

E2Inspire C.I.C.

Has 2 be Happy Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 16 and 23 June 2016.

Has 2 be Happy Care is a small domiciliary care agency which provides personal care to adults with a disability living in Lancaster, Morecambe and surrounding districts. The agency provides a range of person centred services and domiciliary care to people living in their own homes. They also manage a supported living scheme for three people. The agency helps with personal care, domestic tasks and supports people to enjoy leisure activities.

At the time of inspection there were ten people who used the service. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in.

The service was registered with the Care Quality Commission in 2014 and started delivering services to people in July 2015. This was the first inspection of the service. The service manages one supported living house; this was previously managed by another registered provider.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they were happy with the service they received. Relatives and professionals spoke very positively about the quality of service provision on offer. They praised the responsiveness of the service and the way in which person centred supports were developed and maintained. Staff had high expectations for the people they supported encouraging them to develop to the best of their ability.

There was a clear focus on developing a positive culture which in turn created positive outcomes for people who used the service. We were told by relatives of people who used the service that people were nurtured and developed and lives were positively enhanced by the service provider. Professionals told us the registered provider went above and beyond what was expected from service providers in order to achieve positive outcomes.

The service placed an emphasis upon citizenship and community participation. Staff were committed to making a difference and combatting social isolation. People were encouraged and supported to have meaning and purpose in their life as a means to increase their well-being and autonomy.

People were supported to attend various community groups according to their preferred wishes and hobbies. Staff enabled people to use their gifts and talents to develop their self-esteem and independence.

People's healthcare needs were monitored and concerns regarding people's health were fed back to relevant health professionals or the person's relatives so action could be taken. Relatives told us the health of people who used the services had improved as a consequence of the care provided.

People who used the service and relatives told us staff were caring and always willing to go above and beyond their duties. People were comfortable in the presence of staff. We observed people laughing and joking with staff.

There was an exuberant atmosphere throughout the service and people spoke positively about the support provided. Staff were repeatedly described as thoughtful and committed.

Professionals, relatives and staff spoke highly about the management team of the service and the effectiveness of the care provided. The service was consistently described as well led.

People were supported to meet their nutritional needs. Independence and choice was promoted wherever possible. Records were kept when support had been provided with eating and drinking. Health professionals were consulted with when people required support with eating and drinking. People and relatives told us the registered provider promoted positive outcomes in this area.

People told us staffing levels were conducive to meet their needs. Staff always had time to carry out their duties and always stayed for the allocated time.

Arrangements were in place to protect people from risk of abuse. People told us they felt safe and secure. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

Systems were in place for recruiting staff. However checks were not consistently applied to ensure staff were correctly vetted before commencing employment. We have made a recommendation about this.

Suitable arrangements were in place for managing and administering medicines.

Staff told us training was provided to enable them to carry out their tasks proficiently and they were supported in their role by the management team. New employees praised the training and support given at the outset of employment.

The registered manager had a complaints policy in place which gave clear instruction on how to manage complaints. They told us they had received no formal complaints to date. Work had been undertaken to ensure the complaints procedure was accessible and appropriate.

The registered manager told us they carried out informal audits upon quality but had not kept any records to show this has taken place. They agreed to document any future feedback.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was sometimes safe.

Relatives told us staff were reliable and the registered provider has systems in place to promote safety of people.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

When people required support with medicines suitable arrangements were in place to manage these.

The provider had recruitment procedures in place but did not consistently apply these to ensure staff recruited were of suitable character.

Requires Improvement ●

Is the service effective?

The service was effective.

Nutritional and health needs were assessed and managed by the registered provider and people experienced positive outcomes.

Staff had access to training to meet the individual needs of people they supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Good ●

Is the service caring?

Staff were caring.

People were consistently positive about the caring nature displayed by staff.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had

Good ●

been discussed so staff could deliver personalised care.

Relatives told us people were treated with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Outstanding 

The service was very responsive.

People were involved in making decisions about what was important to them. There was an emphasis on empowering people, developing independence and enabling people to have positive outcomes within their life.

The registered provider actively addressed isolation and encouraged people to develop community networks and relationships through community participation.

People's care needs were kept under review and staff responded quickly when people's needs changed. External professionals were consulted with when individual's needs changed.

The registered provider had a complaints system in place. Staff were aware of procedures to follow if someone complained.

