

The Good Days Project Limited

# The Good Days Project

## 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

There was a manager at the service who was registered 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 and associated Regulations about how the service is run.

Our inspection was discussed and arranged with the registered manager two days in advance. This was to ensure we had time to contact the families of people who used the service, contact staff who worked at the service and speak with the registered manager.

Staff were aware of their responsibilities in keeping people safe and had received training in safeguarding and whistle blowing.

Staff had a good understanding of the procedures for the safe administration of medicines and had completed formal training in this.

There were sufficient numbers of staff employed to make sure people received care and support at the frequency they had agreed to.

Staff recruitment policies and procedures helped to keep people safe. This was because thorough checks were completed for all staff before they were offered a post at the service.

Staff were enthusiastic and keen to do a good job, but this was being soured slightly for some staff by their perception of a lack of communication between management and the team.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions for themselves.

Staff spoke very positively about the training they had completed and said this had helped them to become more confident in their role.

Relatives told us the support workers were, "Kind," "Patient" and "Caring."

People's care plans contained consistent up to date information about their care and support, including risk assessments and action plans. These were regularly reviewed and updated in line with the person's changing needs.

People felt able to tell staff if there was something they were not happy with. We saw there were systems in place to manage complaints.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

The registered provider had procedures in place to help to protect people from abuse and unsafe care.

There were enough staff employed in order to provide a safe and flexible service to people.

A thorough recruitment procedure was in place.

### Is the service effective?

Requires Improvement ●

The service was not effective in some areas.

Staff said communication between them and the managers was not as good as it needed to be.

Some relatives were unclear about the process for reviewing their relatives support plan.

Staff completed a regular programme of training which they found useful and valuable.

### Is the service caring?

Good ●

The service was caring.

Relatives told us the staff were caring in their approach to people who used the service.

Staff were respectful of people's privacy and dignity needs.

### Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community and this

reduced the risk of people becoming socially isolated.

People were aware of the complaints policy and were confident to use this if needed.

**Is the service well-led?**

**Good** ●

The service was well led.

The registered provider and registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

A range of audits were in place to monitor the health, safety and welfare of people.

# 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.

We undertook an announced inspection of The Good Days Project Limited on 23 February 2017. We told the registered manager two days before our visit that we would be coming because the location provides a domiciliary care service and we wanted to ensure the registered manager was available.

Before the inspection visit we reviewed the information we held about the service, including notifications of incidents that the registered provider had sent us and feedback from the local authority. The service was not asked to complete a provider information return (PIR) for this inspection because we had changed the inspection date. A PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At our last inspection in January 2015 the service was meeting the regulations inspected at that time.

At the time of this inspection the agency was supporting four people who wished to retain their independence and continue living in their own home. Some people had their care purchased by NHS continuing healthcare team, some were funding their own care through direct payments and others were paying privately for the service.

The inspection team consisted of one adult care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of supporting and caring for people with severe learning disabilities and/or behaviour that is considered to be challenging.

On 20 and 21 February 2017 we spoke with five relatives of people who used the service and eight support workers over the telephone.

On 23 February 2017 we visited the agency office and spoke with the registered manager and assistant manager. We also reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for two people, including their medicine administration record (MAR's). We also looked at two staff training, support and employment records, quality assurance audits and findings from questionnaires that the registered provider had sent to people.

# Is the service safe?

## Our findings

Relatives told us that in the main the support workers knew their family members well, and were familiar with their needs. They felt their family members were mostly supported by dedicated, well trained staff, who were equipped to carry out their role and keep their relative safe. Their comments included, "Oh yes, [name] is absolutely safe, we'd have gone elsewhere if we felt otherwise. I know they complete a lot of training, and they refresh it yearly I think," "They're very good, we've been with The Good Days Project for many years and they are a steady, stable service. [Name] has a pool of about four staff, and they are familiar with [name]. [Name] is very vulnerable and they keep [name] safe," "They've been really really good. They're supportive and the more experienced staff are brilliant. [Name of support worker] is very committed and picks it all up quickly, any changes and [name of support worker] just gets it," "We do feel [name] is safe with most of them, we can just walk out knowing [name] is fine with the good staff" and "Some of the newer staff just seem a bit naïve, they're coming across as lacking training, and not using their initiative and not very hands on."

