# Circles Network

# The Hub

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Requires Improvement |
| 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 supported living and domiciliary service that is registered to provide personal care to people who live in their own homes. At the time of this inspection care was provided to three people. The HUB office is located on the outskirts of Peterborough city centre. A variety of facilities are also provided in the location's office including cooking and various art and craft facilities for people who chose to attend the office where various activities were held. The office was also a place where people could meet their circle of friends and support.

This unannounced comprehensive inspection was undertaken by one inspector which took place on 17 January 2017.

A registered manager was in post at the time of the inspection and had been registered since the service was registered in January 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the agency. 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.

Staff had a good understanding of their knowledge on how to keep people safe and also of the organisations they could report any incident of harm to. However, not all accidents and incidents were reported to the appropriate authorities. This put people at risk of not being as safely supported as they could have been. A sufficient number of suitably skilled staff were in post to meet people's assessed needs in a safe way.

Only staff deemed suitable after being subjected to a robust recruitment process were offered employment. People's medicines were administered as prescribed. However, the competency for staff to do this safely had not been assessed. This meant that there was a risk of people not being administered their prescribed medications safely.

People's health and nutritional needs were met and supported by staff who possessed the necessary care skills. This was in identifying when health care interventions were required. People, with staff's support, could access health care services according to their needs.

The CQC is required by law to monitor the Mental Capacity Act 2005 [MCA] and to report on what we find. The provider was aware of what they were required to do should any person lack mental capacity. Appropriate authorisations were in place to support people in a legal way. This showed us that the registered manager and care staff were aware of, and liaised with, those lawful bodies that were responsible authorising guardianships to lawfully deprive people of their liberty. Staff had a good understanding about the application of the MCA code of practice.

Staff undertook training appropriate to their role and they were mentored through a shadowing system with

experienced staff. This gave staff the necessary skills they needed to undertake their role effectively.

People's care was provided by staff with kindness who valued people's privacy, dignity and who were treated in a respectful way. People, their relatives or representatives, were enabled through various means and support to be involved in assessing, planning and the review of their care and care planning.

A positive difference was made to people's lives by being provided with various opportunities to prevent isolation in the community or at home. Assistance was provided by staff so that people could be as independent as possible such as help with work, education, hobbies and pastimes. This helped people with maintaining an active lifestyle based upon people's preferences and needs.

An effective system was in place to gather and act upon people's suggestions, concerns and complaints. Concerns, comments and suggestions were acted upon before they became a complaint. Where people had raised a concern this had followed the provider's process, to the satisfaction of the person.

The registered manager was supported by an area manager and worked with a team of care staff who recognised the quality of their leadership. Staff who had been trained according to their role had the support mechanisms in place that they needed to fulfil their role effectively.

People, their relatives and staff were involved and enabled to make suggestions to improve how the service was run. Quality monitoring and assurance process were in place and actions were taken whenever improvements were identified.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

Medicines were administered safely. However staff's competency to do this safely had not been assessed.

Not all accidents and incidents were reported to the appropriate authorities.

People's needs were met by a sufficient number of staff who were knowledgeable about protecting people from harm.

### Is the service effective?

**Good**

The service was effective.

Staff were trained to have the right skills to understand and support people.

Appropriate authorisations were in place to lawfully deprive people of their liberty. People's rights were protected.

People were supported to access health care services and people had sufficient quantities to eat and drink.

### Is the service caring?

**Good**

The service was caring.

People received care that was kind, compassionate, respectful and dignified.

Staff valued people's rights to be as independent as they wanted to be.

People could have as much support from staff or relatives as they wanted.

### Is the service responsive?

**Good**

The service was responsive.

People were supported to give their views on their strengths and level of independence as to how they lived their lives.

People benefitted from a wide range of opportunities in conjunction with work and education programmes. This had a really positive impact on their lives and well-being.

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

## Is the service well-led?

Good

The service was well-led.

Staff were supported in their role and as a result an open and honest staff culture was fostered.

People's views as to suggestions as to how the service was run were listened to and acted upon.

Quality assurance procedures and systems were in place to help drive improvements in the quality of care that people were provided with.

# The Hub

**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 unannounced inspection took place on 17 January 2017 and was undertaken by one inspector.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

Prior to the inspection we made contact with the local authorities who commission people's care, including social workers. This was to help with the planning of the inspection and to gain their views about how people's care was being provided.