Is the service well-led?

Good 

The service was well led.

Relative's, professionals and staff spoke highly about the registered manager and described the service as well managed.

Regular communication took place between the management team, staff and people who used the service as a means to improve service delivery.

The registered provider engaged with other professionals to critically evaluate the service provision as a means to further develop the service.

Has 2 be Happy Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 23 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by an adult social care inspector.

Information from a variety of sources was gathered and analysed prior to the inspection taking place. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We contacted the local authority and received no information of concern.

Information was gathered from a variety of sources throughout the inspection process. We spoke with seven members of staff. This included the director, registered manager and five members of staff who provided direct care. We spoke with a volunteer who acted as a critical friend to the charity. Their role was to offer advice and guidance to the management as a means to improve quality.

We also received written feedback from two professionals, who said they had no concerns about the care provided.

We visited two people at their home and one person in their working environment (with their consent) to seek their opinion of the service. Due to people's disabilities we had limited communication with people who used the service. We spoke with three relatives to obtain their views about service provision.

To gather information, we looked at a variety of records. This included care plan files relating to four people who used the service and recruitment files belonging to three staff members. We viewed other

documentation which was relevant to the management of the service including health and safety certification and training records.

Is the service safe?

Our findings

Relatives and professionals told us people who used the service were kept safe. One relative told us they had received services from other registered providers in the past but this was the first time they felt confident their relative was going to be kept safe. Another person told us staff provided appropriate support and assistance to ensure their relative stayed safe.

As part of the inspection process we looked at how the registered provider assessed and managed risk. Environmental risk assessments were carried out by the management team before support was provided to people to ensure the environment was safe for people to work in. We noted when risks were identified to people the registered provider worked in a person-centred way to manage the risk. For example, a risk assessment was developed for a person at risk of choking to maximise food choice and life experiences. Health professionals were consulted with when risks were identified. Information from professionals was then used to inform risk assessment and practice.

We looked at how safeguarding procedures were managed by the registered provider. We did this to ensure people were protected from any harm. The registered provider had a safeguarding policy in place which signposted people to the local authority safeguarding team to raise concerns.

Staff told us they completed on line training and discussed safeguarding procedures as part of their induction. Staff were able to describe different forms of abuse and were aware of the system to report any safeguarding concerns to the registered manager. One staff member said, "I would go and tell my manager if I thought someone was being abused. I would go to the police or Care Quality Commission if they did nothing."

We looked at staffing arrangements in place to ensure people received the support they required. The registered manager told us they did not use agency and people benefitted from being supported by staff who knew them well. The registered manager used their own bank of staff to cover staff absence and they too completed shifts as part of the care team.

Staff told us they had no concerns about staffing levels. They said staff were reliable and all shifts were covered. One staff member told us they were not expected to work 'ridiculous' hours and were able to have a good work-life balance. Staff had access to an online rota system which allowed staff ready access to rotas and staffing. The registered manager said they monitored staff visits to ensure no missed calls occurred.

We looked at recruitment procedures in place to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed three staff files. We found full employment checks were not consistently carried out prior to staff commencing work. We found the registered manager had used historical DBS certification from previous employers to assess two people's suitability for the role. This meant a person's suitability could not be assured. We raised this concern with the registered manager, they agreed to complete a full audit of all DBS records and ensure new applications were made immediately. Following the inspection the registered manager confirmed an audit of all DBS certificates had taken place

and applications had been made for all staff without a valid DBS. The registered manager took action to ensure these staff were supervised within their employment until the necessary checks were put in place.

We recommend the registered provider seeks advice and guidance to ensure all employment checks for potential staff are in place prior to employment in line with national guidance.

We looked at how the registered provider managed medicines for people who required support. To do this, we visited a supported living scheme where staff were responsible for administering medicines. The registered provider ensured up to date records were kept to show people had received their medicines. Medicines were stored securely and were ordered on a weekly basis. Regular audits of medicines took place to check there were no errors.

The registered provider had a system in place for reporting accidents and incidents. We were informed however; there had not been any accidents or incidents.

Is the service effective?

Our findings

Two relatives we spoke with praised the effectiveness and knowledge of the staff. Feedback included "[Relative] is well cared for by a team who knows them well." And, "If they have any concerns they always ring me."