We were told staff were punctual and there were suitable arrangements in place to cover any staff sickness. Relatives told us, "They're reliable, always on time, if it's a 7.30 start in the morning, they're there for 7.25," "Yes, they are extremely punctual and we always get a text if the traffic is bad" and "The managers will step in if someone is sick, or there's a gap. That's good, so we always have two staff."

The registered provider 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.

All staff spoken with told us they had completed initial safeguarding training, and also completed regular refreshers online. They told us they would feel confident in feeding back any poor practice they witnessed. Their comments included, "These people are vulnerable and it's our job to protect them," "We have regular refresher training on safeguarding, whistleblowing, and all those things. I would speak to the registered manager or assistant manager first if I had a concern and I know they'd deal with it, but if for any reason they didn't then I'd take it higher. We have a process we can use. There's always the out of hours phone as a contact too," "I would definitely take anything up if I wasn't comfortable. I know who to go to if I wasn't happy with how the manager responded to my concerns," "I don't hide; I tell it as it is. We should all be working the same," "I will tell if there's something. I won't shy away from it" and "I've worked here a good few years now. I've always felt fine with feeding things back and that hasn't changed recently. I also understand about whistleblowing."

Some people required assistance from the support workers to take their medicines. People who used the service lived at home with their family members and therefore most medicines were given to people by their family members. If medicines, such as anti-biotics were prescribed support workers gave these to people whilst they were out on activities.

We looked at the procedures the registered provider had in place for assisting people with their medicines. Staff employed by the service received medicines training during their induction. Following on from this staff



were assessed administering medicines, by their line manager whilst out on activities. When the line manager was confident the member of staff was fully competent to administer medicines they were 'signed off' and allowed to administer to people. Staff then had their competency to administer medicines checked by their line manager at least once a year.

We saw assessments had been undertaken to identify risks to people. When risks were identified appropriate risk assessments were put in place to reduce the risk occurring. For example, one person was at risk of falling whilst out on activities. Their risk plan stated: What are we worried about? What makes it better? What makes it worse? What are we going to do about it? Who will do it? By when? and How will we know it has worked? We also saw people had a home emergency evacuation plan in place in case the person had to be removed from their home in the event of an emergency such as a fire. Risk assessments were reviewed by the registered manager or assistant manager in consultation with the person's family members and their support workers.

Staff took appropriate action in response to any accidents or incidents to ensure people's safety. They told us they immediately reported anything of concern to the office staff and made sure the correct information was recorded. We saw evidence of senior staff visiting people following any accidents or incidents to reassess them and look at ways of ensuring this was not repeated.

At the time of the inspection there were nine support workers providing personal care to four people. On average staff were working 23 hours each week. This meant there was enough staff employed to allow for sickness and annual leave, whilst maintaining consistency and continuing to meet people's needs.

We looked at two staff personnel files. We saw staff had been recruited in a safe way. All checks required to be completed during the recruitment process were undertaken, for example, references from previous employers, full employment history and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults.

Staff told us they were not allowed to start work until their references, DBS checks, and basic training had been completed. One staff member said, "There was a bit of a wait before I could start as my DBS took a while. I couldn't begin work until that was through."

## Is the service effective?

### Our findings

Staff spoken with, except for one person, felt that the lack of communication between the managers and themselves was not as good as it had been in the past. Their comments included, "Communication has become worse and worse. It has gradually broken down and has been especially bad recently," "They may seem like little things, but they have a domino effect. We don't get told what the activities are, or if a colleague is sick. Sometimes our hours of work get changed, and we're the last to know," "I appreciate the managers have a lot to do, but if we have an issue, we shouldn't be feeling like we're in their way. They can make you feel they're too busy to discuss things," and "I think before Potens [the new registered provider], it was always the service users first, and work everything else out afterwards. Now it feels like it's the other way round."

Relatives told us they felt involved in their family member's care in so much as they were living in the family home, but feedback was mixed about the joint reviewing of the person's support plan with The Good Days Project. Their comments included, "I don't think we do have a copy of [name's] support plan here in the house. We've not really had a sit down with them about that, not separately from her DST (decision support tool meeting for NHS continuing healthcare) review," "No, I can't remember when we last had a review of [name's] plan" and "We haven't had a review meeting for The Good Days Project itself I don't think."

