

Happy Futures Support Specialists Ltd

# Happy Futures Supporting People in North Yorkshire

## Inspection report

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## Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Happy Futures Supporting People in North Yorkshire provides a service to people with a learning disability, autistic spectrum disorder or people living with mental health needs.

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

We inspected this service on 10 and 25 October 2017. The inspection was announced. The provider was given 48 hours' notice of our inspection, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's office when we visited.

This was our first inspection of this service since it registered at a new location in December 2015. At the time of our inspection the service supported 11 people with the regulated activity personal care. These people lived in their own homes in and around Scarborough including a number of people who lived in supported living bungalows where one to one care and support was provided for part or all of the day.

The service had a registered manager. 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.

During the inspection, we identified the service provided was outstanding. We found staff were extremely responsive to people's needs. We received overwhelmingly positive feedback about the outstanding person-centred care and support staff provided. We found staff were passionate, enthusiastic and committed to understanding people's needs and to providing high quality person-centred care to improve people's quality of life.

People who used the service received support to engage in a very wide range of activities and to pursue their hobbies and interests. The provider had developed a 'skills centre' which provided a fantastic resource for people to use and enjoy. We saw people clearly benefited from the opportunities on offer to pursue meaningful activities including support to access employment and develop their CV's.

The service was extremely well-led. The provider and management were committed and passionate about providing outstanding care and support. There was culture of continually learning and developing the service. Staff and people who used the service felt valued and there was an open and inclusive approach to how the service was led. The provider was an excellent role model and keen to learn, develop and implement best practice guidance and to share their knowledge with others.

There were effective systems in place to gather and respond to feedback. The provider valued people's feedback and was clearly committed to listening and learning from people's experiences of using the service to continually develop the care and support provided.

The service was safe. Staff received training on how to identify and respond to safeguarding concerns. Detailed risk management plans were in place to support staff to provide safe care and support and to minimise the risk of avoidable harm. Staff were skilled and experienced and used their knowledge of people's needs to proactively identify and manage risks to people's well-being. Staff supported people to take their prescribed medicines safely.

Appropriate recruitment checks were completed to ensure suitable staff were employed. There were systems in place to ensure people's needs were met in a timely way and we found sufficient staff were deployed.

Staff received an induction and on-going training to equip them with the skills needed. New staff shadowed more experienced workers and there were opportunities to complete additional training as part of staff's continual professional development. Supervisions, appraisals and spot checks were used to support staff. Staff told us they felt supported in their role and advice, guidance and support was available when needed.

Staff supported people to make decisions and we found strong evidence that staff were working within the principles of the Mental Capacity Act 2005.

People received effective support to ensure they ate and drank enough and were supported to access healthcare service if necessary.

Staff were very kind, caring and attentive to people's needs. People provided very positive feedback about the staff and had clearly developed meaningful caring relationships with them. Staff supported people to maintain their privacy and dignity and treated people with respect.

## 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.

People who used the service felt safe with the care and support staff provided.

Risks were proactively assessed and managed. Detailed risk management plans were used to support staff to provide safe care.

Recruitment checks were completed and we found sufficient staff were deployed to meet people's needs.

People received safe support to take their prescribed medicines.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction and on-going training and supervision to support them to provide effective care.

People were supported to make decisions and staff worked within the principles of the Mental Capacity Act 2005.

Staff supported people to ensure they ate and drank enough.

People were supported to access healthcare services and staff worked in partnership with healthcare professionals to ensure people received effective care.

### Is the service caring?

Good ●

The service was caring.

People told us staff were very kind and caring.

Staff proactively supported people to express their wishes and views and to be actively involved in decisions about how they were supported.

People told us staff maintained their privacy and dignity.

### **Is the service responsive?**

The service was extremely responsive.

We received overwhelmingly positive feedback about the outstanding person-centred care staff provided.

Staff were enthusiastic and passionate about understanding people's needs and supporting them to improve their quality of life.

