

United Response

United Response - 21 North View

Inspection report

21 North View
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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

This inspection took place on 6 December 2016 and was unannounced. A second announced day of inspection took place on 7 December 2016.

United Response – 21 North View is a purpose built, six bedded care home providing personal care for people living with a learning disability. At the time of the inspection there were six people using the service.

All of the bedrooms and communal areas are situated at ground level, with a spacious kitchen, dining room and lounge. A garden area was available for people to use during warmer weather and bedrooms were of a good size, with overhead tracking if needed by people using the service.

We last inspected United Response – 21 North View on 18 and 24 November 2015 and found it was not meeting all legal requirements we inspected against. Specifically the provider had breached Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who used the service, and others, were not protected against the risks of inappropriate or unsafe care because an effective system for monitoring the service was not in place.

Following the inspection the provider submitted an action plan detailing how they would meet the legal requirement. They said they would be compliant by 1 February 2016.

During this inspection we found that the registered provider had implemented actions and improvements had been made.

A registered manager was in post and had been registered with the Commission since April 2016.

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.

An effective system for monitoring the quality of the service had been implemented. Any areas for action were noted with a timeframe for completion and a responsible person. Where action was required this had been completed in a timely manner.

We have made a recommendation about the recording of best interest decisions.

The registered manager had made applications to the supervisory body for Deprivation of Liberty Safeguards to be approved which included the use of bedrails and wheel chair lap belts.

Staff understood people's individual communication methods and engaged proactively with people,

encouraging and supporting them to make decisions about their life and the care they received. Relationships were warm and caring. It was clear from the laughter and smiles that people were relaxed and enjoyed spending time with their staff.

People were safe, and staff understood safeguarding procedures. Risks were assessed and risk reducing actions were included within a section of the support plans.

Any incidents and accidents were recorded and analysed for lessons learnt to improve the quality of the service provided.

Medicines procedures had been improved following medicine errors and they were managed in a safe way.

Support plans were person centred, detailed and provided staff with the information they needed to support people safely and appropriately. Alternative support plans were included as it was recognised people may need slightly different support if they were feeling unwell.

Staff were trained, and had attended specific training to support them to meet the needs of the people living at 21 North View, this included nutrition, autism and behaviour training. This enabled staff to support people with specialist dietary requirements.

People had a range of healthcare professionals involved in their care and staff actively engaged with them as needed.

People and staff were involved in team meetings and staff told us they were useful and supportive. Staff said the registered manager had made great improvements and the staff team were working well together. The registered manager said, "I'm proud of the staff. We are moving in the right direction."

There had been no complaints received since the last inspection. A procedure was in place should any concerns be raised.

There was a culture of inclusion which placed people at the centre of the service.

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.

Staff understood how to safeguard people from harm and risks were assessed and reduced wherever possible.

There were enough staff to support people and ensure their needs were appropriately, and safely met.

People were involved in the safe recruitment of their staff.

Medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service wasn't always effective.

Some restrictions, such as bed rails, were used. Staff understood this was in people's best interest and it was recorded within Deprivation of Liberty Safeguards applications, however there were no recorded best interest decisions.

Staff said they felt supported and had regular supervision and appraisal.

People's specific dietary requirements were met, and staff had attended specialised training to support them to meet people's needs consistently.

People had access to a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and understood their communication needs, engaging with people in a way that supported engagement and decision making.

There was lots of laughter and smiles from people and staff. People initiated physical contact with staff which was reciprocated appropriately and with warmth and care.

People's right to privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

Care and support was tailored to meet the specific needs of the person. Person centred thinking tools were used to ensure staff focus was on getting to know the person, their communication and their likes and dislikes in order to support them in a personalised way.

There had been no complaints since the last inspection but a procedure was available should a concern be raised.

Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted a person centred, inclusive culture.

Staff told us they thought the service was well-managed. Quality audits were in place to drive improvement.

Support staff and the registered manager worked together to ensure people received good quality care and support.

United Response - 21 North View

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 6 and 7 December 2016. Day one of the inspection was unannounced. This meant the provider did not know we would be visiting.

The inspection team was made up of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We also contacted the local authority commissioning team, and the safeguarding adult's team.