Whilst at the agency office we looked at information which confirmed to us that reviews of support plans were completed for each person. The registered manager told us although reviews were completed he would look at why some relatives felt they had not happened. We also found one person did not have a copy of their support plan in their home. The registered manager told us this was because they received minimal support in the home as most of their support was provided during activities. The person's support plan was taken around with them during activities so that staff had information with them and could update the plan as necessary. The registered manager said they would ensure a copy of the person's support plan was available in the person's home.

Relatives spoken with told us they considered the majority of the staff to be skilled at their jobs, well trained and had confidence in most of the staff supporting their family member. Their comments included, "I do have confidence in them," "They know what they are doing. I think they are all well trained," "Yes, I would say they are well trained," "They do good handovers. If someone is going on holiday or leaving and a new one starting they have shadowing for quite a few days so they are trained up," "They are very competent. It's all about knowing [name] and they do," "I do trust them. We wouldn't be able to carry on using them otherwise," "Some are just better than others, it comes more naturally to them I think" and "I do believe they should all be trained to the same level. We need to show some staff a lot, how to do things and not just once."

All staff were positive in their feedback about the range of training provided and the frequency of the refresher sessions. Some staff told us they felt there was more scope for additional, "special interest" training since the new registered provider had taken over. We were told that much of the training was carried out on-line, which not everyone liked. Staff told us there was specific minibuss training and that the

more experienced staff would shadow and show the newer staff the procedures required to secure chairs safely in the vehicles. Staff comments included, "There is a lot of training offered. All the usual like manual handling; food hygiene; epilepsy; fire training; safeguarding; first aid and peg feeding," "We get sent email reminders to complete our refreshers so we know when it's due. I'd say they're pretty spot on with this. It's all up to date," "I feel there has been more opportunities for staff development since Potens took over, they've set me up to do my NVQ and other extra training which is good" and "We do some training in person or in the classroom type setting, like breakaway; challenging behaviour etc., but a lot of it is e-training online. I'd say this wasn't my favourite type of training."

Staff spoken with told us of thorough inductions, where they would shadow more experienced staff. Their comments included, "I think I was as well prepared as you can be for this sort of job as it's all about doing it. Of course starting something new is always hard, but the back-up was there if I needed it," "I shadowed with [name] about four times, as some of the people I was going to are quite complex. So that really helped grow my confidence a lot," "We had to read the support plans really thoroughly and sign them off so we could build a picture of the person" and "I was able to shadow until I felt comfortable."

Staff told us that supervision happened on a fairly regular basis, but that appraisals were happening less often. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles.

We looked at the registered provider's policy for staff supervision and appraisal. We found staff were receiving supervision in line with the policy and procedure. The registered manager told us there had been a gap in 2016 when not all staff had received their yearly appraisal but they had a plan in place to make sure all staff were provided with an appraisal during 2017. We saw evidence of this.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection. We saw staff were provided with training in MCA and had an understanding of this legislation.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation and assistance with eating was completed by family members. However when support workers took people out on activities they were responsible for ensuring meals were accessible and suitable to people who used the service. We saw evidence that staff had received training in food safety and were aware of safe food handling practices.

## Is the service caring?

### Our findings

Relatives spoken with were mostly positive about the staff from The Good Days Project, and said staff treated their family member with consideration and respect. The majority of relatives felt comfortable with the staff that supported their family member and told us they got on well with them. Relatives said the staff were kind, patient and caring. Their comments included, "I have nothing but praise for the staff that come. They are all very kind and caring, and they know [name] very well," "We never had any help until five years ago. They've been mostly very, very good. I can tell that [name] is comfortable when they support them" and "They have a lot of patience, it's not an easy job. They really want to support [name]. It's good knowing that, it's such a relief."

The majority of relatives felt staff were respectful, and spoke their family member through what they were doing before they supported them with aspects of their care needs. Relatives told us, "They do [name's] personal care in the morning. I think that's probably the hardest part for them. Yes, they treat [name] with dignity" and "In the past, I'd say all the carers were very good. They treated [name] with respect and did a good job from a personal care point of view. Now I don't feel their basic hygiene training is good enough" and "I have had to report it to the registered manager. The staff were extremely rude and disrespectful. This is our home. They turned their back on me and sniggered between themselves at something I said. It was very hurtful and unkind." The registered manager told us, "Despite this issue never formally being reported to the company we heard from a staff member that this was said. We therefore investigated the issue and a member of the management team went to see the family to discuss this issue, it was felt that there may have been a miscommunication resulting from these actions. The Good Days Project continues to work in partnership with the family to develop the service received with regular staff observation, feedback and review sessions with all key people."

