

Developing Lives Services (2000) Limited

Meyrick Cottage

Inspection report

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Date of inspection visit:
18 June 2019
19 June 2019

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

About the service

Meyrick Cottage is a care home registered to provide accommodation and personal care for up to six people diagnosed with autistic spectrum disorders and learning disabilities. At the time of this inspection there were two people living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using the service:

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focussed on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us they enjoyed living at Meyrick Cottage. They told us they felt safe living at Meyrick Cottage and liked the staff who knew them well and provided their support and care with kindness, patience, respect and dignity. Relatives told us they found the staff to be kind, friendly, supportive and professional.

Staff understood how to identify and report abuse and were well supported in their roles. Staff received regular supervision meetings and a variety of training courses to enable them to carry out their roles competently.

Risks to people's health, safety and well being were regularly assessed, reviewed and updated. People and their families were fully included and involved in their care and support. People's views and opinions were listened to and acted upon wherever possible.

People's health care needs were met and staff supported them to see healthcare professionals when appropriate. Medicines were managed, stored and administered safely. People were supported to take their medicines safely by staff who had received the appropriate levels of training.

People were supported by safely recruited staff and there were enough appropriately trained and

experienced staff to support people in ways that suited them. Communication styles and methods were tailored to individual people and staff supported people to understand the choices available to them.

Staff felt well supported by the management team and their colleagues. Staff received regular supervision sessions that were conducted in a supportive and positive way which enabled staff to develop within their respective roles. Staff spoke positively of the training they received which they said was effective, well delivered and tailored to the needs of the people living at Meyrick Cottage.

People were supported to cook some meals for themselves which encouraged and maintained their independence. People received healthy, nutritious meals which they enjoyed planning and preparing. Meal times were a social occasion where people could choose to spend time with others or in their bedrooms if they preferred.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The premises were well maintained and kept in a clean and safe condition. People had personalised bedrooms which they spoke proudly about and told us they found comfortable.

People led busy, active lives and were encouraged and enabled to pursue hobbies and get involved in activities in the wider community. A variety of in- house activities were provided based on people's interests and choices

The service worked collaboratively and closely with health care professionals to ensure people received the best care and support at all times.

There was a complaints policy in both a text and pictorial format which gave clear guidance for all people. People and relatives told us they knew how to make a complaint if the needed to and felt any concerns would be taken seriously and action taken straight away.

There was a clear management structure and people, relatives and staff spoke highly of the registered manager who ensured there was an open, supportive, friendly, professional culture at the home.

There were robust quality assurance systems in place to drive improvement and ensure the home offered a safe, effective, caring and responsive service.

Rating at last inspection

This service was registered with us on June 2018 and this was the first inspection.

Why we inspected

This inspection was the first scheduled inspection. We look to inspect services within 12 months of them registering with us.

Follow up: We will continue to monitor intelligence we received about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Meyrick Cottage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

Meyrick Cottage is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service did not provide nursing care.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support services.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of inspection was unannounced.

What we did when preparing for and carrying out this inspection:

Before the inspection we reviewed the information we held about the service and reviewed the PIR the provider had completed. The PIR 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. We also sought feedback from the

local authority and professionals who work with the service for their views on the care and service given by the home.

During the inspection, we spoke with both of the people who used the service and spent some time with them. We observed and listened to how staff interacted with people and spoke with one relative during the inspection. During the visit we spoke with the registered manager, the general manager, and three members of staff.

We observed how people were supported and, to establish the quality of care people received, we looked at records related to people's care and support. This included two people's care plans, care delivery records and their Medicine Administration Records (MAR). We also looked at records relating to the management of the service including: staffing rotas, staff recruitment, supervision and training records, premises maintenance records, quality assurance records, training and staff meeting minutes and a range of the provider's policies and procedures.

Is the service safe?

Our findings

Safe- this means we looked for evidence that people were protected from abuse and avoidable harm.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Both people living at Meyrick Cottage told us they felt safe living there. One person told us, "I like the staff...I like them all, they are all kind to me and help. If I was worried I would speak to staff and my mum but there is nothing I'm worried about now." Another person said, "I can chat to them (staff) if I'm worried I will go to [registered manager] as I know him the best he got me here in the beginning. One relative told us, "The staff here at Meyrick Cottage are second to none...we wouldn't want for anything better...we are quite happy to leave [person] here and know they are in good hands and kept safe."
- Staff spoke knowledgeably about how to recognise the different types of abuse and knew how to report any concerns.
- There was a safeguarding and whistleblowing policy in place which gave staff clear guidance to follow if they needed to refer any concerns to the local authority.