During the inspection we met all the people who lived at the service. People had complex needs and limited verbal communication so we were not able to speak directly with people to gain their view of the support they received. One relative visited their family member during the inspection but did not wish to speak with us, another relative was contacted but we did not receive a response. We spent time with people and their staff observing practice. We spoke with the registered manager, the senior support worker and two support workers.

We reviewed two people's care records and three staff files including recruitment, supervision and training

information. We reviewed medicine records for two people, as well as records relating to the management of the service.

We looked around the building and spent time in the communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

The people living at 21 North View looked relaxed and comfortable in the presence of staff. They smiled when staff came into the room and responded to staff openly. One person was asked by staff if they felt safe and they nodded enthusiastically.

We spoke with staff about how they kept people safe. Staff understood safeguarding principles well. One support worker said, "It's about any changes in behaviour or any verbalisations, assessing communication around the person, bruises on the body, finance problems. If I was concerned I would tell the manager and only the manager. I would tell the person they are safe, record it and report it so it would be investigated. I'm confident the manager would investigate it." The registered manager said, "It has to be a safe environment for people to live in and staff to work in."

Safeguarding information was on display within the service and staff had access to policies and procedures. A safeguarding log was in place which included information on the details of the concern, and the outcome of any investigation. Similarly accidents and incidents were logged and investigated. Safeguarding concerns and accident and incidents were analysed for lessons learnt which mainly related to understanding people's communication and support needs.

We spoke with the senior support worker about the assessment of risk. They said, "Risks are identified in red on the support plans and the support plan explains how the risk is managed." We found support plans identified the risk and there was a specific section detailing risk reducing actions. Identified risks related to bathing, nutrition and hydration, mobility needs and swimming. The risk reducing actions included guidance for staff on how to keep people safe.

In addition there was a risk management plan which identified risks, the risk reducing actions, any specific training required by staff and any relevant checks that needed to be completed to minimise or manage risks.

Each person had a personal emergency evacuation plan in place which detailed procedures to follow during the day and at night. Support staff understood what to do in the event of a fire. One support worker said, "We wouldn't use the overhead hoists but we would make sure people were safe and evacuate if we could and tell the fire brigade where people were. We do evacuation practices." Another support worker said, "We do fire drills and check the lights and the doors. We do a real evacuation three monthly. [Two people] recognise the noise of the alarm." We saw evacuation drills were documented appropriately.

Relevant and regular health and safety checks had been completed. These included emergency lighting, fire doors and smoke alarms as well as equipment checks including, hoist, bed rail and sling checks. The landlord completed an annual gas safety check and an electrical installation condition report had been completed which stated the installation was unsatisfactory but the landlord confirmed all works had been completed.

A disaster recovery plan was available at every exit from the building which included information for staff to

follow if people were unable to reside at the service due to the building not being habitable. Information included where people would stay, medicine information and who to contact.

We looked at staffing levels within 21 North View. The registered manager explained there were a set number of hours provided which meant there were, on average four staff supporting people during the day. The registered manager explained that if people needed additional support to attend an activity extra staff were brought in for that time, such as to support people to go swimming. The registered manager said they were flexible with their time and would provide support for people. Overnight there was one waking night staff and a sleep in staff member.

The registered manager explained there were some recent staff vacancies. Relief staff who knew the people well were providing support and some consistent agency staff were also used. Agency staff were not required to administer medicines, and a member of staff who was a part of people's consistent staff team always worked alongside them. Support staff told us they thought there were enough staff to meet people's needs.

We saw staff matching tools were also used to ensure the personality, skills and likes of staff could be matched with people's needs and interests. People were involved in the recruitment of staff at a second stage interview. The registered manager used observations of applicants to assess their interaction and engagement skills with people. If applicants successfully completed the recruitment process they were offered a post subject to the receipt of two satisfactory references and a clear Disclosure and Barring Service check (DBS). DBS checks help employers ensure only suitable staff are employed to work with vulnerable people. If concerns were raised on a DBS check a risk assessment was completed to assess the applicant's suitability.

We looked at how medicines were managed. Lessons learnt from medicines errors included changes to procedures for administration. The registered manager said, "We have changed things due to past errors, we now use blister packs, and highlight on the medicine administration records (MARs) the times to administer. We have addressed the times of medicine administration with people's GPs, as tea time was really busy so people now receive medicines at 4pm when it's quieter. We also have a space for staff to concentrate on medicines if needed so they can close the door. I do a weekly managers check as well as the daily check by staff." They added, "If we have agency staff it's our procedure that they don't do medicines. I do observations of staff and a competency of medicines is done every year with training, I also do spot checks to ensure they are administering correctly." We saw there was evidence of training and competencies. We observed one person being supported with their medicines. The support plan was followed appropriately, and staff were patient and engaging whilst the person had their medicines.