Staff were provided with training in the importance of maintaining people's privacy and dignity. Staff told us, "I always think how would I like to be treated if I needed support with personal care? So I make sure I always shut the door, or put up screens, and give people privacy. It's very important," "We are reminded often about the importance of dignity and respect for the people we support, and we've had training for this. It's so important," "Although [name] has two to one support, they still need time on their own and I respect that. It's about making sure [name] knows we are there if they need us" and "Each person we support is different, they are individuals. We need to respect that and we try to make sure everything is specific to them."

People who received personal care from The Good Days Project lived at home with their family, who was their advocate. For people who did not have the capacity to make decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interest'.

We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

At the time of the inspection no one was being cared for at the end of their life. The registered manager told us if they were approached to care for a person who was at the end of their life they would involve a multi-

disciplinary team of healthcare professionals and work together to plan care and support in line with the person's individual needs and wishes

## Is the service responsive?

### Our findings

We were told people's care and support plans were developed and reviewed, with the involvement of people using the service (where possible due to their complex needs) and their families. Relatives told us when their family members care was being planned at the start of the service, the registered manager spent time with them finding out about their likes and dislikes. This included what level of care was required. One relative told us, "The manager came around and they really listened to us about what sort of support would work."

Relatives spoken with said The Good Days Project had a very flexible approach, and tried wherever possible to meet any requests for changing needs. They said they had also been very person-centred. Their comments included, "We were never worried about ringing to ask them anything which was really good. We knew they would always respond. Now I'm not so sure. It takes a long time to get a response. You may well get an acknowledgement, but then it's the time it takes to get anything changed. I think that's because now it has to go up the tree. Before it was a smaller concern," "I feel I have a very good relationship with the service. The change in owner didn't affect our family member's support, which was reassuring. We had a health and social care review about a month ago, and the manager's came along to that," "I was unwell and had to have an operation, their staff stepped in with 24 hour care. That was good, very responsive," "Things have changed since Potens took over, well it would do wouldn't it. It's now standardised if you like, not as personal" and "When [name] is ill or in hospital, some of the staff are brilliant, they're great at the hospital, making sure they have all they need."

Staff spoken with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs which enabled them to provide a personalised service.

Staff told us support plans were kept up to date by the registered manager and assistant manager and any changes would be emailed out to them. Then an amended care plan would be printed off and put in the person's file. Their comments included, "The updates come through by email, but I don't think there's one in the family home [of one person], no, just out at the base [day service]," "The plan will say what the person likes doing or doesn't like doing. One plan says the family prefer for the person not to go to a pub for lunch, so we respect that. We'd go to a garden centre or a café instead," "The office staff look at the plans every six to eight weeks to make sure they are current and that they reflect any changes," "We can convey changes as well, so we would tell the office, and they would write it up" and "I feel everyone does get involved. The family, us, health professionals. We have meetings or discussions about things, like for example if the correct feeding tube is in place for someone. We can raise things like this."

We looked at two people's care plans. They contained a range of information that covered the support people needed. They included information about 'me and my life' which was a personal profile about the person's history, hobbies, likes and dislikes. We found assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. Staff told us they often referred to people's support plans to make sure they were fully up to date with each person's needs

and any changes to the care and support that was required for each individual.

Senior staff told us they reviewed care plans at least yearly but more frequently if a person's needs changed. We saw evidence of this in the care plans seen.

Relatives spoken with were all aware of the complaints policy and felt confident about raising any issues. Their comments included, "Yes, I would know how to complain. They do take things on board. They say to us, you must ring the office if you have any worries," "We do make a few waves. We feel we have to if we want things to be done properly" and "I'm not slow in coming forward. The support workers are easy to talk to, but it is more awkward when you've known someone a while. You don't want it to impact on [names] care at all."

We saw the service's complaints process was included in information given to people when they started receiving care. At the time of our inspection the service had no outstanding complaints. We saw complaints that had been received were investigated and resolved within the timescales set in the registered providers policy and procedures. Staff were also required to read and become familiar with the services complaints policy and procedure.