Assessing risk, safety monitoring and management

- Risks to people and the service were managed so that people were protected and their wishes supported and respected. People were involved and included in their risk assessments which ensured a reduced risk of harm with the least possible restriction to people's freedom, and independence.
- Risk assessments gave clear guidance for staff on what may trigger anxiety or incidents for each person and how to safely de-escalate a situation.
- There were systems in place to ensure the premises were maintained safely. There were personalised plans for people to ensure a safe evacuation from the premises in an emergency situation such as a fire.
- Up to date service and maintenance certificates relating to electric, gas, fire and water systems were available. Legionella testing had been completed which showed the premises were free from legionella. Legionella are water borne bacteria that can be harmful to people's health.

Staffing and recruitment

- There were enough appropriately trained staff employed to support people. Recruitment practices were safe and the relevant checks had been completed on all staff. One member of staff told us, "There are enough staff here, no problems to cover shifts."
- People were involved in the recruitment of staff if they wanted to. Some people prepared questions for prospective members of staff to be asked at their interview.
- Staff rotas correctly reflected the levels of staff on duty during our inspection visit. Annual leave or staff sickness was covered by existing staff. If this was not possible the provider had their own agency company and the same agency staff were used to cover staff absences. This ensured people received care from a consistent staff team who knew them well.

Using medicines safely

- Medicines were safely managed, stored and administered.
- Staff who administered medicines had received up to date medicine training and had their competency checked.
- There were clear protocols for administering PRN (as required) medicine and staff spoke knowledgeably about administering PRN medicines. People had known allergies recorded and there was a photograph of people on their MARs to help ensure medicines were administered to the correct person.
- Some people were being supported to manage their own medicines. This promoted people's independence.

Preventing and controlling infection

- Staff had access to personal protective equipment and wore it appropriately. Staff had received training in infection control and food safety and understood how important it was to reduce the risk of cross contamination.
- People were encouraged to take responsibility for the cleanliness of their own rooms. One person told us, "I like living at Meyrick Cottage. I like all the stuff I do, I like cooking and singing and I like cleaning and like doing my own room. I also do a bit of my washing sorting my clothes into light and dark and putting them in the washing machine."
- The home and equipment was exceptionally clean and very well maintained.

Learning lessons when things go wrong

- There was a clear procedure in place for reporting and recording accidents and incidents. All incidents were reviewed, analysed and monitored for any trends or patterns of behaviour, this ensured incidents were responded to appropriately and lessons shared and learned with staff.

Is the service effective?

Our findings

Effective- this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- One relative told us, "We looked at several places, but Meyrick Cottage came up and [person] liked it very much. Nothing has been rushed, it has been very welcoming, a home from home. I would recommend it to anyone."
- People told us staff worked with them to encourage and support their independence. People felt fully involved in the management of their care and support and told us staff listened to them and ensured their choices were respected. Each person was assigned a key worker who spent time with them and ensured all their health and care needs were fully met.
- Care and support was planned and delivered in line with current legislation and good practice guidance. Assessments and care plans were comprehensive, detailed and reflected people's personal preferences and wishes.
- People were supported to be themselves and given access to information and support to live their lives as they chose. This included them being provided with support to consider all aspects of their gender, sexual orientation and disability.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge they needed to perform their roles. Staff told us they could access the training they needed and had found the training detailed, helpful and well delivered. Training was relevant and specific to the needs of people living in the home and staff were able to use, and develop, their learning alongside colleagues. The service had scheduled specialised training according to the health needs of people. For example, previously the service had cared for a person for a respite period who was epileptic, and staff had received epilepsy training to ensure they were appropriately trained.
- Staff told us they felt well supported by their colleagues and the management team and felt they all worked well together as a supportive team. One member of staff told us, "We have five staff here at the moment and it works well, absolutely fine. We all work well together, and communication is easy." Another member of staff said, "I really like it here, I did the care certificate training and the full induction and all the staffed helped me with induction. I felt supported and did shadowing. I got to know the residents really well." The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff spoke positively regarding the induction process they had attended at Meyrick Cottage. Staff completed their three-day induction and then spent time shadowing more experienced staff so they got to know the people before caring and supporting them independently. One member of staff said, "The observations and shadow shifts were definitely useful...it's always beneficial for new staff to shadow and learn. All the staff were understanding and supportive."
- Staff received regular supervision meetings which they told us were helpful and supportive. The sessions

were used to develop and motivate staff, reviewing their practice and checking if staff wanted to progress further or develop specific skills or training related to their interests.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged and supported to be fully involved in the planning, preparation and shopping for the meals for themselves and others living at the home. We observed meal times were relaxed and friendly with people choosing where and what they wanted to eat.
- One person told us, "The food is ok. I love my food, I'm not fussy, I like it and I get to cook it. I like the staff they help me." Another person said, "Sometimes I cook in here. I like Italian meals, like pasta and pizza. Tonight, I'm going to cook a tuna pasta bake."
- There were pictorial menus on display showing people what meals were planned for the week. People received home cooked, healthy, nutritious meals. People's dietary needs were recorded in their support plans.
- The kitchen had recently been assessed by the local food standards and had been awarded a Grade 5 rating. The kitchen and cooking equipment were clean and well maintained.