People received fantastic support to engage in a wide range of activities. The provider had developed a skills centre which provided a hub for fun and meaningful activities as well as support around finding employment.

The provider demonstrated they valued people's feedback and were committed to continually learning and improving the service.

**Outstanding** 

### **Is the service well-led?**

The service was extremely well-led.

We received overwhelmingly positive feedback about the outstanding service provided.

There was a clear person-centred culture within the organisation with an overriding focus of providing high quality care for the benefit of the people who used the service.

Staff and management were passionate and committed to continually improving and developing the service.

**Outstanding** 

# Happy Futures Supporting People in North Yorkshire

## **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. The inspection was planned to check whether the provider was 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.

Before our inspection, we reviewed information we held about the service, which included information shared with the Care Quality Commission (CQC) and notifications sent to us since our last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service or which affect the people using it. We contacted the local authority's adult safeguarding and commissioning teams to ask for their feedback. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

This inspection site visit took place on 10 and 25 October 2017 and was announced. The provider was given 48 hours' notice of our inspection, because the location provides a domiciliary care service and we needed to be sure someone would be in the location office when we visited.

The first day of our inspection was completed by two inspectors. The second day was completed by two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. The expert by experience who supported this inspection was a specialist in learning disabilities and assisted by visiting people who used the service to speak with them and observe staff.

During the inspection, we visited the location offices which also served as a 'skills centre' for people who used the service. We also visited five supported living bungalows to speak with people who used the service

and observe the care and support staff provided. Through this we spoke with four people who used the service and observed the care and support provided to five others. We also spoke with the relatives of three people who used the service. We spoke with the director who was also the provider's nominated individual, registered manager, operations manager, activities coordinator, employment coordinator, field care supervisor and three care workers.

## Is the service safe?

### Our findings

People who used the service told us they felt safe with the care and support staff provided. Comments included, "I feel safe, they look after me", "I do feel safe. I like living here" and "Staff are kind and always there when I need them." A relative of someone who used the service told us, "I never worry with whatever carer comes in."

We observed the care and support provided to other people who used the service and saw they acted in a way which showed us they felt safe and at ease in staff's company. We saw people engaged confidently with staff and reacted positively towards them. This showed us people felt safe with the support staff provided.

The provider had a safeguarding policy and procedure and staff received training on how to recognise and respond to any safeguarding concerns. Staff we spoke with described the signs and symptoms which may indicate someone was experiencing abuse and told us they would document their concerns and speak with a manager to ensure action was taken to keep people safe. Records showed safeguarding concerns were appropriately identified and referred to the local authority safeguarding team. This showed us there were systems in place to protect people who used the service from the risks associated with abuse.

The provider ensured robust recruitment practices were followed. We saw new staff had completed an application form, had an interview and provided references from previous employers. Disclosure and Barring Service (DBS) checks were completed before new staff supported people. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with people who may be vulnerable.

We found people's needs were assessed before they started using the service and this information was used to develop care plans and risk assessments to guide staff on how to provide safe care and support. We found risk assessments were detailed and person-centred and demonstrated a positive approach to risk management designed to maximise people's independence and freedom whilst minimising risks.

A relative we spoke with talked positively about how staff were committed to promoting people's independence. They explained how staff had supported their relative to use the microwave independently, but they sometimes forgot and put cutlery in as well. They explained how staff were working to get microwaveable cutlery so they could continue to be independent and to minimise the risk of a fire. This demonstrated staff's positive and person-centred approach to managing risks whilst recognising the importance of maximising people's independence.

Staff we spoke with demonstrated a good understanding of people's needs and how best to support them to promote and maintain their safety. We observed staff throughout our inspection and saw they were proactive in identifying hazards or dangers and quick to support people to remain safe.

A record was kept of any accident or incident involving people who used the service. These records

contained detailed information about what had happened and how staff had responded to keep the person safe. We found good evidence that action was taken in response to emerging risks to prevent similar reoccurrences. We spoke with the registered manager about developing an auditing tool to support this process.

