Care Quality Commission

Circles Network

The Hub

Inspection report

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Ratings

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

Summary of findings

Overall summary

The Hub is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It is registered to provide a service to younger people, people living with autism and a learning disability, sensory impairments and older people. Not everyone using The Hub received a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

This inspection was carried out between 28 and 29 August 2018 and was an announced inspection. This is the first inspection of this service under its current registration. At the time of our inspection there were three people using the service.

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.

People received a safe service. Staff knew how to keep people safe and they were knowledgeable of safeguarding procedures. The registered manager's response to accidents and incidents helped reduce the potential for any recurrence. The staff recruitment process helped ensure that the necessary checks were completed before new staff commenced their employment. Enough staff were in post and they had the skills they needed to support people safely. Risks to people were identified and managed well. People's medicines were administered and managed safely.

People received an effective service that took account of their care and support needs. Staff had the necessary training and skills to promote people's independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager used information from regular spot checks of staff's performance to help staff to maintain and improve their skills. Staff enabled people to access community, or other primary, health care services. People were supported to eat and drink sufficient quantities of food and drinks.

People received a caring service that was provided with compassion. Staff ensured people's privacy and dignity was promoted. Staff respected people's rights to be cared for in an unhurried and considerate manner. People who needed advocacy had this in place and this helped ensure people's views were considered and acted upon.

People received a responsive service that helped them to have their needs met in a person-centred way. Suggestions and concerns were acted upon before they became a complaint. Technology was used to help

people to receive care that was timely. Policies and procedures were in place should any person need end of life care as well as support for relatives and staff members if this was needed.

People received a well-led service which they were involved in developing. Their views were listened to, considered and acted upon. Staff meetings and communication systems including a newsletter helped staff to receive updates about the service and people who used it. Staff were provided with regular updates to their training with opportunities to develop their skills. The registered manager had fostered a staff team culture which promoted openness and integrity. Staff were supported in their role, as well as having their views listened to. Quality assurance, audit and governance systems were effective in driving improvements.

Further information is in the detailed findings below.

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's safety was promoted by enough staff, with the right skills, who had been recruited safely.

Risks to people had been identified and these were managed well.

People's medicines were administered and managed safely by trained and competent staff.

Is the service effective?

Good

The service was effective.

Staff had the necessary training and supervision they needed to meet people's assessed needs.

People were supported to eat and drink well by staff who had a good understanding of healthy eating.

Staff had a good knowledge of people's health care needs and they enabled people to access health care services when needed.

Is the service caring?

Good

The service was caring.

People were provided with care and support by staff who showed compassion and kindness.

People were involved in decisions about their care and advocacy was in place where it was needed to make sure people's views were upheld.

Staff respected people's privacy and dignity in a sensitive way.

Is the service responsive?

Good

The service was responsive.

People were given the support they needed to contribute towards the planning of their care and how this was provided.

People's concerns were acted upon before they became a complaint.

Systems, policies and procedures were in place should any person need end of life care.

Is the service well-led?

Good

The service was well-led.

The registered manager led by example and they had fostered an open and honest staff team culture.

Equality was promoted within the staff team and this helped build relationships.

Governance and quality assurance systems were effective in driving improvements forward.

Systems were in place to support staff with regular supervision and shadowing experienced staff. Meetings were held where good practice was shared.

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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 between the 28 and 29 August 2018 and was announced. The announced inspection was undertaken by one inspector. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection the provider did not complete or submit a Provider Information Return (PIR). This was because we did not ask them to do this. A PIR is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service. This included information from notifications the provider sent to us. A notification is information about important events which the provider is required to send to us such as incidents or allegations of harm.

Prior to our inspection we contacted the local safeguarding authority to ask them about their views of the service. This organisation's views helped us to plan our inspection.

On the 28 August 2018 we visited the provider's office and we spoke with Chief Executive, the registered manager, the office administrator and three care staff. We also spoke with a relative. On 29 August 2018 we spoke with a further relative by telephone.

