

Community Homes of Intensive Care and Education Limited

Fairview

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Fairview is a residential care home providing care and accommodation for up to eight people with a learning disability. It is comprised of a two storey building which accommodated four people in the main house and two in an attached annexe. A further two people lived in two separate annexes in the grounds.

The service is required to have a registered manager. There was a registered manager in post who had been registered to manage the service since December 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.

At the last inspection the service was rated good. At this inspection we found the service remained good overall. However, we found the service had strengthened their practice in caring and is now rated outstanding in this area.

People continued to receive safe care. Risk assessments relating to people's individual care and to the safety of the service were completed and reviewed regularly. Where risks had been identified the least restrictive options were used to manage them and keep people safe. Robust recruitment procedures helped to ensure only suitable staff were employed to support people. There were sufficient numbers of staff to support people safely. Medicines were stored, administered and disposed of (when necessary) appropriately. Staff were trained in the safe administration of medicines including those medicines required in an emergency. Their skills were observed and assessed regularly. Routine health and safety checks were completed in accordance with guidance and legislation. Staff were aware of and had practiced fire evacuation procedures.

People continued to receive effective care. Staff were trained and supported to develop and maintain the skills and knowledge required to perform their role. The service worked in accordance with the Mental Capacity Act 2005. Applications to deprive people of their liberty had been made appropriately to the local authority. 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. Staff supported people to monitor and maintain their health and wellbeing. They sought advice from healthcare professionals when necessary. People were involved in planning, choosing and preparing their meals. They were encouraged and supported to have a healthy diet. People's nutrition was monitored to ensure they had sufficient to eat and to maintain their health and well-being.

The service was extremely caring. People and staff had developed positive and trusting relationships with each other and valued the time they spent together. Interactions between them were relaxed, supportive and appropriate. Staff were determined to protect people's privacy and dignity. They found innovative ways of doing this when supporting people who were unable to protect their own privacy and dignity. Staff demonstrated an in-depth knowledge of people and their needs. They used this knowledge to support

people to make decisions and choices about their lives as much as they were able. Different avenues of communication were explored and employed to give people the best chance of expressing their own views. People were helped to be as independent as possible. Staff strove to find ways to overcome obstacles to enable people to develop skills and were motivated to do so in the most compassionate way possible.

The service was very responsive. Support plans were extremely detailed and personalised providing staff with knowledge on how people wished to be supported and how to meet their needs. People had been fully involved in creating and reviewing their support plans. They spent time on a regular basis with the key worker making sure their support plan was working for them. People's preferences and lifestyle choices were clearly recorded along with excellent guidance for staff in supporting people with these. People had an individualised timetable of activities which encouraged the development of independent skills and also provided social interaction and entertainment. People and their relatives knew how to raise a complaint if they needed to. They were confident in approaching staff about any concerns they had. When concerns had been raised they were responded to and action had been taken.

The service continued to be well-led. There was a relaxed, friendly and open culture at the service. Staff were valued and supported by the registered manager and provider. The registered manager and provider were clear on the values and ethos they expected from staff. Staff worked to these values and told us they were led by example. There was a system to monitor and improve the quality of the service and there was a clear commitment to driving up quality. People's views were sought as were those of their relatives and other professional stakeholders. People were involved in all levels of the organisation, they provided opinions on the service which were used to make improvements and address concerns. Links with the local community were developed and maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains good

Good ●

Is the service effective?

The service remains good

Good ●

Is the service caring?

The service was outstanding.

People benefitted from caring and supportive relationships that had been built on trust.

Staff found innovative ways of protecting people's dignity when they found it difficult to do so for themselves.

Staff explored ways of communicating with people to enable them to express their views and make decisions about their care.

People had been supported to achieve independence and staff worked creatively to help develop and maintain people's skills.

Outstanding ☆

Is the service responsive?

The service remains good

Good ●

Is the service well-led?