People who used the service and relatives we spoke with were positive about staff's reliability and punctuality. A person who used the service said, "100% they are always there and they always let me know if things change."

At the time of our inspection, staff supported people through a mixture of planned visits at agreed times each day and a number of people with 24 hour care and support. The registered manager told us they did not complete any visits that were less than an hour as they felt it was important staff had sufficient time to effectively meet people's needs.

There was a system in place to make sure all visits were allocated to a member of staff and rotas were produced so staff knew who to visit and when. Staff we spoke with confirmed they received rotas in advance. The registered manager told us there had been no missed visits and people we spoke with and their relatives did not raise concerns about staff arriving late or leaving early. The provider told us they did not use agency staff and had 10 'supernumerary' staff who could cover sicknesses or absences when needed. The registered manager explained they had recruited a number of new staff who were due to start and this would provide additional cover and support the existing staff team.

Staff supported people who needed assistance to take their prescribed medicines. Where this was the case, people's support needs had been assessed and information was recorded in their care plan about the medicines they took and who was responsible for ordering and collecting prescriptions.

People who used the service and relatives we spoke with provided positive feedback about the support staff provided with prescribed medicines. One person who used the service told us, "They always ask have I have taken my medicines."

The provider had a policy and procedure in place to guide staff on how to safely administer medicines. Staff also completed training and the provider ensured competency checks were recorded to evidence they had the necessary knowledge and skills. This ensured people received safe support to take their prescribed medicines.

There were systems in place to record medicines administered and to monitor stock levels to ensure people did not run out. Staff used Medication Administration Records (MARs) to document when people had taken their medicines or the reasons these had not been administered. We found MARs were completed appropriately and audits were used to monitor and ensure best practice guidance was followed.

We saw protocols were in place for medicines prescribed to be taken only when needed, such as pain relief, although the registered manager told us they were in the process of reviewing these to include more detailed information.

## Is the service effective?

### Our findings

People who used the service and relatives we spoke with provided positive feedback about the staff who supported them. Comments included, "They are fantastic" and "I have a keyworker who is well trained." A relative of someone who used the service explained, "They are very on the ball and they know what they are doing."

We observed staff provided effective care and support throughout our inspection. We saw staff were extremely knowledgeable about people's individual needs and very skilled and experienced in how best to support them.

We spoke with staff about their induction training. One member of staff told us, "There was a lot of training. The training for me was important; I felt it was really good training and it gave me confidence." Records evidenced inductions were completed with new staff to ensure their competence. We saw staff had to complete 14 training courses on a range of topics to equip them with the skills and knowledge needed. A newly employed member of staff also described 'shadowing' more experienced staff and being introduced to the people they would be supporting. This provided an opportunity for staff to develop their understanding of the individual, their needs and how best to support them.

The registered manager showed us a 'training matrix', which recorded when training was completed and when this needed to be updated. A staff member stated, "Any training you want, they'll [the managers] sort" and provided an example of how they had recently completed training on autism which had increased their knowledge and confidence in this area. Existing members of staff also received specialist training in how to positively support people who may become anxious or distressed and act accordingly.

We saw staff members each had a 'Champion' role in areas including dignity, epilepsy and health. A 'Champion' has an area of special interest in a topic and was intended to act as a point of contact for any concerns or queries relating to this. This demonstrated the management had a commitment to the on-going professional development of staff and encouraged effective working within the service.

Staff described feeling consistently well supported by the management team and told us any issues were dealt with immediately. Staff received regular supervisions and appraisals which provided an opportunity to discuss on-going professional development, people's well-being and any concerns they had.

The registered manager confirmed that 'Individual and Environment Audits' were completed. As part of this process, consideration was given to the staff member on duty and served as a 'spot check' to monitor their practice and ensure they provided safe and effective care.