During the inspection we visited the agency's office and spoke with the registered manager and three care staff. We spoke with two people and one relative. We observed how people were cared for.

We looked at two people's care records, medicines administration records and records in relation to the management of staff and the agency.

Requires Improvement

# Is the service safe?

## Our findings

People told us that they felt safe because staff were there for them when they were required or needed. One person responded positively by smiling when asked if staff were kind and nice to them as well as responding to people's needs promptly. Another person said that staff "spend time talking with me". A relative told us, "I feel my [family member] is safe because they [staff] are careful when helping them." We were told by this relative how any risk of harm was managed by the staff team and they said "absolutely safely". They told us, "My [family member] has many behaviours which others could find challenging but the staff always react in a safe way to ensure my [family member] is safe and calm." A social worker told us that they were confident in the number of staff in place to support people and of their skills in keeping safe from harm.

We observed that people's care was not rushed and that sufficient staff were in place to help ensure people's safety. On the day of our inspection one person was being picked up from hospital. We found that appropriate support and staffing arrangements were in place to keep people safe. One relative told us, "They [staff] are here when I need them and my [family member] gets to do the things they want and when they want." Staff told us that there was sufficient staff and that cover was normally always possible such as off shift staff working additional shifts or overtime. One person indicted to us that they could undertake their hobbies, interest and pastimes with staff supporting them. We observed and found that there were sufficient staff in post to meet people's assessed needs at home, out in the community as well as at the location's main office. People's daily records and staff rotas showed us that staff provided care for the expected duration of the care provision.

We found that staff had been trained in the administration and recording of people's medicines. However, staff and their records confirmed that staff's competency to safely administer medicines had not been assessed. This meant that there was a risk of people not being safely administered their prescribed medicines. The registered manager told us that they covered this at staff's individual supervision and that they would start undertaking observations of staff as soon as possible. One staff member said, "I had to attend medicines administration and management training at the local authority." Another member of staff said that they had undertaken on line refresher training for administering medicines.

Where there were shared responsibilities for the administration of medicines with people's relatives we found that there were no clear boundaries in place for this. On three occasions this had resulted in records not being completed by the staff to indicate exactly who had administered the medicines. People were satisfied with how they were supported to take their prescribed medicines. One person confirmed to us that they had all their prescribed medicines on time. A relative told us, "If my [family member] needs medicines in an emergency I am confident that the staff would know what to do." Records viewed confirmed that staff had received training according to people's medicines administration needs.

From incident records we viewed we found that most situations had been reported to the appropriate safeguarding authorities. However, we also found occasions where an incident had occurred and this had not been reported to the appropriate authorities including the local safeguarding authority and the CQC. Actions had been taken to prevent a recurrence such as avoiding situations which could trigger a person's

anxieties and behaviours. Nevertheless the lack of reporting to the safeguarding authority put people at risk of not having care that was as safe as it could have been.

Staff had been trained and were knowledgeable about how to protect people and younger people from any risk of harm. Care staff were able to describe the different types of harm, the impact this might have on people and the actions they would take. For example, reporting the matter to the registered manager, the local safeguarding authority as well as the police if required. One staff member said, "If I ever found bruises or a person was more withdrawn or acting in an unusual manner, I would investigate. I would call [registered manager] straight away and make sure the person was safe." Another staff member told us, "I can contact you [CQC] or [registered] manager's boss if I need to." We saw that accessible information was provided to people so that they would be able to identify and report any potential situations of harm.

Risk assessments had been completed and covered those areas where people may be at risk such as from falls, accessing the community, transport and travel and behaviours which might challenge others. We saw that mitigation and prevention strategies were in place to help ensure that people were as safe as practicable. For example, by avoiding crowded or noisy environments as well as having two staff in place if this was deemed appropriate. Regular reviews had taken place to help make sure that the interventions to keep people calm and anxiety free were up-to-date and relevant.

Information in people's care plans enabled staff to have the required guidance to minimise the risk of harm to people. This included measures such as how to manage these risks. One relative told us that, "My [family member] can be very unpredictable at times but I know that staff will act according to each situation [to keep the person safe)." Records viewed showed us how the registered manager analysed each incident and put strategies in place as well as the latest guidance for staff. This was planned to help ensure that staff had the person's latest care records and information to support each person as safely as practicable. This demonstrated to us that people were assured that risks to their health and wellbeing were managed effectively.