The service remains good

Good ●

Fairview

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 was a comprehensive inspection which took place on 3 October 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We looked at previous inspection reports and contacted six community professionals for feedback.

We reviewed the 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 improvements they plan to make.

During the inspection we spoke with four people who live at the service and two relatives. We received feedback from another relative after the inspection. We also spoke with seven members of staff including the registered manager, the assistant regional director, the deputy manager, a senior support worker and three support workers. We observed care and support being provided in the communal areas of the service, a staff handover meeting and administration of medicines. We looked at records relating to the management of the service including three people's support plans and associated records, four staff files including recruitment records. We reviewed the complaints log, the accident/incident records, handover and communication logs and a selection of audits and health and safety records.

Is the service safe?

Our findings

The service continued to provide safe care.

People were protected by staff who had been trained in safeguarding vulnerable adults. There was guidance available for them to refer to. The registered manager had instigated a question and answer session during staff meetings to refresh and test staff knowledge and their awareness of safeguarding people. Staff understood their responsibilities and acted to protect people from harm. When necessary, concerns had been reported appropriately and notifications had been sent to the Care Quality Commission within the required timescales. Staff were familiar with the provider's whistleblowing policy and they were provided with a whistleblowing card detailing actions to take and contact numbers should they need to raise a concern. They told us they were confident any reported concerns would be addressed swiftly.

People were also supported to be aware of protecting themselves with 'keeping me safe' training. This was aimed at enabling people to identify when they may be at risk and informing them of who to speak to. Information relating to this was provided in an accessible format to enable people to understand it. Additionally, staff took time to discuss situations with people whereby they may either put themselves at risk or present a risk to others. We noted an example of this had occurred the day prior to the inspection. A person had wished to visit the library but due to distressed behaviour which presented risks to themselves and others they were unable to go. Staff had worked through the situation with them ensuring they understood the potential dangers and possible consequences. They had discussed how they could work together to manage these so a library visit would be possible.

People said they felt safe living at Fairview. One person said, "Yes, I feel safe." Another person agreed and told us the staff were, "Always nice to me and look after me." Relatives also commented on feeling their family members were safe living at the service. People were relaxed and comfortable when they were with staff and they approached them with ease to chat and ask questions regularly throughout the visit. People's manner demonstrated they had trust in the staff supporting them. People said they knew who to speak to if they felt unsafe or had concerns. One person said they could talk to any of the staff and named many of the staff members. Others said they would speak to their key worker or the registered manager. We noted staff responded to people instantly, always being sure to acknowledge when a person had spoken to them.

Risks relating to people and their individual care and support needs were assessed. These included risks associated with accessing the community, using the kitchen, medicines, health conditions and individual activities. Support plans contained specific and detailed guidance on managing and reducing the identified risks for each person. We noted the least restrictive methods possible were used to keep people safe. Risks associated with the environment and the building were also assessed. The required safety checks and periodic servicing of equipment had taken place to ensure it remained safe and suitable for use.

Staff who supported people with their medicines had been trained and their skills were tested at least annually. Medicines were ordered, stored, administered and disposed of safely. The provider's policy of two staff working together to administer medicines was followed. Some people had been prescribed medicines

to be taken 'when needed'. Guidelines and protocols had been prepared to direct staff in making sure these medicines were given when people required them. For example, some people required medicine to help them with anxious or distressed behaviour. The guidelines clearly stated what triggers would indicate a requirement for this medicine, how much and how often this should be administered. There was also clear guidance on who could authorise such medicine to be given. Staff confirmed they followed this strict protocol.

Staffing levels were determined according to the needs and requirements of the people living at the service. The provider had defined minimum staffing levels and procedures were in place to ensure safe levels were maintained. The registered manager stated that recruiting to full capacity had proved difficult and the process was ongoing. However, they had been able to second staff from the provider's other services and offer permanent staff additional work in order to maintain safe staffing levels. There was minimal use of agency staff and when this was necessary the same agency workers were requested. This provided consistency in support for the people living at Fairview and staff told us it helped to maintain stability. The duty rota showed consideration had been given to ensuring staff with appropriate skills were on duty. An on call system was in place to support staff out of hours and staff were aware of who they could call for advice when required.