Staff provided effective support to ensure people's nutritional needs were met. Detailed information about people's preferences for food and drink and their associated routines was recorded within their care plans. Where staff supported people with their food and drink, we saw records of the meals prepared and food and fluid charts were completed for people whose intake was of concern.

Staff supported people to regularly weigh themselves and a record was kept to monitor for concerns regarding significant weight loss or weight gain. One person who used the service told us, "They help me eat healthy food and I am losing weight." A relative noted the staff provided nutritional homemade meals and described a time they visited and a stew was been cooked in the slow cooker.

People were encouraged to be involved in creating menu plans each week and to do their own shopping where possible. One person who used the service proudly told us, "They have taught me how to do shopping for food." Staff told us how they supported one person to go food shopping at a particular supermarket, as the shelves were accessible for them and this enabled them to reach the food to choose what they wanted to buy. This demonstrated staff's commitment to promoting people's independent living skills and showed us staff provided person-centred and effective care to meet people's nutritional needs.

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 MCA 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. For people living in their own homes an application must be made to the Court of Protection. At the time of our inspection, the provider had identified people who may be deprived of their liberty and communicated this to the relevant local authority. This showed us action had been taken to ensure people's rights were protected and to prevent any unlawful deprivations of liberty.

Our discussions with staff and management showed us they had a good understanding of the requirements of the MCA. At the front of each person's care file there was a document which reminded staff of their responsibilities in relation to the MCA:

"On a daily basis staff need to make a judgement on capacity and understanding to ensure that rights for the individuals supported are upheld and maintained."

We saw people who used the service, their relatives and other people who were important to them had been actively involved in planning and agreeing the care and support provided. Communication aids, such as flash cards, were used to encourage people to be included in decisions about their care and support.

Care files evidenced staff explored people's mental capacity to consent to their care and support. Where people did not have capacity to make particular decisions, there was evidence of discussions designed to ensure the care and support provided was in the person's best interests. Whilst we found clear evidence staff were working within the principles of the MCA, we spoke with the provider about implementing more detailed records in relation to people's mental capacity and with regards to best interest decisions. The registered manager agreed to review this.

People's care plans contained information about their medical needs and the ways for staff to best support them. There was also evidence that staff regularly consulted with other healthcare professionals including doctors and the community mental health teams to ensure people received effective care to meet their needs.

Health action plans and hospital passports were in place providing an overview of the person's health needs

and important information hospital staff would need to know about them if they were admitted to hospital.

## Is the service caring?

### Our findings

People who used the service and relatives we spoke with told us they felt staff were kind and caring. Comments included, "They [staff] are kind, loving and understanding", "They are all very caring and warm. They are like my family" and "Everyone is so supportive." A relative of someone who used the service said, "The staff are very caring and very focussed on the individual and putting [Name] first in everything they do." These comments demonstrated people who used the service valued the caring relationships they shared with the staff who supported them.

We observed interactions between staff and people who used the service throughout our inspection and saw staff were very caring and attentive in the support they provided. For example, we observed staff were quick to recognise where people required reassurance and were kind and sympathetic in their approach showing genuine concern for how people were feeling. We observed people responded in a positive and friendly way towards staff, keen to show staff what they were doing and involve them in activities. It was clear they knew staff well and felt happy and comfortable in their company.

We saw the provider supported and encouraged staff to develop positive caring relationships with the people they supported. The registered manager showed us how they arranged rotas to ensure people who used the service were supported by a consistent team of staff who were familiar with their needs. People told us new members of staff were always introduced by another member of staff so they could get to know them first. A member of staff told us, "If we are going to see a new person you have a shadow shift so you can learn their routines and find out what that individual likes doing as everyone is different." We saw the provider carefully considered which staff would be best suited to supporting each person and people who used the service told us if they did not get on with a certain member of staff they were not sent again. This was designed to ensure people were supported by staff who they knew well and got on with.