Records we viewed showed us that appropriate checks had been made to establish staff's suitability to work with people using the service. Checks undertaken prior to staff's employment included an enhanced DBS (Disclosure and Barring Service) police check. One member of care staff told us, "I had to provide my previous employment history, two written references, evidence of my qualifications and my driving licence." Another staff member said, "I didn't start until my DBS came back clear."

Good

# Is the service effective?

## Our findings

People's needs were assessed prior to using the service in a staged process. This was started by visiting people in their home over a period of time to gain the maximum amount of information. This was planned to help ensure that any specific staff training required was in place. Training deemed mandatory by the provider, included health and safety, moving and handling, safeguarding and the Mental Capacity Act 2005 (MCA). Additional training was provided on subjects included autism, epilepsy, sign language and challenging behaviour interventions. One relative told us, "They [staff] definitely know what they are doing with my [family member]. It is a constant learning process and despite knowing them well staff do always consider and act on my suggestions." One person told us that the staff knew them "very well". Another person communicated to us that staff were "good" in their knowledge about them. Our observations confirmed how staff had got to know the person very well by being aware of their individual preferences. A social worker told us that "staff had a very good understanding of people's needs and how to do this effectively".

One care staff told us, "I had a good induction over four weeks. I accompanied and shadowed experiences staff to get to know each person. After my induction the [registered] manager put me with [name of person] as we got on so well." The registered manager told us that having the right staff with the right attitude and skills was important. They said, "Sometimes it was best to start with a clean sheet and train the person in the way we want them to work." One member of care staff said, "I had training on first aid, moving and handling, the MCA and medicines administration." We also saw that staff had been trained on caring for people who were fed through a tube in their stomach (Percutaneous endoscopic gastrostomy or PEG). One relative said, "Staff definitely have the skills to meet my [family member's] needs."

Staff were provided with support during their supervision sessions. Staff told us that these sessions were very much "two way" and an opportunity to raise any points such as what worked well and anything that was not working quite so well. For example, the registered manager chose certain subjects that they felt would benefit staff the most: such as providing information in an easily understood format about the MCA, the Court of Protection and the Deprivation of Liberty Safeguards (DoLS). One staff member told us, "[Name of registered manager] is there to support me with work as well as anything outside work that could impact on me." We saw that a planned programme of staff training and supervisions were in place. This was to help ensure that staff had the most up-to-date care skills and support. All staff we spoke with confirmed to us that the support and training that they had received, enabled them to do their job effectively and in a way that people wanted them to.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We found that all staff we spoke with were aware of the MCA and they were knowledgeable about putting its code of practice into action. One staff member told us, "It's about respecting people's choices, supporting people to make decisions on what to eat, wear, do and when to get up or go to bed. If necessary I would speak with [registered manager] if I felt people's capacity to make a choice was out of character or not safe." We found that appropriate authorisations were in place through the Court of Protection where a relative or staff made decisions on a person's behalf. As a result of this, best interest decisions had been agreed and implemented. This showed us that people's rights were respected. One staff member told us, "If a person's ability and capacity to decide or make a choice changed I would look at speaking with the [registered] manager, involving a GP, social worker and relatives. I would need to make sure that any decision made on a person's behalf was in their best interest." We found that staff were knowledgeable about any restrictions in place to deprive people of their liberty such as being under constant supervision had to be the least restrictive. For example, being with a person when out in the community for safety reasons but to support people to be as free as possible to choose for themselves. Feedback from people included, "Staff don't make me do things I don't want to do. I always choose."

We found from records viewed, people, relatives and staff we spoke with that people had sufficient quantities to eat and drink. This included favourite foods, any allergies to food or food colourings. Wherever possible people were provided with healthy eating options and our observations confirmed this. One relative said, "I do most of my [family member's] meals as they have a PEG." We saw that guidance was in place for staff on how to support people with a PEG as well as maintaining this in a safe and hygienic condition. People could be assured that they would have adequate nutrition. One person had fed back to the provider that staff "always cook great food and we can choose for ourselves what to eat." If people needed help with maintaining adequate nutrition and hydration this was provided. One person said that they could "choose what to eat" as well as where and when they ate. We observed how people were offered regular refreshments and the person's choice. If any person required adapted drinking vessels then these were provided. For example, being enabled to drink sufficient amounts of fluids by means of a straw.

