.

People were assisted to maintain their health by being provided with a balanced diet and supported to access a range of health and social care professionals.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us the staff were kind and caring.

Staff knew the people they supported well and were therefore able to provide the care and support people needed in a person centred and sensitive way.

People's privacy and dignity was respected and promoted.

Is the service responsive?

The service was not always responsive.

People's care records needed updating to reflect their current care and support needs. We saw plans were in place to do this.

People were supported to be as independent as possible and feel included in their local community.

The service had an up to date complaints policy and procedure. People and their relatives told us were confident in reporting any concerns to staff and knew they would be taken seriously.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The registered manager had plans to improve the delivery of the service but further systems needed to be formalised and embedded to evidence continuous improvement of the service provided.

Staff told us the manager was supportive.

People using the service and staff had opportunities to give their feedback and opinions about how the service could be improved.

Requires Improvement ●

The Good Days Project

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 service is a domiciliary care agency. It provides personal care to people living in their homes. The service provides support to people in their own homes who need additional support to meet their needs. This may include people with a learning disability, physical disability and people living with autism.

The inspection took place on 5 September 2018 and was announced. The inspection team consisted of two adult social care inspectors. The registered provider was given 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure the registered manager, some staff and some people who received support would be available to meet and speak with us.

Prior to the 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. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service suffers a serious injury. We took this into account when we inspected the service and made the judgements in this report.

We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They told us they had no current feedback about the service.

During the inspection we visited one person's relative at their home to gain their views on the service they received. We spoke with the area manager, the registered manager and three care workers. We reviewed a range of records relating to how the service was managed. These included care records for three people and other records relating to the management of the domiciliary care agency.

Is the service safe?

Our findings

Relatives spoken with told us they had no concerns about the standard of care and attention their family member received from the care workers. They said, "They [care workers] make sure [family member] is safe and they had no worries or concerns."

The service had a policy and procedure for safeguarding and whistleblowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff told us they could report any concerns to the manager and they were confident they would be listened to and taken seriously. Staff spoken with were knowledgeable about their responsibilities in recognising abuse and reporting any concerns to the appropriate people.

Individual risk assessments were completed for people so that risks were managed effectively. In each person's home there was an initial care assessment completed by the person's support worker. This included information about any potential risk to the person and described what measures were in place to control the risk and consider any other measures that could be put in place to remove or reduce the likelihood of the risk causing harm to the person or staff member. Staff spoken with were aware of each person's individual care and support needs and what their responsibilities were in keeping people free from harm.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff had been received health and safety training and had been trained in infection control.

The manager told us staffing hours were used flexibly depending on people's choices of activity in the community and any planned appointments. The manager told us they were in the process of recruiting staff to meet the needs of the people using the service, to make sure they were safe and that their chosen activities took place. We discussed this with the area manager who told us that currently the manager was dividing their time between managing the service and providing direct support, this had made sure there was a consistent approach.

Staff had been safely recruited. We checked three recruitment records. Two contained all the information required by legislation to make sure people's safety was promoted. One recruitment file held a gap in employment history. We discussed this with the manager who obtained this information and confirmed this with us on the day of the inspection. Checks had been carried out with the Disclosure and Barring Service (DBS) for all successful applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

The service had a comprehensive medicines management policy, which enabled staff to be aware of their responsibilities in relation to supporting people with medicines. All staff received medicines management training and a competency check was carried out annually. The daily records and care plans around the

management of medicines were accurately completed. The care plan had sufficient detail to ensure people received the support they needed. This helped to protect people from the risk of not receiving their medicines as prescribed.

We found there were satisfactory arrangements in place for people who had monies managed by the service. We found support staff handled some monies for people being supported. The administrator explained petty cash was kept securely at the office base and all transactions were recorded and receipts retained. Finance records were audited on a weekly basis to make sure safe systems had been adhered to. We checked three finance records. These showed the details of each transaction had been recorded and receipts kept corresponded with the records held. This helped protect people from financial abuse.

The provider had systems in place to monitor accidents and incidents and the provider was in the process of implementing a system to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations.

There were effective infection control measures in place. Staff had access to gloves and aprons and we saw these were readily accessible throughout the service.

Is the service effective?

Our findings

People using the service received care and support that was effective. Relatives spoken with said staff appeared to know their relatives well and had the skills to support them. They told us they had no concerns regarding their relative's health.

Staff were well supported and received supervisions and appraisals regularly. Staff told us they felt supported by their manager and told us they received regular supervision and appraisal sessions. Records showed staff were provided with regular supervision and appraisal, for development and support. The staff we spoke with were confident to speak with the manager about any issues they might have. This meant staff had access to regular support and supervision to discuss their work, personal development and any personal issues which may arise.