We looked at care documentation for three people using the service and their medicines' administration records. We also looked at two staff files, staff training and supervision planning records and other records relating to the management of the service. These included records associated with audit and quality assurance, accidents and incidents, compliments and complaints.

Good

Is the service safe?

Our findings

People were supported to be safe by staff who understood what safeguarding meant. Staff received training about safeguarding and reporting procedures. Information was given to people in a format (pictorial aids) that helped them to understand how to report any concerns if this was required. Staff told us they could report any concerns to the registered manager or the local safeguarding authority if needed. One relative told us their family member was supported to be safe with two staff members who knew to avoid situations which could cause the person anxiety. Staff's knowledge of safeguarding systems and procedures showed us they knew the different types of potential abuse and who they could report this to.

Risks to people were identified, reviewed and managed. These included those risks associated with food allergies, medicines administration and behaviours which may be challenging to others. Risks to people's health and welfare were reviewed accordingly for example following an incident or accident and care and support plans revised. Staff shared information with those organisations involved in the safety of people's care such as a GP or the local safeguarding authority. One staff member told us, "If I noticed a change in a person's demeanour or if they were upset or withdrawn, I would report this straight away." Risks to people were managed well.

Systems were in place to ensure only suitable staff were employed to work with people who were vulnerable. Staff were recruited through a robust process that included checks on their suitability. These checks included proving any new staff's good character, their previous employment history and positive employment references. This process helped to ensure that any potential new staff who were unsuitable were not employed. One relative said, "I have a say in deciding which staff care for my [family member]." We saw that staff had provided documents including evidence of qualifications and records from their interview to show they had the right aptitude.

There were sufficient numbers of skilled and experienced staff to keep people safe whilst delivering care and support at home and when out in the community. One relative told us, "There are always two staff for my [family member]. However, if less staff are needed such as, when at The Hub office then that's fine. They are always well looked after and I feel they are in safe hands." Staffing levels fluctuated on a day to day basis according to people's individual needs and the support each person required that day, for example planned community activities.

People's medicines were administered and managed safely. People were supported by trained and competent staff to have their medicines administered safely and as prescribed. Clear processes were in place for staff to follow where people may need as and when required medicine such as pain relief or anxiety. Staff were aware that medicine was not the first option if a person was anxious. Procedures were in place where this was in the person's best interests. Medicines were administered, stored, recorded and disposed of safely. We saw that there was guidance to cover situations such as, when parents administered medicines or if the person required medicines administered in a certain way. People's medicines administration records were accurate and staff had accounted for each medicine correctly.

Systems were in place to support the prevention and control of any infections including training for all relevant staff about infection prevention and control. Examples of this included staff being aware of when to wash their hands and adhere to food hygiene standards. Staff adhered to the provider's policies by wearing protective clothing including gloves and segregating cooked and raw foods. This helped prevent potential infections as well as reducing the risk of them spreading.

Lessons were learned when things went wrong. Investigations were undertaken when safeguarding and other incidents occurred including situations where staff had not always recorded incidents correctly. Prompt actions were taken to ensure people were safeguarded and staff were given additional training where needed. The registered manager worked with the local safeguarding authority to help ensure people were supported to be as safe as practicable.

Good

Is the service effective?

Our findings

The service had processes in place to promote diversity and equality. Each person's needs were assessed prior to using the service. This assessment included the involvement of health professionals, relatives, staff and others such as, peers and friends to get a full understanding of their needs, choices and preferences. Staff had received training on equality and diversity and we saw that each person was given as many opportunities as practicable to live an active and fulfilling a life. Technology and equipment was used to promote people's independence. This included tablet computers and communication aids which individual's used to turn their thoughts into words. Some used an APP on a phone or computer tablet for daily communications and also building language skills. For one person this had opened up their world in travelling more, feeling safer and by making their own decisions.