People's health needs were met with support from staff, if needed. One relative said, "I am absolutely confident that if a doctor or emergency services have to be called that staff would do this." We found that where people's health care needs were shared through other organisations such as a hospital that suitable arrangements were in place to ensure the person's wellbeing. One person communicated to us that they got to see a doctor when required. Another person we spoke with was confident that should they ever need any health care support that staff would request this straight away. We saw that people's care plans contained relevant health action plans and guidance for staff including that for people who had specific health conditions and how these needed to be managed. People were assured that their healthcare needs would be responded to.

Good

# Is the service caring?

## Our findings

We observed that staff were consistently attentive to people's needs. Staff provided people's care with kindness, compassion and valued their privacy and dignity. One person told us that the staff were "always nice" to them. We heard staff asking people if they would like any help. One staff member said, "Is it alright if I give you a hand?" and, "Is there anything else I get for you?" Staff spoke with people in a caring and respectful manner and treated people with the equality they deserved. Another staff member was observed tactfully helping a person when they needed help with personal care and this was carried out which fully considered the person. Records viewed about people's feedback about their care included, "I have always got someone at The HUB to talk to and who will listen to me." Another comment read, "The HUB is brilliant and I like (going to the office) as it feels like my family there."

People told us that the care that they received was in such a way that meant people were well looked after. We saw how people smiled and laughed when they met staff and the registered manager. One person said that they were able to play their "favourite" pastime with support from staff and that this support was sensitive to their needs. Another person said that staff "spend time talking with me". One relative told us, "My [family member] always has their dignity respected. I wouldn't have just anyone care for them. It means a lot to me that they are supported in a caring and sensitive way."

Staff were seen to engage in conversation with people, both verbally and through other means such as the use of electronic communication devices. In addition to these methods we saw, as well, staff had an understanding of people's facial expressions, body and sign language. People could be confident in knowing that staff understood their needs and ways of communicating in such a way that staff were able to listen and act on people's requests.

Staff were aware of the ways that care was provided in a dignified, considerate and respectful way. For example, one member of care staff said, "I make sure the doors or curtains are closed say when. I explain every stage of the care as well as asking if it was alright to wash the person's hard to reach areas. We do have a chat as this puts them at ease and they can always do as much of their care as they wanted to themselves." Another staff member told us, "Covering people's dignity as much as possible is essential. I wouldn't like to be half undressed without some covers so I treat people in a respectful way that I would expect if I was in their position." A third staff member said, "If we are out in the community and the person has an 'accident'. I make sure I can [care for] them in private and then get them home as soon as possible. A relative told us that they had no concerns about how kind, caring and respectful staff were to their family member. This showed us that people's care was provided in consideration of the person.

From records and care plans we viewed we saw that people valued and benefitted from the care and support that they received. We observed how staff encouraged people's independence through their circle of friends. Information and care plans were provided to people in an accessible format such as picture cards, easy read format or through electronic communication aids. The aim of the provider was to be "an organisation that embraced the philosophy of social inclusion and where information, knowledge and practice leading to improved, self-determined lives, particularly amongst people who were vulnerable and

lonely". Through this philosophy and the care provided by staff we found that this was the case. Staff demonstrated the vision and values of the provider by encouraging people to have an informed choice, individual happiness and increased confidence, and to be respected and valued.

People we spoke with confirmed that good relationships between them and staff had been developed. One person told us that they "got on very well" with their regular care staff. We observed that staff were aware of people's anxieties, how to avoid or mitigate these as well as ensuring people were well cared for. For example, by staff making sure people could sit in a car in a position that the person favoured and was happy with. One relative said, "It's good that my [family member] has a staff team who they know well and get on with. It makes me feel so much more at ease and not having to worry."

We found that formal advocacy arrangements were in place such as independent mental health advocates as well as people' whose relatives spoke up on their behalf. An advocate is a person who is able to speak on the person's behalf and make sure that the person's wishes and preferences are respected.