Medicine administration records (MARs) were completed in full and signed appropriately. If someone's medicine had not been administered, the reason why was recorded. Information on people's medicines and why it was needed was detailed and there was also information on side effects available. A medicines policy was included in each person's health file and included procedures for the disposal of medicines and how to address any errors.

Protocols for the administration of as and when required medicines were in place and specified the dosage and the time staff needed to wait between doses as well as the maximum dose in any 24 hour period. Staff knew how to assess if people were in pain through observing their communication and body language, and the detail was recorded within communication passports.

Is the service effective?

Our findings

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

During the last inspection we saw assessments of people's capacity to make decisions were in place. Care records included information on the efforts made to ensure the least restrictive option was followed. During this inspection we found care records did not include recorded mental capacity assessments or best interest decisions. We spoke with the registered manager about this, who explained they had recorded it all within the DoLS applications. They added that some of the people communicated their preferences in relation to restrictions. For example, one person would gesture to remind staff that they needed to ensure their wheelchair lap belt was fastened. Another person was able to communicate to staff that they wanted to spend time on the floor rather than in their comfortable chair. On day two of the inspection we noted the registered manager had started completing the appropriate assessments and documentation in relation to best interest decisions.

We recommend that the Provider reviews best practice guidance around retention of best interest decision assessments as detailed within the Mental Capacity Act 2005 Code of Practice at paragraphs 4.60 and 4.61.

The registered manager confirmed that each person was subject to DoLS and they had submitted new applications to the supervisory body due to the expiry of authorisations. DoLS applications included information on the restrictions used in people's best interests. This included the use of bed rails and wheelchair lap belts. People's needs, in relation to the specialist equipment needed had been fully assessed by healthcare specialists.

Staff had attended training in mental capacity and DoLS and understood that some equipment was restrictive. They were able to explain that it was used in people's best interest to keep them safe from harm. A senior support said, "It's about things being done in people's best interest to keep them safe." They added, "Everyone has a profile bed and a daily checklist is in the health and safety file, we do a weekly check on equipment such as wheelchairs, hoists and bed rails."

Staff sought agreement from people before they engaged in any intervention. People were given the time

they needed to understand the information and they communicated consent in the form of a vocalisation, a nod or a gesture.

We spoke with staff about the support and guidance they received. The registered manager explained annual appraisals were up to date but supervisions were slightly late due to the handover of the responsibility for supervisions to senior care staff. This meant there had been a slight delay in the organisation of supervisions so staff had missed their last supervision. Staff told us they were well supported, could approach the registered manager or senior at any time, and had regular supervision and an annual appraisal. One support worker said, "One to ones are good, I can off load. I'm happy to do that as it's in confidence. I know [registered manager] will put it right if I'm unhappy with anything."

Some staff spoke about their induction when they first started working at North View. One support worker said, "I completed an induction, it was an introduction to people, staff and care plans and I spent a few weeks shadowing. I did all my training as well, moving and handling, first aid, epilepsy, fire safety, medicines, food hygiene, safeguarding, DoLS and mental capacity. Some of us are doing autism training, it'll definitely be useful to support [person] and have more of an insight." We asked if any specialist communication training had been attended, one support worker said, "Training has included aspects of communication, non-verbal's and body language." They also said, "We've done active support, it's about helping the person to do things, working alongside them and motivating them to be as independent as possible whilst keeping them safe."

The registered manager said, "All staff have had challenging behaviour training and we have asked our own [specialist] to do some observations of staff approach." This was to assess if staff were providing effective and responsive support for the person. The registered manager also said, "The medicines training is practical. The trainer role plays being a person needing medicine and won't sign staff off as competent unless they have answered questions and gone through the training."

One support worker said, "I've done lots of training, data protection, moving and handling, medicines eLearning and competency, safeguarding, I've done mental capacity and DoLS (Deprivation of Liberty Safeguards) it's all up to date. I'm also doing two days of autism training." They added, "I need to learn more about autism, I said I need help to help [person] and now we are doing autism training."