We reviewed people's care plans and saw they contained detailed person-centred information about them, their family as well as information about their hobbies and interests to further support staff to get to know them and develop positive caring relationships.

People who used the service told us they had choice and control over their care and support. We observed staff were very skilled and experienced in supporting people to express their wishes and views and to make decisions about their daily routines. This included supporting people to decide what to eat and drink, what activities to do and how to spend their time. People's care plans evidenced people had been involved in shaping their package of care and making decisions about how their needs were met. We observed how staff had developed effective and person-centred communication aids and strategies to empower people to express their wishes and views. This included individualised ways of supporting people to choose what to eat and drink and make decisions about how they spent their leisure time including what activities they took part in. People who used the service confirmed staff listened to them and respected their decisions. One person who used the service commented, "They talk to you about your own care."

People who used the service were supported where necessary to access the support of advocacy services.

An advocate is someone who can support people to ensure that their views and wishes are heard on matters that are important to them. We saw accessible information was displayed in the skills centre regarding how to access support from an advocate and the registered manager and provider spoke knowledgeably about how they identified and supported people to access advocacy services if needed.

People who used the service told us staff treated them with respect and supported them in a way which maintained their privacy and dignity. One person who used the service said, "They talk with us – it's like two friends talking. They are very respectful." Other people told us, "They protect your dignity" and "They [the staff] don't speak down to me." A relative we spoke with said they felt staff were respectful of people's privacy and dignity and told us how they observed staff always knocked before going into people's bungalows.

We observed staff were mindful of supporting people to maintain their privacy and dignity. We saw staff spoke with people in a dignified and kind way demonstrating they clearly respected the people they supported.

Our conversations with the provider and staff showed us they were mindful of issues relating to equality and diversity and took proactive steps to ensure people were not discriminated against on the basis of any protected characteristics. For example, we saw reasonable adjustments were made through the use of communication aids as well as assistive technologies and equipment to maximise people's independence and ensure they were able to do the things they wanted to. Staff were proactive in ensuring people were not unduly restricted or deprived of their liberty and respected people's right to live how they chose, whilst balancing and managing risks to their well-being.

## Is the service responsive?

### Our findings

People provided extremely positive feedback about the outstanding person-centred care and support staff provided. People who used the service said, "They are absolutely fantastic" and "It is brilliant here, staff look after you." Whilst a relative told us, "I have not experienced this level or quality of care with any other company."

Feedback from professionals showed us staff achieved exceptional results in supporting people to improve their quality of life. We saw compliments from healthcare professionals included, "I have had the privilege to see clients thrive within your service, you have led by example and some of your support staff are the most caring I have come across in a very long time", "You have always gone the extra mile" and "I find the company to be highly professional with a total focus on delivering very high quality support and achieving outcomes for individuals...[the provider] and their team go above and beyond."

We observed staff provided very person-centred care and support which was focussed on meeting people's individual needs, supporting them to achieve their goals and improve their quality of life. For example, one person told us how staff had been 'Amazing' and 'Brilliant' supporting them to build their confidence. They explained how their independence was very important to them and, through staff's support, they had been able to reduce the amount of care they needed. They explained how staff had supported and encouraged them with appointments and also helped them to find work. This demonstrated how staff supported people to improve their quality of life.

The provider had recruited an 'employment coordinator' to support people to develop their skills, write CV's and to seek employment. We spoke with them about the work they were doing to help people find paid and unpaid voluntary work, but also to engage in projects to develop skills for their CV's, such as a recycling project. One person who used the service spoke proudly about how the support staff had provided information for them to find paid work and the positive benefits this had for them. This demonstrated a commitment to supporting people to pursue meaningful activities and develop their skills and experience.