We spoke with two professionals who had experience of working with Has 2 be Happy Care. Both professionals told us they had no concerns with the service and were confident people's health care needs were met. One professional praised the holistic approach taken by the registered provider. They told us this promoted better outcomes for people who used the service.

One person said their relative's health had improved and they had experienced less hospital admissions as a consequence of good support being provided by staff.

We were also informed one person had a medical condition and was being supported by Has 2 be Happy Care to monitor this. Since staff have been involved the person has lost a significant amount of weight through provision of activities and education about diet and nutrition. This has had a positive effect upon the person and their medical condition.

Individual care records showed health care needs were monitored and action taken to ensure health was promoted. Assessments were in place to assess people's safety, mental and physical health. We saw evidence health professionals were consulted with when people had specific health needs. People were encouraged to undertake annual health care checks as a means to promote good health.

Relatives told us staff supported people with diet and nutrition, where appropriate. One relative said staff had worked hard in partnership with a speech and language therapist to develop a person centred risk approach to eating and drinking. This enabled the person to have a more varied and interesting diet and allowed the person to have more dining experiences. The registered manager told us, "It has widened their horizons."

We visited a supported living home and observed staff interactions at lunch. Staff were patient and did not rush people. People were supported to choose what they had to eat and drink. Specialised equipment was used to promote safe eating and drinking. For example feeding cups to assist with drinking.

We observed staff following eating and drinking procedures when they were working with a person who required support. For example, one person's support plan addressed the risk of one person dehydrating. We noted staff ensured the person had adequate fluid supplies when supporting them in the community.

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.

We spoke with staff to assess their working knowledge of the MCA. Staff were aware of the need to consider capacity and what to do when people lacked capacity. We noted a capacity assessment had been undertaken in relation to a person choosing what they wanted to eat and drink. This had been completed in conjunction with health professionals. Systems were put in place when it was deemed the person lacked capacity.

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. Relatives praised the knowledge of staff and their ability to carry out tasks competently.

Staff told us training was good. They said they received appropriate training to allow them to do their tasks. We looked at records belonging to three members of staff. Staff had completed training in first aid, medicines management, diet and nutrition. Four staff had completed a nationally recognised care induction training award. This training was on-going with new starters. There was an individualised learning plan in place depending on which people were being supported.

Training was also provided informally by experienced staff and formal carers. Inexperienced staff were guided through working practices by staff and carers who had a good understanding of the person.

We spoke with two members of staff who had been recently employed to work within the service. They told us there was an induction process in place which included training and shadowing experienced members of staff at the beginning of their employment. The staff members said they were happy with the support they received during their induction period.

One person told us their relative had complex needs. They praised the induction process designed by the registered manager saying, "Staff induction is adaptively following my [relative's] pace, their needs and expectations, not the convenience, motivations or interests of others."

We spoke with staff about supervision. Staff confirmed they received regular supervision. Supervision is a one to one meeting with a manager to discuss individual development and any issues they wanted to discuss. Staff said the registered manager was readily available if they had any concerns. They described the registered manager as approachable and said they were not afraid to discuss any concerns they may have in between supervisions.

Is the service caring?

Our findings

People we spoke with told us staff were caring and kind. For example, one relative said, "All the staff supporting [relative] are kind. They make them happy and understand the importance of keeping them happy." And, "Staff want to do a really good job."

One relative praised the patience and dedication of staff from Has 2 be Happy Care. They said, "They don't give up, not on us, or anyone. I don't think people who live without disability knows just how much that means to those who do."

The registered manager said they tried to match interests of staff to interests of people so that positive relationships could be formed. They explained they knew the people well and were aware of what skills and qualities people looked for in staff. They tried to identify these qualities in staff so they were compatible with people they supported. This promoted continuity of care and created satisfaction for both the person who used the service and the staff member.

One professional told us staff went the extra mile to ensure people were happy. The professional commended the positive atmosphere within the service and positive working dynamics between staff and the people who used the service.

We observed interactions between staff and people who used the service. People were relaxed and comfortable in the presence of staff. We observed staff laughing and joking with the people who received a service.

Independence was promoted wherever possible. We observed interactions between a staff member and one person. The staff member gave clear instruction to the person to enable the person to successfully participate in the task at hand. The staff member only intervened when the person needed help. Promoting independence allows people to maintain and develop new skills and increases self-esteem.