Staff understood people's different types of communication methods and were able to engage with people as much as possible. One relative said that their family member could frequently change their communications and what these meant but staff were "amazing in understanding them."
A programme of training was in place for staff including a formal induction where new staff could shadow experienced staff and get to know people well. One staff member told us, "I had training on safeguarding, the MCA (Mental Capacity Act 2005), food hygiene, health and safety and person-centred care. I also have other more specific training around some people's health conditions and Makaton (a type of sign language)." A relative said that because of staff's knowledge, their family member's confidence and independence had grown each day. Staff told us that their regular supervision was an opportunity to share what had gone well, how people they supported had progressed and to be supported to gain additional qualifications in care. This gave staff a career path as well as new skills they could put to good use in supporting people who used the service.

People were given the support they needed to eat and drink well. They were encouraged to develop their cooking skills and an understanding of healthy eating. People were supported with choice and menu planning through the use of photographs and symbols. People at risk of malnutrition were supported with food supplements as well as a diet appropriate to their health conditions. Care plans gave staff detailed guidance about people's nutritional support and how this was to be provided.

People were supported to maintain their health and well-being. Staff worked with other health care professionals such as, dentists, dieticians and GP services to ensure people's health was regularly monitored. People were introduced to these services in a phased approach, using social stories and visits to see where they were going to go. This was to help people get used to the service over a period of time in a relaxed manner. People had a communication and hospital passport in place which provided relevant and important information for healthcare professionals to enable them to communicate and understand the person if being cared for in hospital. People were supported to attend health check-ups and appointments by staff or the person's relative. One relative told us, "I am completely confident that when my [family member] is in staff's charge that they will get any emergency treatment. All the staff know the signs to look out for if any additional healthcare involvement is needed."

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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 domiciliary services are authorised by the Court of Protection (CoP). We checked whether the service was working within the principles of the MCA. We found that Court orders to deprive people of their liberty were being complied with. As a result of this, people could be independent but also safe with support from staff when needed.

Staff understood the choices people could or couldn't make and how to assist people to make an informed decision. Non-verbal communication was valued and promoted by staff as a valid means of understanding what people were telling them. Staff made reasonable adjustments for people's communication and they were familiar with a variety of communication approaches. People were supported to make decisions about their care and support by staff who always gave people a choice such as, what to wear. One relative told us, "My [family member] needs some help to choose things but [staff] are wonderful. They give them time and as many options as it takes as every day is different." People had choice and control of how they wanted to live their lives and staff respected this.

Good

Is the service caring?

Our findings

People with a learning disability or autism sometimes need help to understand social situations and how other people around them think. People were supported and cared for by staff who showed them compassion. One relative told us, "[Staff] are absolutely so caring and supportive. They give my family member the care they need to live a normal life." One staff member told us, "Sometimes we use social stories to help people understand situations they would otherwise struggle with such as, going to a hospital appointment." A social story is a short story written in a specific style and format such as, through pictures and text as opposed to speech. They are used to describe what happens in a specific social situation and present information in a structured and consistent manner. This helped people prepare for a new situation and help them and to respond appropriately including going swimming for the first time. People benefitted from the accessible information they were given.

The service treated people with kindness, respect and compassion. People's care plans gave staff detailed guidance about them including their life history, likes and dislikes. The registered manager told us, "It can take staff over a month to get people to trust them. Once this happens, the person then lets staff into their life." One staff member said, "By understanding what people are telling you in their own way, you can then respond individually. You can tell when people need privacy, dignified care when in the community and letting them do as much for themselves as possible." Staff provided people with care that was based upon their needs and respectful. For example, staff created an atmosphere that was comfortable, relaxing and where they listened to people's cues. People and staff who knew each other well, enjoyed being with each other. Staff had the time they needed to provide each person with the care and support they needed in an unhurried manner.

People were supported to access independent advocacy services when needed to speak on their behalf and put forward their choice and preference in matters.