Good

# Is the service responsive?

## Our findings

People's needs were assessed in such a way that benefitted the person the most. For example, the registered manager told us, "We visit the person in their home first and make observations. It can take a few visits but this provides the starting point upon which we can base the person's care." They added that having information about a person's full life history, as well as memorable events such as their birthdays, favourite places and holidays, was important as this really helped in getting the care provision right.

People, their relatives or representatives, were involved in the assessment of their needs and developing their care plans. One person had fed back to the registered manager that they were "fully involved in all decision making [about their care needs]." Various ways in which people were involved included their 'circle of support'. A circle of support is a group of people who agree to meet on a regular basis; this is to help the person for whom the circle had been formed to accomplish certain goals in terms of fulfilling aspects of their lives. This circle of support also assisted in the development of relationships with families and friends of the person. As a result of this we found that people were involved in a way which really included them as fully as possible.

To assist staff to support people, each person had a one page profile in place. This included important information about the person such as their favourite foods; the best ways of supporting the person; how to help them make informed choices, and the person's circle of friends and who was closest to the person such as a relative.

The registered manager told us that "each person's care plan was a live document" and that "care plans frequently changed due to the changes in people's care and support needs". Examples of this included people who had unpredictable patterns in their behaviours that could challenge others and whose care needs were complex because of this. We found that staff worked closely with relatives to obtain people's views including those people who used non-verbal means of communication such as picture cards and electronic voice communication systems. Care plans were further developed based upon all the information that staff were able to obtain. This helped to make the care plans much more person centred. Based upon each person's individual assessed needs each person's records had been tailored. This was with the use of pictorial information, objects of reference and social stories and subjects the person liked such as music, horses, trains, football or computer games.

To confirm the type and level of care a formal contract was drawn up and signed by the person or their legal representative. This was planned to help ensure that each person's care was based upon their most up-to-date care needs. People's circle of support also contributed to help people determine what their goals and future dreams were. Staff helped people turn their dreams into reality. Examples we saw of this were people going horse riding, walking a dog, attending educational programmes, playing musical instruments, doing their clothes washing as well as being a disc jockey. Other daily livings skills that staff supported people to achieve included the use of public transport, going shopping or to the cinema.

One relative told us that the registered manager was "exceptionally good" at adapting things according to

their family member's needs. They said, "My [family member] is a complex person and they [staff] do an amazing job. It gives me a break but gives my [family member] the social stimulation that is so important to them." People were involved inclusively with all their care planning and delivery of this as much as possible. This meant that each person's care was individualised on the person. Any discussions or changes to care plans required people's consent or that of their advocate. We saw how people who required advocacy had this in place. This was so that people were included in their care planning as much as practicable.

People and relatives we spoke with told us that they were satisfied with how their individual needs were met. For example, one person was "very happy" with the staff who provided their care and supported them. One relative said, "They [the provider] can absolutely meet my [family member's] needs. They are very understanding of my [family member's health condition]."

The provider had a complaints policy which was also available in an accessible format for those people who preferred or needed this support. Records viewed showed that where people had raised a concern that this had followed the provider's process to the person's satisfaction. People had the systems in place to support them to make suggestions or raise any concerns about their care. We found that as a result of the proactive approach of the registered manager all concerns were resolved before they became a complaint. A relative said, "I have never had to complain. I just pop in the office or call the [registered] manager and any issues are resolved where this is within their [the provider's] remit."

Good

# Is the service well-led?

## Our findings

We received positive comments from people, social workers and records viewed about the leadership that the registered manager. One social worker described the registered manager as "very approachable" and "listens to suggestions and acts on these". All staff praised the leadership style of the registered manager who was approachable and supportive. One staff member told us, "We have regular staff meetings for all the formal matters such as safeguarding, training plans and any additional training needs but I can speak with them [registered manager] at any time. I can and do call them late at night sometime even if I just need reassurance I am always positively supported. One relative said, "[Registered manager] has been my 'rock'. I am in constant contact (for the right reasons) with them and this makes everything work well (for their family member)."

As well as people's daily or other regular contact with staff and the registered manager, people's feedback was sought in a way which encouraged as much information gathering as possible. For example, gathering small pieces of information each day during people's care and support sessions. Feedback we looked at included many positive comments about the quality of care people received including, "Drama is brilliant"…."Meeting [famous person] was brilliant"…."Everything about Circles Network (the HUB) support is amazing." A relative told us, "The HUB and its staff have achieved things that others (providers) wouldn't want to take on." The registered manager told us that they cared for some people where other providers had not been able to. They said, "Using people's circle of support really does make a difference. For some people who have never been out in the community this is a really good way for them to meet friends that they would not otherwise be able to do so."