We saw examples of people being supported by staff to avoid social isolation. Staff encouraged and supported people to continue to follow their hobbies and interests. Due to the complex needs of the people who used the service they were provided with staff to support them in their chosen social activities. Staff supported people on a one to one or two to one basis during a range of social activities either out in the community or at day care services.

## Is the service well-led?

### Our findings

The registered manager at the service had been in post since August 2016. Relatives told us they knew who the registered manager and assistant manager were, and felt able to talk to them, but there was much mention of the change in ownership of the organisation and the impact all but one relative felt that had had. Their comments were, "Understandably there was anxiety when we heard [previous registered provider] was leaving, and it was being taken over. Potens [new registered provider] held meetings to answer questions, especially for the staff. They wanted to reassure us things wouldn't change, but of course it has," "I do feel able to talk to the registered manager. I had to recently and he agreed they had taken their eye off the ball with regard to the incident I was complaining about. He is an approachable person," "It seems to take the managers quite a while to respond, sometimes when we need to have a decision or action taken, it gets protracted," "I think the manager needs to get the okay from above the whole time," "I think it is pretty well led, just sometimes I think they need to be doing some quality checks on the training." "He [the registered manager] strikes me as being a good manager. He's only young. He comes to look after [name] sometimes, if someone is sick. He's ok" and "[Name of staff member] has been in the office a long time, they know what they're doing."

Staff told us they used to have regular team meetings, but they hadn't had one since October 2016. They said this would be the forum where they would feel able to jointly raise any issues. Their comments included, "I know holding the team meetings is maybe tricky for the registered manager because he lives quite a distance, so the original evening time for the meetings may not be good for him when he leaves at 4pm. But really, we need to have these meetings or things will get worse" and "I get on well with the managers. I'm quite happy with everything. I'm not one to complain, I just think people have to accept that with a bigger organisation the red tape will be thicker." The registered manager told us, "Inside the year we have had six staff meetings that have been distanced to promote effective communication. The last meeting was in November as sadly the January meeting was postponed due to unforeseen circumstances relating to the service. The timing of these meetings doesn't reflect the manager's ability to attend as I am always available."

Despite the present issues reported around communication, staff told us they enjoyed their work, and felt their colleagues were supportive of each other, and there was a good team spirit. However, they felt this was being eroded slightly at the moment. Their comments included, "Overall I really enjoy the job. The staff are trying really hard, so if they could get the rest right, that would be good," "I've worked for different care agencies all my life and there are always little things, but it's ok here" and "I'm really enjoying it, most of the time. It's a great place to work and it's varied. They are a great bunch of staff, and we support each other."

Relatives spoken with told us they were asked regularly for their feedback. They said, "We get sent questionnaires to complete. We had one recently but I didn't have time to complete it," "Yes, we had a questionnaire to fill in a couple of months ago maybe," "There are family meetings once a month, where we can say what we think, but I don't really have time to go" and "They definitely ask us for feedback pretty regularly. They do seem to listen to me."



The registered provider had a quality assurance system in place whereby people who used the service, relatives, healthcare professionals and staff were sent out a quality survey, giving them an opportunity to say what they thought about the service. When these were returned an action plan was compiled of the issues identified, the action needed to resolve the issues, whose responsibility this was, the date for the issues to be resolved and the review of this. The registered manager told us feedback to families was given individually if they raised any concerns and if they had chosen to identify themselves on the survey. However if the survey had been completed anonymously feedback was not given. We talked to the registered manager about completing an overall report, which could be given to everyone so people would be aware that all comments had been listened to and acted upon.

We saw evidence of regular audits completed by the registered manager to check the quality of service. These included health and safety, training, medication and staffing. The assistant manager and team coordinators also had the responsibility for completing audits of support plans and MAR sheets. Any actions resulting from these audits were recorded and checked they had been completed by the registered manager.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted. The registered manager said they had an oversight of all incidents and reviewed these on a regular basis with referrals and notifications passed on to relevant organisations where required. They said they also used this regular review to identify any themes or trends that may require addressing.

The registered provider had policies and procedures in place which covered all aspects of the service. The majority of policies and procedures had been updated and reviewed as necessary, for example, when legislation changes. We saw a small number of policies that required updating. The registered manager told us they were aware of this and work was underway at head office to ensure the policies were updated promptly. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

Following our telephone calls to relatives, where we were given permission to do so we asked the registered manager to address any issues raised. We found the registered manager and assistant manager were prompt in addressing people's concerns and resolving them.