Staff we spoke with talked passionately and proudly about the care and support they provided. We found staff had an excellent understanding of people's needs and used their knowledge and skills to provide very attentive and responsive care and support. Staff described in detail people's likes, dislikes and personal preferences with regards to how their needs were met. This meant people received the care and support they wanted in a way they chose. A relative of someone who used the service confirmed this saying, "They have taken [name's] needs on board and really understood them." They went on to explain how staff were very attentive in understanding how the person was feeling and tailoring their support to their particular needs at that time. This person-centred approach to providing care was evident at all levels within the service and was clearly benefiting people's quality of life.

Another person had started using the service in a period of crisis. We observed how staff had provided support to ensure the person's bungalow was decorated to suite their preferences and support their transition. Staff told us about the transformation they had seen since the person started using the service

and commented on their increased confidence and reduced anxiety and distress which had come with getting to know them and understanding how they liked to be supported. We observed the person playfully enjoying themselves and saw they were clearly relaxed and at ease in staff's company and benefiting from their skilled and person-centred approach to providing care and support.

People's care and support was planned proactively in partnership with them. A person who used the service said, "We have to sign our care plan, you go through it with them to make sure you are happy with it." Whilst relatives we spoke with consistently told us they were involved in discussions about the support provided and felt staff worked with them to ensure their relative's needs were met. One relative commented, "It's good as a parent to have that partnership with them." They went on to compliment the effort and enthusiasm of staff in learning from them and asking them questions about how best to meet their relative's needs.

We saw care plans were extremely detailed and very person-centred. Care plans recognised people's strengths and abilities alongside providing guidance to staff on what support was needed and how best to provide this. Records evidenced people's needs were regularly reviewed and their care plans updated to ensure staff had important information about how people's needs should be met.

The registered manager showed us the work they were doing with the Speech and Language Therapy team to reassess everyone who used the service and develop more effective communication strategies. This included the widespread use of accessible information, picture cards and person-centred and individualised communication plans for each person who used the service. We saw the benefits of this for one person who used the service. Staff explained how not being understood contributed to their anxiety and distress and showed us how introducing new communication strategies had helped to reduce this and improve the person's wellbeing and quality of life.

Care plans contained very detailed information about the activities people enjoyed as well as their hobbies and interests. We saw people were encouraged and supported to develop a weekly activity plan of the things they wanted to do or places they wanted to go. We found staff were very skilled at supporting and encouraging people to express their wishes and views and to pursue the activities and hobbies which interested them. For example, we saw one person had their activity plan in their hallway and could stick on pictures of the things they wanted to do each day.

Throughout our inspection we saw people were supported to engage in a wide range of activities of their choosing. This included going out for meals, to the gym, to go shopping and for trips out.

The provider had developed a 'skills centre' at the location offices which was freely accessible to people who used the service. We observed the centre had been split into several zones; there was a social zone, with soft seating, a karaoke machine, a computer, music, DVDs and a TV. A games zone with a dart board, games console, table football, and other games were available for people to use. There was a craft area with assorted crafts which changed every day. There was also a communication zone with accessible information and tools to support people to communicate and an employment zone where people who used the service could work on their CV, browse jobs and get support around work. Outside there was a garden zone that was being developed.

We saw the skills centre was an outstanding resource created and developed for the benefit of people who used the service. It provided an extremely friendly, stimulating and engaging environment for people to visit, take part in activities and meet with other people who used the service. A person who used the service said, "I love the centre, I like making things, baking cakes, making teddies, making hearts and knitting." A relative

told us, "The skills centre is an amazing resource for [Name]." We concluded this demonstrated an outstanding commitment to providing person-centred care and improving people's quality of life through meaningful and fun activities.

The provider employed an activities coordinator who led on developing the skills centre and the wide range of activities that were held there throughout the week. We saw sessions included photography, an environmental group, exercise classes, craft sessions and activity themed days such as a 'western day'. On the second day of our inspection, people who used the service had been making Halloween decorations and biscuits and were having pumpkin soup and singing karaoke songs dressed up in Halloween costumes. It was clear everyone was having fun and we saw how this environment supported people to pursue their hobbies and interests and build and sustain relationships with other people who used the service and staff.