We found staff had the right skills, knowledge and experience to meet people's needs. A new member of staff explained how they had completed an induction when they started working. We saw this included an induction workbook and shadowing an experienced member of staff until they were assessed as confident and competent in their role. This meant staff only worked unsupervised when they were confident and competent.

Staff confirmed they were provided with regular training for their role. Staff told us training was a mix of e-learning and practical. All staff said they had enough training for their role. One staff told us, "I've had loads of training, more than enough to do my job." We found new staff were completing the Care Certificate. The 'Care Certificate' is the minimum standards that should be covered as part of induction training of new care workers. The manager told us any care staff that had not worked in care before would be expected to undertake the care certificate as part of their induction into the service. This meant staff had the opportunity to access best practice training and guidance to develop themselves and the service.

The 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 interest and legally authorised under the Mental Capacity Act 2005 (MCA).

The registered manager and support staff were aware of their responsibilities in respect of consent and of involving the person as much as possible in day-to-day decisions. Records sampled demonstrated that where people could not speak for themselves decisions had been made in their best interest and these were recorded in their care files and that staff had been provided with training in the MCA.

Staff could describe people's communication for consent, for example, one person supported smiles and laughs for 'yes', or groans and puts their fingers to mouth for 'no'. Another person will touch their hand when

we say the choices. If they want broccoli and we say carrots or broccoli they will touch our hand at broccoli. One staff told us, "The staff know people well, know their signals for communication well. Like, one person rubs their ear before a seizure. Another person may have a seizure after a loud noise, so staff always explain what they are doing, like closing the minibus door."

Staff worked collaboratively across services to understand and meet people's needs. Information was sought from health and social care professions to enable the service to plan effectively the care of the person. The care records we checked included clear details of the person's health needs and how these were supported. This showed that people's physical and mental health was looked after and promoted.

Is the service caring?

Our findings

Relatives of people using the service said staff were 'kind' and 'caring'.

Staff displayed a commitment to the service and a caring approach. Comments included, "The team have been very good. They are all very caring. They genuinely care for the people they are supporting. The staff know the people they support very well" and "I wouldn't work here if it wasn't so good. I would recommend this service, it's like a family, we look after all our clients."

We looked at the people's care and support plans. The plans were very person centred and individualised. It showed who and what was important to the person, things they liked and their goals and achievements. A lot of the information was in an easy read format with lots of pictures to assist the person's understanding and participation. People's comments showed that staff respected people's decisions and confirmed they or their relatives had been involved in planning the care staff delivered.

Staff spoken with could describe people's individual needs, hobbies and interests, life history, people's likes and dislikes in detail. Staff showed concern for the people being supported wellbeing and described their needs and preferences in detail. They had a clear understanding of how the people wished to be addressed and supported.

Staff we spoke with were very knowledgeable on how the person they supported communicated and responded to different communication methods. People's religious, cultural and personal diversity was recognised, with their plans outlining their backgrounds and beliefs.

Staff enjoyed working at the service. Staff could describe how they maintained people's privacy and dignity.

Staff we spoke with were very knowledgeable on how the people they supported communicated and responded to different communication methods. Care records included a communication passport which told staff how they would communicate and make their needs known verbally and if visual communication methods were used to help people to communicate and engage. The service provided information to people using the service in an easy read format to meet their needs. Staff could describe how people made choices for themselves.

Staff training was provided to help staff to meet the people's specific needs and included the promotion of privacy, dignity and confidentiality. Staff we spoke with understood the needs of the person and were passionate about ensuring they received the best possible care and support. They explained how they tried to ensure people were happy and so they could be as independent as possible.

The records contained the information staff needed about people's significant relationships including maintaining contact with family and friends.

Information was provided to people about local advocacy services. Advocates are independent of the service and who can support people to make important decisions and to express their wishes.

Is the service responsive?

Our findings

Relatives we spoke with told us they were happy with the care and support provided to their family members, one relative told us, "We have been with [name of manager] since day one. You can call her day or night and we've never had a problem. My son has very complex needs and the care staff help him to get up, wash and take out on activities. I am happy with the support workers. I would recommend the service. It is a very specialised facility. It is tailor made for [relative], it is fantastic."

Everyone being supported had a care record. Staff could explain people's current needs. However, the provider was in the process of transferring the care records onto a new system. This meant there was two systems running alongside each other. We saw care records contained a lot of historical information as well as current information. This made it difficult to navigate some of the care records we looked at, and therefore it was likely a new member of staff may also struggle to easily find the most recent information relevant to the person's current care and support needs. However it was clear from conversations with staff that they knew people well and how they supported them.