Adapting service, design, decoration to meet people's needs

- The environment reflected the homely, friendly atmosphere of the service. People had their own bedrooms which were highly personalised and decorated to their individual taste. Shared communal areas were bright and comfortable which helped provide a warm, family friendly atmosphere.
- Kitchen cupboards had clear pictorial signs displaying what was contained within each cupboard. This clear signage supported people to prepare and cook their own meals using kitchen equipment, ingredients and implements which enabled them to maintain their independence.
- People had their own en-suite toilet and shower which were kept well maintained and clean. One person proudly showed us their bedroom which they were very happy with. they told us, "I'm happy with my room...I have my own TV and I have my own walk in shower, my bed is comfy and I'm nice and tidy."
- The home had a garden that people could use when they wanted to. The registered manager told us they were arranging for an adult swing to be purchased for people to enjoy.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's support and care plans were holistic and person-centred. They covered all area's people needed support with which included, physical, mental, social and health needs. Daily life skills such as managing money, independent travel and cooking were also included. People were actively encouraged to be involved in managing their care and support.
- One relative told us, "They do everything very well...the care, listening to people and parents is second to none...everything is handled very well."
- The service worked collaboratively and closely with external health care professionals and specialists.
- People received the support they needed to manage their health, including any assistance they needed to arrange and attend appointments with health professionals.
- There were systems in place to monitor people's on-going health needs. Staff supported them to keep active and to maintain relationships and interests. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure people got the right healthcare. Records reflected this was the case for ongoing health issues and emerging issues.
- People had 'Hospital Passports'. These gave important information about each person, their likes, dislikes and things that were important to them. This information would need to be known if the person transferred to another service such as a hospital.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. No one living at the service was subject to any restrictions of their liberty.

- Staff had received training in The Mental Capacity Act 2005 and spoke knowledgeably regarding how it applied to the people they supported at the service.
- Care and support records contained details of people's consent.
- People told us and records showed people were involved in the writing of their care and support plans. This showed people had given their agreement to consent to how their care and support was delivered.

Is the service caring?

Our findings

Caring - this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This meant people were supported and treated with dignity and respect; and involved partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they enjoyed living at Meyrick Cottage and liked the staff who they said were friendly, caring and treated them with kindness and respect.
- There was a friendly, calm, welcoming atmosphere at the home. People's friends and family members were made to feel welcome whenever they visited, and people were supported to maintain family relationships if they wished to.
- Relatives told us they were kept fully informed in the care of their relative and found the staff team approachable, friendly and professional. One relative told us, "It's such a lovely place."
- One member of staff told us, "[Person] has blossomed becoming very assertive and open to people, confidence has really grown... with support this approach works well, they can always text or call me at any time, there is constant support".
- Throughout the inspection we observed positive interactions between staff and people. Staff showed genuine warmth and compassion when supporting people. Staff knew people very well and ensured they delivered their care and support in ways that people preferred.
- The service took a holistic approach to care and support and people's care plans and support records set out aspects of people's characteristics, beliefs and preferences to ensure people's equality and diversity was respected.

Supporting people to express their views and be involved in making decisions about their care

- People, family members, staff and health professionals were all involved in decisions regarding ongoing care and support. People were supported by staff to make choices affecting their daily care and support. People's views were listened to and acted upon and people were involved in writing their own care and support plans.
- People had regular discussions and meetings with their key worker to check how things were going and if they needed any additional support to achieve their agreed goals. People felt fully involved in their care and support.
- There were weekly house meetings where people were given the opportunity to share information that was important to them and put forward their views, preferences and ideas they may have for change.
- Support plans took into account people's disabilities, age, gender, relationships, religion and cultural needs.
- People, relatives and staff told us communication was very good and they were kept well informed about daily events and any changes to people's health and needs. One member of staff said, "We are all always involved in the home. We are good at communicating with each other, help each other and inform each other with sensitive things with residents."