Communication was promoted and enhanced throughout the service. We saw evidence of staff signing with one person who had limited communication. It was evident the staff knew the person well. The person also had a picture exchange communication system (PEC's) which further promoted communication when the person could not use sign language. We observed staff being patient with this person, when they were trying to communicate. Staff did not rush the person, or talk over them. They gave the person time and space to express their needs.

Staff respected people's privacy and dignity. A staff member had arrived at a person's home and they were not in. The person had asked the staff member why they had waited outside. The staff member explained it was rude to let themselves in when no-one was at home. This showed us staff members respected people's personal space and privacy.

We asked staff how they ensured they privacy and dignity was maintained. One staff member told us they

always ensured they closed doors when providing personal care to people, unless people expressed otherwise.

Is the service responsive?

Our findings

Relatives consistently praised the way in which individualised services were encouraged and developed. Feedback included, "The service has made a difference to my [relative.]" And, "I want [relative] to have the same experiences as people of their own age. Has 2 be Happy Care gives them the opportunity to do this." And, "It has been life changing."

There was a positive atmosphere within the service where staff and management adopted a 'Can do' approach. People's strengths were nurtured and maximised to enable people to reach their full potential. This atmosphere was commended by both relatives and a professional. Feedback included, "They recognise what people can do. Not focus on what they can't do." And, "There are things that [relative] does now that we wouldn't have let them do. They (the staff) keep them safe but allow them to do things they want."

A social care professional who visited the service commended the registered provider and the way in which they developed individualised supports. They considered the registered provider as providing a higher than expected standard of care. The professional described the service provider as providing a person centred service that went 'above and beyond' what was expected of service providers. They said people who used the service and their needs, were always at the centre of their entire decision making. The professional said this positive way of working encouraged people to be involved and motivated to achieve. It also increased people's self-esteem and confidence.

During the course of the inspection it was noted the registered provider strived to ensure people who used the service lived valued fulfilled lives. The registered manager told us the vision of the service was to provide people with activities that had meaning and positive impact. Relatives told us the registered provider was meeting this vision and was committed to encouraging people to be active. One relative said, "There is always something for my [relative] to do. They keep people active. They keep it varied and interesting."

The director of the service told us they believed it was important people were kept active and given purpose. They said, "Once you give a person a purpose in life, it changes the person's life." There was a great focus within the service upon empowering people to achieve the maximum of their potential.

The registered provider's office was located in a hub which was occupied by a social enterprise which was also managed by the director of the company. The hub provided social opportunities for people who used Has 2 be Happy Care. Social activities were also accessible by the public and other social care agencies.

On the first day of inspection we observed a community showing of a sports match. People from Has 2 be Happy Care were discreetly supported by staff, other people from within the community were also watching the sports match. People were relaxed and comfortable with this arrangement. This was the first time this social event occurred but the registered manager said there were plans for further developments. Following the inspection we were advised that other activities had taken place where people were invited in to share the experience. The registered provider said, "It's important we don't produce an isolated community only for people within Has 2 be Happy."

We also observed an art class taking place. A person was being supported by Has 2 be Happy to take place in the art class. The art class was facilitated by a local artist and the group was open to other people who lived in the community not just people who used the service.

The director said there was a need to develop inclusive communities so people can build friendships. They said they did not want to just develop a community only for people with disabilities. The aim was to develop an environment for all people within the community not just for people who used the service.

The registered manager was committed to trying to find employment for people who used the service. They said it was one of their visions to see people who used the service in employment. As part of the inspection process we met with one person who used the service. The registered manager said this person had a history of challenging service providers which had led to breakdown in service provision. The registered manager said they had worked closely with the person to find out what they wanted from their service and changed the service when the person was not happy. This showed the service was responsive and worked proactively in partnership with people. By listening to the person they established what motivated and inspired them. The person was then supported by staff at Has 2 be Happy Care to gain a work placement.

We visited the person at work and observed the person carrying out their tasks. The person was reluctant to fully engage with us as they were busy with their work and took their role seriously. When they stopped to talk to us they beamed with pride when telling us about their role. The person displayed confidence when carrying out tasks and worked independently without support. They told us they liked the job and meeting people during the course of their employment.