Staff promoted people's privacy and dignity and understood how to achieve this. One staff member said, "It doesn't matter whether we are in people's homes or out in the community. It may mean keeping a toilet door slightly ajar, or covering people's modesty. I give them time to be in private but making sure their care needs are met." Where people had no inhibitions, staff made sure they support them in a caring way by using distraction techniques which prevented people from compromising their own, or other people's, dignity. People's care plans reflected any family involvement. One relative said, "My [family member] is growing into a young adult and I know when they need me but also when to leave them to be alone." People had choice and control about how much privacy they needed.

Good

Is the service responsive?

Our findings

People, or those acting on their behalf were involved in contributing to a personalised care and support plan. The registered manager used a staged approach to people's individualised care and support that was based upon short and long term achievable goals. For example, developing or maintaining daily living skills, budget management, shopping or creating a bespoke programme of learning.

Staff knew people's individual communication skills, abilities and preferred methods and they were able to communicate effectively by interpreting gestures, signs and body language. They described to us various strategies they used based on best practice guidance such as 'Objects of Reference' or 'Social stories'. An object of reference is an object that is used to communicate a meaning in the same way as words and pictures. A social story is a short story written in a specific style and format through pictures and text instead of speech. One staff member told us, "Sometimes we use social stories to help people understand situations they would otherwise struggle with such as, going to a hospital appointment." Other persons used musical instruments; the tone or volume of the music told staff if they were happy or anxious.

A newsletter gave people information in an accessible format about various events that had taken place and others that were planned. Such as a charity fund raising in a supermarket, a pantomime and cycling on an adapted bicycle. People were supported to take part in activities that were important to them including looking after animals, going sailing and trips to local parks.
The Hub worked in a creative inventive way to enhance the lives of those they supported. Staff enabled people to engage with the community and attend social activities and clubs of their choice, such as youth clubs, local football clubs and learning to become a disc jockey.

One person, with support from staff, had composed and recorded their own music which they were proud of. The registered manager told us that music and art gave people a means to express themselves. For one person who had decorated a pet tortoise who had never spoken before had said, "How does this look?" This was confirmed by their relative and the registered manager. Art was used as a successful means in developing people's communication.

We saw various pictures people had painted about their favourite subjects such as trains and movie characters. One relative told us, "I can't begin to tell you how well my [family member] has done. They are just so confident now. 12 months ago, they were isolated but now they are much more involved than they used to be with the rest of their family." This was down to staff's commitment in giving people access to the same facilities as any member of the public.

Concerns and complaints were used as an opportunity to learn and drive improvement. People were supported to raise concerns if they needed to. Staff were able to explain the importance of listening to or recognising when people were concerned or upset and described how they would support people in these instances. It was identified that a person became anxious when out in the community, an additional staff member and an avoidance of noisy and crowded places had a positive impact on the person's mood on further outings. One relative said, "My [family member] would soon tell you if they weren't happy. They can't

say this but their body language is very clear. If they turn their head away it means they don't want what you are offering." Staff understood how to respond to people's concerns and this helped to prevent any need for a formal complaint.

At the time of our inspection no person was at the end stage of their life. Policies, procedures and information to managers and staff was based on national guidance from the Resuscitation Council UK. The registered manager had signed up to this guidance and had systems in place should any person need end of life care. They told us, "People we support are quite young but if health professional support was required, we would liaise with them and any relatives or advocates." This was as well as training staff, offering bereavement counselling and support to relatives and people's friends should the need arise.

Where required, relatives had power of attorney to make decisions that were in the person's best interests for any end of life care preferences. One staff member told us, "It isn't a subject people can talk about. I would know from their sign language or (computer tablet) if they ever wanted to talk about dying." People would be supported to have a dignified and pain free death.

Good

Is the service well-led?

Our findings

A registered manager was in post. 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. The registered manager had notified us about events that we are required to be.