One person who used the service told us, "I make brilliant cakes" and we were shown a photograph of cakes they had made for a recent coffee morning held at the skills centre to raise money for charity. Another person told us how they wanted to have a party and staff had supported them to arrange this. They told us how they had invited their friends and had party food and we saw photographs which showed people enjoying a fantastic party.

The provider also had two therapy dogs called Rosie and Rupert. They were very popular with people who used the service and one person told us how they enjoyed going on walks with them commenting, "I take Rosie out on Thursdays for two hours to the park."

People who used the service as well as their relatives and carers were actively encouraged to give feedback and to share their views about the service. Information about how to complain was provided in an accessible format and given to people who used the service as well as being displayed in the provider's skills centre. We saw evidence that the provider took proactive steps to investigate and respond to people's concerns. A relative told us, "If there's any problem, I know we can contact them and it will get sorted." This showed us people's feedback was valued and issues and concerns were dealt with.

We found the provider was passionate about providing an outstanding service and continually strived to gather feedback to help them learn, develop and improve. Questionnaires provided an opportunity for people who used the service, staff and relatives to make suggestions or raise any issues or concerns. We saw evidence that the provider and registered manager reviewed and explored suggestions and responded to any issues or concerns. The provider also had a 'suggestion box' in the skills centre to enable people to leave anonymous feedback if needed. This showed us the provider actively promoted an open, honest and inclusive culture within the service by encouraging and providing people with a wide range of opportunities to give feedback or make suggestions.

## Is the service well-led?

### Our findings

The service had a registered manager. The registered manager was supported by the director who was also the provider's nominated individual and a team of staff including an operations manager, business manager and field care supervisor.

We received overwhelmingly positive feedback about the service provided and the management and leadership within the organisation. People who used the service said, "They have been outstanding since I started using them", "Everyone is doing a fantastic job" and told us the service was, "Brilliant." A relative of someone who used the service said, "I can't rate them highly enough, they have been exceptional in supporting [Name]." Whilst another relative said, "They are the best company we have ever had" and explained how staff were extremely caring and very skilled at understanding their relatives needs and how best to support them.

We found there was a very positive and person-centred culture within the organisation and it was clear that people who used the service were at the heart of the care and support provided. Our conversations with staff and management showed us they were determined and passionate about providing an outstanding service which met people's individual needs and improved their quality of life. Staff consistently spoke with positivity and enthusiasm about their role and we found they were highly motivated and clearly cared about the people they supported. Staff spoke confidently and knowledgeably about people's needs and explained how they were encouraged and supported by management to provide care and support in the best possible way. One member of staff commented, "If someone comes up with an idea, they [management] try their hardest to get things done."

People who used the service and staff we spoke with told us the registered manager and provider were extremely approachable and very responsive to feedback. One person who used the service said, "[Nominated individual's name] has done their utmost to help me." A member of staff told us, "I know if I do have a problem, I can ring straight away and it gets sorted. It is totally well-led they are there for us."

We found the provider had a sustained track record of acting as an excellent role model and leading in the wider development of services for people with learning disabilities in North Yorkshire. The provider explained how they developed the skills centre at the location offices to ensure there were opportunities for people to meet up, socialise and engage in activities. The provider recognised and valued the importance of close links with the local community and we saw people who used the service were regularly supported to pursue their hobbies and interests by accessing services and activities locally.

The provider's was also actively involved in supporting and encouraging improvements in the wider adult social care sector. This included inviting other providers to visit the service so they could share advice and guidance on best practice. We saw the provider had received a number of compliments following this work, with comments including, "I have always been encouraged by the progress of your service, your values and approach to delivering high quality, person-centred support...I can't thank you enough for sharing some really useful documents, guidance and materials, all of which have given me a good insight into what needs

to be considered to improve the service [where I work]." Another professional complimented the provider writing, "Happy Futures has to be seen to be believed, which is why it was so fantastic that you have been so helpful in showing people around HFSS, as well as having provided advice and support free of charge and shared your best practice with both new and developing providers trying to improve their care quality."