The employer of the person spoke fondly of the person and said they had exceeded all expectations within the work role. They explained when the person first started working they were shy and reluctant to talk with customers but as they had progressed they had become more confident and talkative. The person had developed new relationships with people they came into contact with through their employment. This had promoted their self-worth and enriched their life.

The employer described the person as an asset to their service. The employer said, "[Person] adds something to this place. I have learnt a lot from them." The employer told us they now intended to support the person to gain a qualification which will assist them in the workplace. This demonstrates that on-going development was encouraged and supported and life opportunities were increased.

Because the work placement had been successful the person had been offered more hours within their employment on a voluntary basis without support from Has 2 Be Happy Care Limited. The registered manager said this had enhanced the person's life and incidents of behaviours which had challenged had decreased. This in turn had increased the person's quality of life increasing their self-worth and developed their autonomy.

The employer praised the skills of the registered provider and said they had worked creatively to help set up the work placement. They said they had taken a positive approach to risk which had enabled the person to try new experiences and had changed the person's life for the better. This demonstrated the registered manager worked in a positive manner to develop opportunities for people regardless of any negative labels that had previously been attached to people.

Staff worked innovatively to meet people's needs. Staff at a supported living home told us people who lived at the home had been supported to set up their own micro-enterprise. Staff had worked with two people to find out their likes and dislikes and had used their strengths and talents to help them set up a mini business.

The two people designed and produced their own soaps and cosmetics. This process was enjoyable for the people as it provided recreational activity and enhanced the senses through touch and smell. Staff told us the two people were then supported to attend community groups and sell their products. The registered manager said people used these social opportunities to positively raise awareness of people with disabilities. This promoted community participation and enabled people to be established members of their own community.

A social care professional we spoke with praised the creative and dynamic manner of staff. They said staff had an enhanced understanding of what people needed to engage in society and make a contribution. This said this gave people who may have encountered isolation a real sense of purpose, achievement and social interaction.

People were also encouraged to be active participants in social groups within their own community. Two people told us they were members of a local drama group, which they attended on a weekly basis. The two people were currently practicing for a production. Staff understood the importance of this group and the benefits it provided to the two people.

The registered provider was committed to preventing people from being socially isolated. People were encouraged to use technology to allow them to communicate with friends and relatives. We saw evidence of people using Skype to speak with families and social networking groups being used to stay in touch with friends. Skype is a means of communicating using internet technology. The director of the service recognised the importance of friendships and the way in which this promoted well-being.

We looked at care records belonging to four people who used the service. We were told pre-assessment checks were carried out by the registered manager prior to a service being provided to a person. The registered manager said they were aware of the need to keep people safe and said they would not be afraid to decline work if they felt they did not have the correct skills to provide the support required.

As part of the pre-assessment process the registered manager communicated with all professionals involved in a person's life. Information was then collated and a decision was made about whether or not a service could be offered.

The registered manager understood the importance of addressing people's cultural needs in order to promote responsive care. The registered manager said they were asked to support a person with specific cultural needs. Because of the culture, people were sometimes reluctant to access formal care services. The registered manager understood that staff working within the person's home would have an impact upon the family. In order to develop more responsive care and to make the transition successful the registered manager tried to specifically recruit a member of staff who shared these cultural values. They felt this would enable positive relationships to be developed and would allow trust to be built with the family. When they were unable to fulfil this criteria they recruited a member of staff who was also inducted by the family so they were aware of all cultural needs. This had led to a successful placement where support was provided in a sensitive manner and positive relationships were formed. This demonstrated the registered provider understood the importance of and was committed to meeting people's cultural needs as part of service provision.

Care plans were person centred and there was evidence the care planning process was driven by the person who used the service. People were encouraged to use a "Listen to Me" booklet to document and record all information that was important to them. This document had been designed to promote autonomy and enable the person who used the service to remain in control of developing their own care plan.

Partnership working and information sharing was seen as an important factor in developing care plans, when relevant. Families told us they were involved in the planning and development of plans. One relative said they had been involved at every step in the process. When people required support to meet their health needs there was evidence of partnership working with health professionals for advice and guidance.

Care plans detailed people's own abilities as a means to promote independence, wherever possible. Health needs were addressed alongside social and cultural needs. Actions were set to ensure people's needs were monitored and managed. We saw evidence person centred plans were regularly reviewed and actions set at a care planning meeting were met.