A training matrix showed staff training was current in relation to health and safety, moving and handling, food hygiene, medicines, safeguarding and mental capacity. Some staff had also attended training in active support, positive behaviour support and behaviour which may challenge. This training placed a focus on staff understanding and responding to people's needs and choices to ensure their response was appropriate and effective. The registered manager told us, "Speech and language therapy have trained people on the consistency of food and fluids." This meant staff had specific knowledge around people's specific dietary requirements.

People were involved in doing the shopping for the house and made decisions about what they wanted to eat at mealtimes. People were offered choices and supported in various ways to make decisions, such as by being shown pictures of food, or the food itself. People's choices were recorded on a board in the kitchen however they were free to change their mind if they wanted to.

Some people required specialist diets such as pureed or blended foods. Staff were knowledgeable about each person's specific needs and ensured their needs were met. If people were eating out staff carried thickener so people could enjoy a drink whilst out. Staff also had a blender with them which ensured if the restaurant, pub or café did not have facilities to blend food staff were able to provide the equipment and

ensure food was at the appropriate consistency for people. The registered manager told us staff were also aware of the importance of asking for foods to be blended individually so it was presented in a more appetising way for people.

People had health files which included all the necessary information in relation to their health and medical needs. Health action plans were in place and reviewed regularly and included information on contact numbers for health professionals involved in people's care such as speech and language therapy, GP, consultant, physiotherapist, continence care, hospital contacts and dentist, optician and podiatry. There was also information on people's health needs, medicines and communication needs. Hospital passports included necessary information that hospital staff would need to know about the person if they were admitted to hospital.

Health files included information on nutrition and hydration risk which had been assessed using a recognised tool.

The environment at the house had been adapted to meet the needs of the people living there. This included an adapted kitchen, specialist bathroom and overhead tracking in people's bedrooms. The registered manager also explained that people enjoyed the garden so they had requested planting areas be made accessible for people.

Is the service caring?

Our findings

Due to people's complex needs we were not able to directly ask people about their relationships with staff so we spent time observing staff spending time with people.

The house was full of laughter and smiles. We observed warm, caring, compassionate, and understanding relationships between support staff and the people they supported. There was appropriate touch shown which was instigated by people and reciprocated by staff in a relaxed and supportive manner. There was lots of engagement and 'banter' which people clearly enjoyed given the amount of smiles and laughter that was observed. It was respected that at times people wanted to spend time alone or to sit quietly watching TV, listening to music or using a sensory activity board.

Support staff consistently engaged with people, understanding and interpreting their communication to ensure people received the care, support and attention they were requesting. If people were sitting quietly staff ensured they were okay and regularly asked if they needed anything.

Support staff knew people so well that they were in tune with even subtle changes in expression, body language, or vocalisations. This meant they responded almost immediately to people's needs. Support staff engaged in meaningful conversations with people through reading, and understanding each person's unique communication.

There was lots of conversation about people's family, past events and the planning of future events. We could see from the expressions on people's faces and the level of attention that people understood staff and the smiles and laughter clearly showed how much people enjoyed being with their staff.

People were encouraged to indicate who they would like to support them with certain things and staff explained if this was possible or not, based on whether they were at work and if they were supporting someone else at that time. The registered manager was aware that people may enjoy specific activities or events with specific staff more than others and wherever possible this was supported to happen.

We asked how people and their families were involved in developing support plans and decision making. The registered manager told us, "There's big family input. Family have said they've never known people go out as much. One person went to visit family [a distance away] and they said they were a different person." We saw some family members had been involved in writing people's life history and there was evidence of regular family visits and contact with people. The registered manager and support staff explained that families had been asked to be involved in care planning but many had refused as they were happy with the support provided. Family members did attend appointments with people and were involved in reviews. Family were kept up to date with any concerns or changes in people's needs. A senior support worker said, "I know people well so can write the support plans, family can be involved but they don't want to write the support plans. They come to annual reviews if possible and are always invited. We do person centred plan reviews, everything is around the person, it's all individual." We found support plans were written in a way which ensured people's dignity and privacy was respected and promoted at all times.

Some people were spending time at home over Christmas, and another had invited their family member to join them on Christmas Day so they could enjoy the celebrations together.