A contingency plan was in place and provided guidance in dealing with emergency situations such as fire, staff shortage or loss of utilities. Emergency drills were conducted regularly and attention was paid to ensuring all staff took part and had an opportunity to practice evacuation procedures. Personal evacuation plans were available for each person living at the service detailing the assistance and support they required to both leave the premises and remain safe once out of the building.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People received effective support from staff who were skilled and trained in their job role. Staff received a full induction prior to beginning work and then spent time shadowing and working alongside experienced staff. They told us this had prepared them for working independently with people but stressed they could always refer back to the more senior staff for guidance and support.

The provider had a training ethos which encouraged staff to develop to their full potential. New staff completed the care certificate as part of their induction. This is a set of standards adhered to by health and social care workers in their daily work. Refresher training was provided regularly and the registered manager tracked this to ensure all staff were as up to date as possible. We noted refresher sessions had been booked for training which was about to expire and reminders had been sent to staff. Other training was provided in relation to the particular needs of people living at the service. These included epilepsy training and responding to anaphylaxis (severe allergy).

Staff had opportunities to gain qualifications in health and social care and attend development courses designed specifically for various roles in the service. Staff felt training was important and told us the training they had received enabled them to feel confident in their work. One added, "You can always ask for additional sessions if you need it, that helps a lot."

Staff felt supported by the management team and spoke positively about how they could approach the registered manager or any of the senior team. They told us and records confirmed they had regular one to one supervision meetings with their line manager. In these meetings they were able to discuss their work with individual people, their training and development and any issues or concerns they may have. Once they had been employed for over a year their work was appraised in order for them to be able to work toward career development.

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 to 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. Staff had received training in the MCA and DoLS. They were able to tell us how the principles of the act applied to their work. The registered manager had submitted applications to a 'supervisory body' for authority to deprive a people of their liberty when appropriate. They monitored the authorisations and applied for renewals as necessary.

Staff promoted people's rights to make decisions for themselves. Each individual had a decision making

profile that guided staff as to what sort of support a person required to make decisions and choices. People were asked before any support was provided and we observed people being encouraged to make choices for themselves. When complex decisions had to be made staff spent time working through options with people. When appropriate they involved family and health and social care professionals to assist the person to make a decision or to make a decision in their best interests. For example, taking part in certain activities or making decisions about medical treatments.

People enjoyed their food and we observed them eating in a relaxed manner with appropriate support from staff where this was required. Staff encouraged people to think about their diet and when necessary people's nutritional intake was monitored to ensure it was sufficient. People had a choice of foods and were encouraged take part in preparing meals. All the people living at the service took some responsibility for preparing the menu and a planning session was held each Friday to gather people's ideas on meals for the following week. People were supported to maintain any special dietary needs. Staff supported people to follow the advice of health professionals such as the speech and language therapy team and dietitians.

People were supported to maintain their health and wellbeing. They had access to relevant health professionals who monitored ongoing and new conditions. Staff provided support to assist people to attend appointments when this was required. A health action plan was in place for each individual and provided clear and detailed information. A hospital passport was available and fully completed for each person in case this was needed for a hospital admission. However, the registered manager and staff told us people would be supported at the hospital by staff from the service who knew them well. They said this would help hospital staff to understand and interpret people's needs and ensure continuity and help to reduce people's anxiety. Regular check-ups with other health professionals such as dentists and opticians were also organised and supported.

Is the service caring?

Our findings

People received support from a service that was extremely caring. The staff team knew people very well and spoke positively and enthusiastically about them, people's achievements and the support they gave people. Staff demonstrated an extremely in-depth understanding of people's individual needs and they were able to explain in great detail how they supported them in a person centred way. They valued the people they worked with and respected their wishes, taking time to discuss their individual needs with them and when appropriate their relatives. Staff told us how they involved people in every aspect of their lives and encouraged them to make decisions and choices for themselves. We observed staff discussing various activities with people, describing them when necessary and encouraging them to choose what they wanted to do.