Improvements were required in this area and we spoke with the manager about this. We recommend that one of their first priorities to transfer to the new system and archive the old system to ensure staff could access key information in the event of an emergency.

The service was following the Accessible Information standard (AI). The Accessible Information Standard is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. The person's assessments included specific details of their communication needs. The person had a helpful and informative communication profile and there was a strong emphasis on supporting them to communicate. The records we saw and information provided by everyone we spoke with showed the service was successful in supporting the person to express themselves.

Care and support records included examples of pictorial communication methods to ensure the person could understand, contribute and agree to their care and support. Information was presented in large print and included pictures signs and symbols. We also saw the person's activity planner had pictures to assist the person to understand and make and communicate their day to day decisions.

The staff we spoke with understood people's needs and preferences, so the people had as much choice as possible. Daily records we saw confirmed that staff supported people in line with their care and support plans.

The daily records and visit records were all up to date and were being used as the working document. These records showed the provider worked responsively with external professionals, such as social workers, occupational therapists and dieticians. We saw the care records were updated following any input from health care professionals.

People were supported to access the community and participate in activities of their choice. A varied range of activities were on offer for people to participate in if they wished. There was an emphasis on getting out into the local community. People were encouraged and supported to pursue their interests and hobbies

People were listened to and treated fairly if they complained about the service. There was a complaints policy and this was available in an easy read format with pictures to help people to understand and engage in the process. It was written in plain English and gave timescales for the service to respond to any concerns raised.

One relative we spoke with told us about a concern that had arisen in the past that they had told the manager about. They told us the concern was taken seriously by the manager and that they took immediate action to address the concern. Another relative told us, "I don't have any concerns or complaints I am very happy with the service."

The complaints record we saw showed the provider took any concerns or complaints about the service very seriously and these were investigated thoroughly and promptly. It was evident that any feedback they received about the service was valued and used to ensure improvements were made where necessary.

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration with CQC. There was manager who was in the process of registration with CQC

During our discussions with the manager they were engaging, transparent and clearly passionate about wanting to provide a high-quality service to the people they supported.

At the time of the inspection the registered provider was actively recruiting to staff vacancies which meant the manager was covering a number of shifts on the care rota. This meant that they had to divide their time between providing direct support and managing the service.

Most people using the service were unable to communicate their views about leadership of the service but comments from relatives and staff told us that the service benefitted positively from the manager and the way in which the service was run. Staff spoke positively about the manager. Comments included, "Manager is lovely, they are very knowledgeable and I can call them at any time. I think they will improve the service even more. I would recommend this service." Another staff member said, "The communication is good we have regular staff meetings and we are listened to."

The manager told us they had an 'open door' policy for people receiving a service, their family members and others such as staff. Staff told us that they felt well supported by the manager. They said they felt there was an open and transparent culture in the service and they were comfortable raising concerns.

Communication within the staff team was described as very good. Regular hand overs kept staff informed of people's changing situations. Staff told us they had regular team meetings and the manager was always available for support and advice. Meetings and surveys gave staff the opportunity to give their views, opinions and share ideas they may have to make improvements to the service. Staff felt they worked well as a team and everyone pulled together to share ideas and resolve problems.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help registered providers to assess the safety and quality of their services. We saw that the area manager produced a monthly report on the running of the service for the provider.

We saw that the reports informed the provider of staffing issues, staff development, training, recruitment, sickness, absence and retention, as well as information about complaints, compliments and safeguarding. We saw that a range of meetings were planned for the coming year.

We saw some areas of the service that required improving. For example, the manager was in the process of transferring paperwork to a new system. The manager told us that when they took over the management of the service, they had identified a number of improvements that were needed to improve the service. These included transferring care records on to a new system, recruiting more staff and the implementation of a new electronic care planning system.

The registered provider had plans to improve the delivery of the service but further systems needed to be formalised and embedded to evidence continuous improvement of the service provided. The provider had developed a service development plan, 'making my service matter – our path to success and achievement.'

We saw copies of the service improvement plan that identified some of the shortfalls we found on inspection and actions to be taken to address these issues. This gave us confidence the manager recognised the areas where improvements were required to address the concerns we identified on our inspection.

People using the service and staff had opportunities to give their feedback and opinions about how the service could be improved. We saw a copy of the service user questionnaire undertaken in September 2017 and action plan. Overall people thought the service was very good. People's feedback was considered to improve the quality of the service.

The service had up to date policies and procedures which reflected current legislation and good practice guidance. This included a range of autism specific policies. For example, the provider had a policy around supporting people living with autism through bereavement and supporting people with sensory needs.

Information about people was kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.