Both professionals we spoke with both described the service as 'person centred.' The registered manager told us staff had received training in developing person centred thinking and this culture permeated throughout the service. People had individualised schedules and staffing was arranged to meet the needs of the person, not the staff or service.

People we spoke with told us they had no complaints about the service. This was also echoed by relatives who consistently told us they had no complaints and were extremely happy with the care provided. One relative said, "I have never had to complain. The [registered manager] is very approachable and I can always get hold of them." Another relative said, "They set their own conveniences aside and put customer needs and aspirations above all else." And, "I am very happy."

The registered manager said they had not received any complaints to date. They said they had regular contact with each person who used the service and said people were encouraged to speak out if they were unhappy with their care.

Staff told us they were aware of the complaints procedure and would inform the registered provider if people complained.

We saw evidence within individual care records that people who used the service were given as a complaints procedure detailing their rights to complain as part of their service user guide. This gave clear instruction to people informing them who to complain to and their rights.

The registered provider had actively sought the opinion of a 'critical friend' when developing the complaints procedure. They used the skills of a volunteer who had experience in health and social care who had a specific interest in evaluation of services. The volunteer told us they had worked with the registered manager to improve the complaints procedure to make it more effective and accessible to people. It was hoped this would allow a more transparent culture to be developed which would improve the quality of service provision. This showed the registered provider considered complaints in a positive light as a means to drive up standards.

Is the service well-led?

Our findings

Relatives praised the organisational skills of the registered manager and the way in which the service was led. They described the registered manager as approachable and knowledgeable.

Staff told us communication was good. They said they had regular team meetings to discuss any relevant information. Staff said they were kept informed by phone calls and through regular contact with the registered manager. The registered manager said they allocated each staff member time to come into the office on a regular basis to complete any required training or to complete paperwork and hold a supervision.

Communication with staff occurred through a variety of channels. We saw evidence of supervisions and team meetings taking place. In the supported living house we noted there was a communication book for staff to use. This promoted consistency of care.

We spoke with staff who worked within the supported living service. This service was previously managed by another registered provider. Staff praised the way in which the service was now managed by Has 2 be Happy Care and the positive effect it has had upon the staff team. Staff said the registered manager was a positive support to the team who backed up decision making when staff were in doubt. They praised the presence of the registered manager and their willingness to work hands on with people when required.

Staff told us the management team cared about the quality of service, the happiness of the people being supported and the staff satisfaction. One staff member said, "Managers really care. They don't do it for the money; they do it because they care."

The registered provider said they were committed to continuous improvement and were working proactively to improve service delivery. To do this they had enrolled a 'critical friend' from the nearby university. The critical friend volunteered time and supported management to look at how continuous improvement was identified and actioned. The volunteer said the registered provider was working with the local university to develop evaluation tools for communicating and evaluating services for people with communication disorders and severe disabilities.

Staff were given guidance about their roles and responsibilities. This was reflected in staff performance. Staff were confident and comfortable in their own roles and also knew their limitations. They said they would speak to the registered manager if they had any concerns. Relatives told us staff were knowledgeable and always knew what they were doing. Both professionals who provided feedback said staff were insightful and cooperative and eager to make a difference.

The registered manager said the development and maintenance of the service culture was an important element of their job. They said, "Culture is key to our success." The registered manager recognised the importance of staff sharing the same values and beliefs in order to maintain a positive culture. They said, "It is important that all staff buy into the same values." In order to ensure this was maintained staff received

training to allow them to explore and develop the culture.

Values were discussed as part of the team meeting and in open meetings with people who used the service. We asked staff about the strengths of the service. One staff member said the values driven approach was very strong throughout the service.

We saw evidence of partnership working. The registered manager had built links with the local university and was looking at ways of using research projects to inform and improve practice. The registered manager had enrolled on a social entrepreneur training course; this provided peer support as well as business support and provided innovative learning. These links allowed good practice to be developed and achieved.

The registered provider said they informally sought views of people involved in receiving a service on a frequent basis. They said due to the size of the service and the frequent contact held between the management team and people who used the service it had not been necessary to complete any formal surveys. The registered manager said they received compliments on a regular basis but never documented any down. They agreed to start recording feedback received.

Relatives told us they were frequently asked for feedback about service delivery. One family member said they comments were welcomed and comments were always well received. This showed the registered provider was committed to listening to relevant parties as a means to make improvements within service delivery.