Staff considered and explored all kinds of avenues of communication to enable people to be able to express themselves. We noted how for one person a diary was kept which noted themes or topics they had been bringing up during the day. The person had limited verbal communication and used their own version of sign language. Staff who knew the person well noted down what they had been communicating which enabled other staff to understand the person's wishes and point of view. Other methods of communication employed included communication passports, pictures and sign language. It was evident that staff wanted people to have as much control and say in their lives as possible and went to great lengths to help people understand things. For example, after one person had a fall the registered manager fulfilled their duty of candour. They both verbally explained what actions had been taken and designed a picture based letter which the person could understand.

The service strove to find ways to improve and support people's communication and a computer was available for people to use for electronic communication. However, staff noted that it was used mainly by the same three people. It was felt others could benefit from this in terms of opening up avenues to maintain links and communication with families. To aid and encourage others to become involved in using the computer a pictorial timetable was drawn up. This proved very successful and people who had not previously shown any interest now ask for their time slot and have improved their technological skills. As a direct result of this one person has now purchased their own 'tablet' and was using it to play games, take photographs and build their own electronic memories.

Each person had a key worker. A key worker is a member of staff who takes particular interest and responsibility for an individual. People met with their key worker on a regular basis. These meetings provided the opportunity to talk about what was going well for them and anything that was concerning them or they were finding difficult. Together they discussed what was important to people and agreed outcomes and actions to enable the achievement of goals and aspirations. For example, one person had expressed a desire to be able to go shopping independently. In agreement with the person an incremental method known as 'backward chaining' was employed to support them to master each small step of the task. This meant a safe approach was taken to increasing the person's independence and the person felt they were achieving straight away which gave positive reinforcement. We were shown photographs of how the person had begun to develop the skill and they were clearly proud of their achievement to date.

It was clear that staff were fully motivated to provide support in the most compassionate manner possible and did not allow any obstacles to prevent them from achieving this. We noted examples of how this approach had made significant differences for the people living at Fairview. One such example involved staff supporting a person to an event which was important to both the person and their family. Owing to the condition the person lived with they found difficulties not only in attending such events but also in travelling to them. Therefore it was possible they may become distressed and show behaviours that could put themselves or others in danger. Through careful planning, discussions and preparation sessions, the person was able to attend the event very successfully and without incident. Staff told us, "We were led totally by [name] who dictated how things went." The staff supporting the person had gone above and beyond the call of duty to provide the appropriate assistance. They had done so in a way that demonstrated they had an in-depth knowledge of how to preserve the person's dignity in a potentially difficult situation when they may not have been able to do this for themselves.

The positive relationships people had built with staff had enabled extremely productive work to be undertaken in supporting people to develop independence. Staff had found ways to increase people's independence despite challenges and difficulties. Examples included a person who was reluctant to join in or engage with any in-house activities. The support provided over an extended period of time had led not only to them joining in but to them independently selecting activities. This was seen as a major breakthrough for this person and photographic evidence indicated the pleasure and sense of achievement the person had experienced. Another example involved a person who had been supported to move from Fairview into a supported living flat. This had taken a great deal of work but had been fully achieved in recent months. They continued to visit Fairview to maintain the important relationships they had developed and visited on the day of the inspection. They told us how they were "proud" of what they had achieved and now had new ambitions for the future. They explained that they returned to see their friends and talk to staff. It was clear they valued their relationship with the staff team who they said had been "really, really nice and helped me a lot".

When prospective new staff were interviewed, people were asked to take part in the recruitment process. They had spent time devising their own set of questions such as, 'How would you support me when I hear the voices?' and "Why do you want to work here?" They gave their views to the management team after the interview. The registered manager said, "Fairview is the service user's home so it is important that they have a say in who works here and have involvement in the recruitment process."