We found that people accessed the community with confidence and maintained strong links with this as a result. The registered manager showed us the records and photographs about the many different pastimes, hobbies and interests that people had undertaken. These included horse riding, being a disc jockey, going to a farm or park, swimming, playing sport and computer games or just hanging out socially with friends. A social worker told us that the registered manager and staff were "very good at enabling people to access the community and preventing any risk of social isolation".

Staff were provided with opportunities to make suggestions and contribute in improving the quality of people's lives and the care associated with these. For example, when they had regular contact with the registered manager. One member of care staff said, "I have a regular supervision with the [registered] manager every couple months. If there is anything requiring urgent attention I just call or speak with them in the office." People's views were sought on a daily basis on what had worked well and what had not worked quite so well. This information allowed the staff and registered manager to implement effective changes swiftly. One person had fed back to the registered manager, "Circles Network (The HUB) are the best care [staff] I have ever had."

A registered manager was in post and they were supported by a team of staff, which included a regional coordinator and the organisations chief executive [CEO]. The registered manager told us that if ever they needed any advice or support they were able to access this freely and at any time. One member of care staff

said, "If I ever need any specific training to meet a person's needs such as greater detail and information about more complex or rarer versions of autism, the training is provided. We saw from records viewed that the provider supported the registered manager by accessing external/similar organisations and advice from other national organisations for people living with a sensory impairments, learning disability and various volunteer organisations and charities.

Another staff member told us that their training had been "comprehensive and supportive and that they "got my motivation from the [registered] manager and their support." One person told us that they "liked all" the staff" and that the staff worked "as a team" for them. One relative told us, "I know [registered manager] as well as if they were family. We get on well and that makes a difference to my [family member]." From our observations it was clear how well staff worked as a team by working together to help people achieve their dreams and support people in the best way possible.

The registered manager kept themselves aware of current developments in care practices as well as sharing good practice by bringing together educational establishments. For example, through a joined up approach in enabling people with a disability to have full access to education. This was where younger people could attend various classes as well as a youth club. Other events had been organised to support parents and people living with various health conditions such as Asperger's syndrome. People had responded well to the way access to the community had been implemented such as being enabled to attend a festival, being a disc jockey, adapted hand cycling and attending a gym, and dance and drama classes. This meant that the provider reacted proactively in response to requests they received to improve the safety and quality of people's care. In addition, people were enabled to volunteer at local organisations including working at a hydrotherapy pool with the supervision of staff.

Records we looked at showed us the pleasure people had obtained in taking part in such activities. This was confirmed by relatives, people and staff that we spoke with. One person had written about their experience in the provider's newsletter saying, "This summer I will be using the pool for the first time. I want to build confidence in water so that I can look at starting swimming lessons. [Staff] helped me with some exercises and we used different floats so I could practise kicking my legs."

Staff were aware of the whistle blowing policy and when to use it. One care staff said, "I care for people as if they were a family member. I am absolutely confident that if ever I witnessed any poor standards of care that [registered manager] or the CEO would take immediate action to make sure people were safe." Another staff member told us, "It is just pure courtesy to treat people as a person. The reason I like my job is because of the difference I see I make in people's lives. I wouldn't hesitate to report any staff or other workers if their care was not up to scratch." The registered manager spent time monitoring the staff culture and acted on any situations if ever they needed to. This enabled them to monitor the quality of care provision.

A programme of audits was in place and as the business of the ?agency had grown the registered manager was looking at reviewing the staff structure in recognition of a need to develop further their quality assurance auditing systems. In the majority of situations audits and quality assurance processes had been effective. Areas where the registered manager had plans and improvements in progress . These included the introduction and development of a web based system which would make care plans more organised and accessible to people and staff. We found, however, that audits had not identified a lack of parental boundaries for people's medicines administration as well as when staff's competency to administer medications was due a review. The registered manager told us since registering in January 2016 that they would act on these deficiencies and put competency assessments and medicines administration boundaries in place.