People's rooms were very individual to them, they were personalised and reflected people's personalities and interests. Some people had sensory lights in their rooms, whilst others had a timetable and calendar to support with orienting them to the day and forthcoming events they were looking forward to.

One support worker said, "People have come on leaps and bounds, [person] will say our names, [person] uses my cup and respects it rather than the plastic beaker, [person] never throws my cup, also used a fork, just picked it up instead of a spoon and started using it!" They added, "There's lots of banter and interaction with people, I love it." They added, "The best thing is the people and making their lives pleasurable, it's great to see them laughing and carrying on." Another said, "The best things are it's almost instinct once you know people well, you can have a laugh with people, helping people is a positive experience."

The registered manager said, "I love what I do, I think I make a difference, I want everyone to be happy and lead the life they deserve."

None of the people living at 21 North View currently had the support of an advocate. The registered manager said, "They are involved on an as and when needed basis rather than people permanently having an advocate."

Is the service responsive?

Our findings

During the last inspection we found the provider had breached a regulation. The latest information such as advice from speech and language therapy teams had not been used clearly in assessments, support plans and risk assessments. We found the volume of old information in files meant staff could miss the latest advice and little auditing and review had occurred to ensure care records accurately outlined people's current needs. During this inspection we found improvements had been made.

The registered manager told us improvements had been made following the last inspection, they said, "New paperwork is in place and old letters and information has been removed from records."

We found information in care records was current and relevant to meet people's needs. People's personal history had been recorded using person centred thinking tools such as one page profiles, and 'my life so far.' We saw family members had written people's stories from the person's point of view, and then from their own. They included touching and moving recollections from people's childhood to present day.

There was information on what made a good day and a day for people, how the person liked and needed to be supported, how to prepare people for activities, how to communicate and how to support the person when they were finding something difficult. Communication profiles provided detailed information on how each person communicated their decisions, how to involve the person in decision making and what specific gestures, expressions and body language meant.

Support plans were detailed and specific to the person. Information was included on the outcome of the support, the area of support including what the person could do themselves, what the person could do with what help, and what staff needed to do. For example, nutrition care plans detailed one person could choose their meal and be involved in preparing a meal, the support needed was described in detail and included that staff needed to make sure the environment was quiet, that staff sat to the left of the person facing them and used a spoon to support them to eat their meal. There was also a list of foods which were difficult for the person to eat and should be avoided.

Support plans also included an 'alternative plan' which was to be followed if the person was unwell and support needed to be delivered in a slightly different way due to, for example, the person not feeling like getting up, or not feeling like eating.

We found support plans followed the principles of positive behavioural support. If people had presented with behaviour that staff found challenging the situation had been analysed to assess why the person had behaved in this way. By doing this staff were developing a shared understanding of the need to listen to and respond to people's preferred method of communication. This meant people's needs could be met without the need to challenge staff. Staff had also used TACPAC assessments as a means to develop interaction with people. A senior support worker explained, "It provides sensory stimulation, it's relaxing and done to music, it also gives one to one time as well." TACPAC is a form of sensory communication; it combines the sense of touch and music through social interaction and aligns touch to the beat of the music. Each session is

structured and takes place in an emotionally safe environment, clear of other sensory interferences so the person can focus on enjoying the music and interaction.

Support plans were reviewed monthly and documented on a monthly summary sheet, which indicated whether there had been any change leading to a new support plan being developed. The registered manager said, "Any changes are recorded on the form and lead to an updated support plan. Reviews are annual but there would be a re-write, we have annual person centred plan reviews. Everyone has had one, I have sat in on them and have the notes, they have been completed and the aim is for staff to take responsibility."

A keyworker system was in place. We asked support workers what this meant, one said, "It means I make sure they get everything they need, holidays, activities, swimming, it's just fabulous here."

Each person had a weekly planner in place with times for one to one support or activities. Each person was going out, on average three times a week. Activities included swimming, meals out, horse riding, discos, attending community centres, bowling and shopping. In house activities included massage, movies, arts and crafts, cooking, baking, cleaning and listening to music. People also had access to specific activities according to their needs and interests such as sensory boards, sensory lights and musical instruments.

A support worker said, "We can do anything with people, we are keen to know more about what interests people and look at what's working and what's not working, we know people's behaviour and what it means so we know if they are enjoying something or not."