Staff respected people's diversity and their rights to privacy and dignity. During the inspection some people chose to spend time in their room alone and others confirmed staff gave them space to be private if that was their wish. Staff appreciated and had an in-depth understanding of people's needs in relation to privacy and dignity. For example, where people required constant one to one supervision they described how they tried to remain as unobtrusive as possible to afford the person privacy and dignity. In another example staff wore essential personal protective equipment underneath outer clothes when supporting a person to avoid drawing attention to them. During the inspection staff spoke discreetly about a personal matter to provide reassurance to one person.

The service was proactive in identifying triggers which may lead to distressed behaviours. Staff knew how to avoid these and we observed how they de-escalated situations skilfully if they arose. All staff had been appropriately trained in managing these situations sensitively and professionally. Appropriate records were kept of any interventions and reviewed by the positive behaviour support team. When necessary changes were made to support plans and guidelines. Support plans contained detailed information to enable staff to understand what a person's behaviour may communicate and guided staff in how to respect the person's wishes while at the same time ensuring their safety.

Staff placed a great importance on supporting people to maintain relationships with their family and friends. Relatives were welcome to visit anytime and were included in review meetings. They told us they were kept up to date and received good communication from the service. It was clear it was important to people to maintain these links and two people spoke about visiting their family and showed us photographs. Staff were observed chatting naturally and asking people about their family and friends as they went about their day.

People were fully involved in decision making about their care and support. They participated in planning their support and reviews as much as they were willing and able to. Creative ways were used to help people engage in those reviews. For example, photographs of activities were used to aid discussions about what they had enjoyed and what had gone well. Some people were able to complete a review form and bring it to the meeting to discuss their future aims and ambitions.

Is the service responsive?

Our findings

People's needs had been assessed before they moved into the service. This assessment was used to create a person centred support plan. Support plans were extremely detailed and were reviewed regularly with any changes being documented clearly and communicated to staff. This enabled staff to respond appropriately to people's individual needs in the way they preferred.

Staff were kept up to date with information about the people they supported. There were several routes of communication used to ensure this. For example, during the inspection we observed a handover meeting. These took place at the beginning of each shift. Each person was spoken about in detail. This included activities they had taken part in, appointments they had attended, their mood/mental state and any significant observations. Staff coming on duty discussed the plan for the forthcoming shift. They ensured all activities and appointments had appropriately skilled staff allocated to ensure their completion. Other lines of communication included the service diary, shift planners and communication books. We noted staff communicated extremely well and one confirmed the views of others when they told us, "Communication here is excellent, it has to be. We all need to keep up to date so we can do the best for the guys here."

The service was consistently responsive to people's individual needs which were met promptly. Staff sought opportunities to respond innovatively and proactively to people's needs. For example, when a person's behaviour had changed, requiring additional support to be put into place, action was taken straight away. The provider's positive behavioural support team and counselling psychologist carried out some intensive work including a self awareness groups and reflective sessions with the people, their families and the staff team. The result of this work effectively reduced the episodes of distressed behaviour and improved the quality of their life and emotional wellbeing.

The registered manager described how the staff team had spent time building trust with one person to protect them from social isolation. When they first moved into the service they refused to leave their personal space and did not interact with others. Through encouragement, patience and persistence, eventually they ventured initially just into the garden and then progressed to getting into a car. With continued praise they had further progressed and now happily go out for a weekly activity in the community with another person. This enabled them to meet other people and develop social skills.

People met with their key workers monthly to review and discuss their current needs. They also had co-keyworkers who were able to step in when their keyworker was on leave. This provided for continuity at all times. During the monthly meetings a number of topics were discussed and reviewed regularly. These included, health, emotional wellbeing, social events, holiday planning, accomplishments and contacts. Each month a 'keeping track' form was completed during the meeting so that information could be shared with the staff team about the actions people had agreed. These meetings had led to a number of innovative ways being used to meet people's individual needs. For example, one person had been assisted to join a slimming club but found the weekly meetings did not work for them. Staff sought the resources to enable the person to follow the plan without having to attend meetings. This helped the person to work toward achieving their goal in a way that best suited them.