This partnership working was further evident in the close working relationships the provider had established with other organisations including the local authority, clinical commissioning group, GP practices as well as learning disability and mental health services. We found strong evidence of effective liaison with health and social care professionals to ensure people received coordinated high quality care which incorporated professional's expert advice. Care records and numerous compliments from health and social care professionals evidenced these effective working relationships. We saw one healthcare professional complimented the provider writing, "Often you have responded to the community team when individuals have been in crisis, we have never been let down by your response. You have always gone the extra mile...I am privileged to work alongside you and your team."

We found there was a strong emphasis on continual improvement and developing the service for the benefit of the people who used it. The provider and registered manager saw our inspection as a positive opportunity to learn and were eager for feedback to further develop the service they provided. Staff talked passionately about the goal to continually improve and develop the care and support provided. One commented, "If things aren't running how they want, then they change it. It is improving daily." Staff described how they were routinely encouraged to feedback how things could be improved and to share their ideas. This demonstrated an open and inclusive culture within the organisation.

A wide range of audits were completed to continually monitor the quality and safety of the service provided and to identify where improvements could be made. The provider used action plans to set clear objectives regarding what they wanted to achieve and areas of the service which could be further developed or improved. For example, they showed us the work they were doing to gain an autism accreditation with the National Autistic Society. This involved reviewing all aspects of the service to ensure they were implementing best practice guidance relating to the care and support of people with autism. We reviewed the action plans and saw significant steps had been taken to drive improvements. This included supporting staff to better understand the way people communicated and developing more person-centred communication strategies in consultation with other healthcare professionals such as Speech and Language Therapists. This evidenced how the provider continually strived for excellence through consultation with nationally recognised organisations and by actively seeking and implementing their advice and guidance on best practice.

We observed there was a clear and coordinated approach to the management of the service. Systems were in place to support effective communication throughout the organisation. This included sharing information through the use of daily notes, emails, supervisions, newsletters, telephone calls and through the provider's social media page. We found people who used the service were actively encouraged to provide feedback and that responses were provided or action taken in response to people's suggestions or ideas. This demonstrated an open and inclusive culture within the organisation.

Staff were confident talking about the organisation, its values and achievements. They told us they were proud to work for Happy Futures Supporting People in North Yorkshire and felt valued by management. Staff commented, "The managers are absolutely brilliant" and "[The provider] is very, very passionate about the company and employs a really good team. They want people to be happy, it is not about money, it is a passion."

The provider spoke with us about the importance of recognising and rewarding good work within the staff team. We saw evidence of bonuses and rewards given to staff to recognise their hard work and achievements. The provider had written individual letters to the staff team to recognise their unique contributions and to thank them for their hard work. One staff member told us, "It's the best decision I've made working here, you're part of a family and don't feel like staff."

The provider had won the 'care employer award' for the Yorkshire and Humber region at the Great British Care Awards in November 2017 and had been put forward for the national Great British Care Awards in March 2018. This award amongst other things recognises employers' sustained track record of delivering high quality care and managing continual improvement and demonstrated the provider's commitment to providing and leading an outstanding service.

The provider had achieved an 'Investors in People Gold Award' in July 2017. Investors in People is an internationally recognised accreditation scheme which aims to define what it takes to support and manage people well for sustainable results.

The provider had a clear vision and direction for the service. They had implemented a mission around 'trust' within the organisation, trust in staff and trust in the care and support they provided. We saw how staff had been asked to reflect on what the mission meant to them and how they could implement this. The provider showed us how their business plan included developing a respite facility to support people with a learning disability in a period of crisis or if their main carer needed a break. They also spoke with us about the work they were doing in consultation with local commissioners in health and adult social care to develop further sheltered housing facilities. This demonstrated the provider's commitment to developing the services they provided with a clear focus on what was needed in the local area.