The registered manager said, "We discuss what people like and where they want to go with them. We also use what we know about people to suggest new places or new activities and assess if they enjoy it or not. We like people to have different experiences." Family members were also involved in attending activities with people such as swimming. Each person also enjoyed contact with their family members and emphasis was placed on ensuring people visited or contacted their family regularly. Family were also welcome to visit people at any time.

We spoke with the registered manager about complaints. They said there had not been any since the last inspection. They said, "The procedure would be to document it, aim to resolve, and send a letter within 28 days. We have an escalation process in case it isn't resolved or the complainant isn't happy with the outcome." We found family members were regularly involved in people's lives and staff were confident that if there was any feedback, positive and negative, family members would raise it with them.

Is the service well-led?

Our findings

During the last inspection we found the provider had breached a regulation. Audits had not been consistently completed to monitor care records. The lack of oversight had led to staff not completing monthly evaluations of care plans. During this inspection we found improvements had been made.

In addition to weekly checks made by the registered manager quarterly checks were completed. These were done by a manager from a different part of United Response and included checks on finances, supervisions, employment, health and safety, support records, person centred documentation, risk management and an observation of staff practice. Any actions were clearly recorded and given a time frame for completion.

Monthly evaluations of support plans had taken place. The registered manager said they were working with support workers to further improve recording they said, "It's important to record the experience of what people enjoyed and didn't enjoy."

Support staff told us about improvements that had been made. One support worker said, "[Registered manager] has made great changes with the files and things, we all do paperwork and care records now." They also said, "We've come on a lot, more organised, you can see people have benefited as well, even families have said it." Another said, "[Person] is a good manager, I'm comfortable with them and can discuss any problems."

A senior support worker said, "There's clear responsibility with [registered manager], I'm checking finances, supervising support staff and writing support plans." They added, "I write the support plans and support workers do monthly reviews and go through the files for any changes. Any changes mean a re-write of the support plans."

The registered manager had consulted with the staff team about making changes to the rota to benefit the people supported. This meant support staff worked longer shifts but it gave people more time to spend out the house having quality time enjoying activities. The registered manager said, "Staff are a big part of making it work. They are really good and work as a team, it's a happier environment."

We asked if there were any further improvements staff could think of. One support said, "There wouldn't be anything that I'd change." Another said, "No, nothing, staff have good relationships, we can speak to the senior or the manager. People seem happy."

Staff told us what they thought the best things about 21 North View were. One support worker said, "I think we are listened to if we suggest an easier or better way to support someone." Another said, "Everyone is always really happy and bubbly and positive. There a good culture, good work environment." A senior support worker said, "We have good team members, we are making a difference to the people we support, seeing them have good days and meeting their needs." The registered manager said, "We've made improvements, we aren't perfect, staff are better at having the right approach, I love my job, love coming here, love the people. I'm trying to give staff more confidence to manage situations, to ensure everyone

follows processes and do what people want. I'm pleased staff can approach me and share their concerns, I'm proud of the staff. We are moving in the right direction."

Staff also spoke about staff meetings. One support worker said, "Staff meetings are good but I tend to keep any issues for one to ones and just observe. We do pull together as a team though, it's fabulous to get everything done and so we have more time with people." The registered manager said, "Staff are given the opportunity to add agenda items to the team meeting but they are not very proactive." We saw team meetings included discussions about the needs of the people supported, supervisions, training, active support and health and safety. One team meeting had included actions taken following a whistle-blowing which included discussing concerns and findings, staff were given the opportunity to share their feedback around what was working and what wasn't working from their perspective. Another team meeting had included the people supported and involved watching a DVD about person centre planning and including people.

The registered manager said they created a person centred and open culture as they were passionate about the job. They said, "I want the best for everyone, including staff I want shifts to be as enjoyable as possible so I listen, I'm approachable and flexible and don't expect staff to do anything I wouldn't do. I observe interaction and if I have concerns I address it. I talk to everyone to get to know their likes and their ideas." People and family members were involved in person centred reviews which includes gaining everyone's views on the service provided.

The registered manager explained how they kept up to date with best practice, "I listen to feedback, I get flash emails, go to meetings, discussions in managers meetings, lessons learnt. I ask staff about trying new things and ask what they think. We can all ask questions in training to develop our practice. I read information, and get health and safety updates." The registered manager added, "I go to provider meetings as well, it's a relaxed environment, sometimes there's external speakers and we share experiences and information about inspections."