People had access to a range of activities both in the service and in the wider community. The staff team encouraged them to participate in new and varied activities in order to increase their life experiences. Each person had an individual timetable of activities which included both social and skill enhancing sessions. People were supported to plan holidays or day trips if they preferred.

The provider had a complaints policy which was available for people in a format they were able to understand. People and relatives told us they knew how to complain and we saw where they had raised concerns these had been logged, investigated and responded to appropriately and in line with the provider's policy. Regular meetings for people living at the service were held and gave further opportunity for concerns to be aired and suggestions made.

Is the service well-led?

Our findings

People and staff spoke positively about the registered manager and told us she was "very supportive". Staff described the registered manager as always being available and said "[Name] always has her door open." They felt there was good team working which was supported by a culture of openness and honesty. The Registered Manager had a vision that clearly put people at the centre of the service. They had taken each point of the service's vision statement and related it to what it meant in practise. This enabled staff to incorporate it into their everyday work. The vision statements were clearly displayed for staff to refer to and we saw evidence of how they were embedded into daily routines. For example, one vision statement read, "Service users receive good information and have access to the right services at the right time." We observed information was given to people using their preferred means of communication and staff supported people to medical appointments.

The registered manager acknowledged the support they received from the provider and said they could seek advice from their line manager whenever they needed to. They also praised the provider's commitment to providing quality services through a process known as 'Driving up Quality'. This involved establishing core values which all staff worked toward. They included being committed and passionate, having integrity and providing dignity and respect. Staff were fully aware of these values and spoke about how they were guided through the example of the management team to meet them. Staff supervision and appraisal were aligned with these values.

Staff were valued and supported. A competency framework had been developed by the provider to encourage the development of staff and recognise their talents. Staff told us they had been able to progress their careers through completion of various parts of this framework. They also told us particular skills and commitment were recognised in staff and rewarded appropriately. For example, one staff member had recently been awarded 'employee of the month' and received a voucher to spend. In addition a staff support service was available for independent advice and other benefits. Staff meetings were held regularly and were used to discuss good practice, issues relating to health and safety and how best to achieve positive outcomes for people. Information was shared at these meetings to ensure staff were kept abreast of developments in the wider network of the provider's services. Staff told us and the records confirmed they were given opportunities to contribute ideas and suggestions. They felt they were listened to and their ideas were valued.

There was a system in place to monitor the quality and safety of the service. A series of checks were completed daily, weekly and monthly for such things as fridge temperatures, fire safety and infection control. The registered manager delegated responsibility for a number of these checks and staff felt it showed trust in their abilities. One member of staff described how they took their additional responsibilities very seriously and said, "I like to make sure it's done well and thoroughly." In addition to these internal audits, quality assurance visits were conducted by the assistant regional director. As a result of audits, action plans were developed and worked on to further improve the service.

The views of people who use their services were valued by the provider. They had a scheme whereby people

were appointed as 'Expert Auditors'. This was a paid role which people took very seriously. They visited services and focused on the quality of the experience of people living there. After a visit from an 'Expert Auditor' a report was produced with recommendations for any improvements they thought were necessary. People who used the services were also invited to put themselves forward to be on the provider's committee and act as a voice for other people who used the services. One of the people living at Fairview was part of the committee and told us they attended regular meetings.

A quality assurance survey was conducted annually and views were sought from people, their families and other professional stakeholders. The results of this survey were shared with people and whenever possible suggestions were used to make improvements.

The registered manager and the staff team worked hard to maintain links with the local community. People used cafes, cinemas, bowling alleys and community clubs on a regular basis. Additionally, they had been involved in delivering leaflets during a recruitment drive and promoting both the service and the care sector. Car boot sales and charity events were further examples of how people participated in the local community.