The service had a positive culture that was person centred and empowering. The registered manager promoted openness and transparency as well as equality and inclusion. They kept themselves aware of the day to day culture by spending time with people and their relatives, at the service's office and observing staff whilst out in the community. One staff member told us, "I love working here and seeing the difference we make to younger people. [Registered manager] is very experienced and is always available no matter what the time of day is. They are totally dedicated to the people we support. I have learned so much from them." All staff we spoke with showed passion about being proud to work at the service.

The provider's values were "for people to have a circle of friends and be enabled to plan alternatives for tomorrow with hope for the future". One person had been supported to gain employment, another person was undertaking an educational course. Other accessible opportunities were given to people such as going to a farm to be with their favourite animals. One staff member said, "Sometimes the work can be challenging but I love working here. It is the difference we make each day. We use social stories to help people with normal life events including having a relationship."

The registered manager had various systems to monitor and improve the service. These included spot checks to observe staff's care practise, audits and meetings with people, their relatives and staff. Actions had been taken in relation to safeguarding people. For instance, reminding staff to adhere to behavioural guidelines and to report this as soon as it had happened. We saw that records had been completed in detail for each situation.

The registered manager was supported by office based staff, care staff and volunteer workers. They also kept in regular contact with the provider's chief executive. This was to ensure they kept up-to-date with current care practice. They had used guidance from organisations including the British Institute for Learning Disabilities. This helped them to inform good practise as well as identifying any staff development opportunities in response to people's changing needs.

The registered manager supported staff in their role with on the job training, mentoring, team meetings, coaching and observing staff's standard of care. One relative said, "I work well with the [registered] manager. We have a positive working relationship which has resulted in a positive outcome for my [family member]. I have an input but it is mainly down to staff who know exactly what to do in all situations as every day is different." Various forms of animal and pet therapy helped people bond with their favourite animal. This gave them a better sense of self-worth and trust which helped stabilize their emotions. For one person this had been the catalyst for them speaking for the first time which then led to improvements in all aspects of

their life. People were supported by staff to achieve their aspirations whether it was speaking, or buying their own lunch, for the very first time.

Relatives told us that the service provided had transformed their family member's lives. The relatives also said that since their family member had begun using the service at The Hub that the difference was positive and tangible. This was by enabling people to play an active part in accessing the community and other local services. The provider's mini-bus was adapted for people and helped them to access the community without restriction. People were given the quality of care they needed to achieve their goals.

One relative told us that the registered manager was instrumental when the person was transferred to the services provided at The Hub. The relative said that the Registered manager had been a rock who offered "truly amazing support" to their family member. As a result, the person had grown in confidence to live much more independently. The registered manager had liaised with the local authority to implement the most appropriate method for transport hat included the security of the person's home as well as getting them to the service's office. People were supported to live a meaningful life.

Systems were in place if ever staff had a needed to report any poor standards of care. These included the registered manager's open-door policy and being able to escalate any concerns to the provider. One staff member said, "I have never seen any staff not doing their very best in upholding people's rights to have good-quality care. I would call the [registered] manager or the head office if I ever observed any poor care. I always feel listened to." A relative told us that because they had such trust in staff and the registered manager that they "never had to worry".

People's preferred communication methods such as, picture communications and their circle of friends were used to help people to be involved in how the service was run. One relative told us, "I did get a survey which I filled out. I was happy with everything." The registered manager saw people's potential and took steps to help them achieve these. For example, with various in-house fund raising as well as having a purpose designed kitchen at the office. People could use this to improve their daily living skills. Audits and quality assurance procedures were effective in identifying opportunities for improvement such as the introduction of an electronic communications system for staff. This enabled the accurate tracking of staff's location, people's care provision and monitoring by office based staff. This allowed prompt actions to be taken if there was any delay to staff such as sickness or traffic.

The registered manager, provider's representative and the staff team worked with other stakeholders associated with people's care including social workers, community nurses. This was as well as working with commissioners of care and using a multi-disciplinary team approach where people's care needed to be coordinated. A joined-up approach to people's care was used to help people to gain the greatest benefits from this.