- People were offered encouragement and support by staff to make decisions they may find difficult. Staff respected people's choices and their rights to do what they wished.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance in respecting people's rights to privacy and dignity and this was supported throughout people's care and support records.
- People held their own keys to their bedrooms and staff respected people's bedrooms as their private space, seeking permission before entering.
- Staff promoted people's independence and people were encouraged to set themselves achievable, realistic goals to work towards. For example, aiming to cook independently once a week or travelling independently into the local town and using public transport.
- People were supported and encouraged by staff to respect themselves and other people and their belongings. People signed a document, "I Promise" which laid out the rules of the home, the expectations of people living in the home and asked people to respect each other, respect staff, respect people's belongings and be nice and polite.
- Personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service and staff demonstrated a holistic, person-centred approach which was reflected in the care and support plans people received. The service supported people to express their views so that staff and others understood their wishes, choices and preferences.
- One parent told us, "It's a very welcoming home from home, everything is handled really well, and we have been kept in touch with everything."
- People's care and support plans were regularly reviewed and reflected people's physical and mental and social needs. This ensured people received tailored, individual care and support that best suited their needs.
- Care and support plans focussed on promoting people's independence and supporting them to achieve their agreed goals as well as how they preferred their care and support to be given.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Everyone at the service was able to communicate verbally, staff communicated in ways that suited people. Records showed the service complied with the Accessible Information Standard (AIS).

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us staff supported them to see their family and friends regularly. Relatives spoke positively about the support the whole family had received from the management team and staff at Meyrick Cottage.
- Staff had formed a pro-active, inclusive approach with people's family and friends. Family, friends and relatives were encouraged to attend all meetings and any training events that were run to ensure they were fully involved in the care given to their relative.
- One member of staff told us, "We have a great relationship... we do Sunday dinner with the family to catch up with everything. [Person] is taking part and cooking for them all...it's reassuring for the family and they can see they are doing well."
- People led busy, active lives and were encouraged and enabled to pursue hobbies and a wide range of activities both in the home and in the wider community. These included volunteering in charity shops and garden allotments, café's, playing football, shopping trips, visits to local places of interest such as sea life centres and boat trips, completing arts and crafts, music sessions.
- In order to prepare people, staff had run mock employment interviews with people to prepare them for interviews they may undertake when applying for community and charity positions.

- People were supported to maintain and improve their independence, activities they took part in played a positive role in teaching people independence. People received support and learning around key life skills areas such as, money management, independent travel, learning to budget and completing household tasks such as washing, cooking and cleaning their bedroom.

Improving care quality in response to complaints or concerns

- One relative told us, "We are always informed and would go to the manager if any problems, everything has been taken on board, it has been unbelievable."
- The provider had a clear complaints policy, and guidance leaflets were freely available around the home for people to refer to if they needed to complain. This ensured people were supported to make complaints and encouraged to put forward their views and concerns as necessary. This promoted an open, supportive culture.
- The service had received one complaint. This had been dealt with appropriately by the registered manager. Any relevant learning was shared in team meetings and staff supervisions.

End of life care and support

- At the time of the inspection the service was not supporting any one with end of life care. However, all staff had received end of life training and people's support records reflected their culture and spiritual needs.
- Some people had advanced care preferences recorded in their support plans as per their wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, staff and one relative told us they felt the service was well-led, with a clear management structure in place.
- People, staff and relatives commented on the friendly, homely, supportive and open culture at the service. Staff told us the management team operated an approachable, open door policy and they were always available for advice and guidance.
- Staff spoke enthusiastically and passionately about their roles and told us they felt very well supported by the management team.
- We asked staff what the service did particularly well and what the strengths of the service were, one member of staff told us, "It's all very good. Meyrick Cottage strengths are... supporting staff and people really well. And taking care of people... any problems we always go to management who always listen, and doors are always open. They are very supportive, it has been great."
- There was a clear process to report, review and analyse incidents and accidents. The provider acted in line with their duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff spoke knowledgeably about their responsibilities within their role and said they worked effectively together as a team. Staff were confident in the quality of care, support and guidance they were able to offer people which gave a strong focus on person centred, individualised care for people.
- There were effective systems in place for the registered manager and provider to oversee Meyrick Cottage and monitor the quality of service provided.
- Notifications to CQC, as required by the regulations, had been appropriately made.
- There were regular team meetings held where staff felt comfortable to raise any issues or concerns and felt they would be listened to. Staff told us team meetings provided a valuable time to discuss lessons learned and different ways of helping and supporting people. Staff viewed team meetings as supportive and helpful. Meetings enabled lessons learned to be shared and proactive action put in place where possible.
- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained. There was also a system of out of hours spot checks completed to ensure standards were maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- There was a system of annual quality assurance questionnaires in place for obtaining the views of the service from people, staff, relatives and health professionals. Results from these questionnaires were analysed and any areas of weakness or concern identified and acted upon.
- People were given the opportunity to attend weekly house meetings. These gave people a forum to put forward their views and raise any concerns they had. People's views and requests were listened to and acted upon, for example people had said they liked having fresh flowers around the home. Staff had acted upon this request and ensured fresh flowers were placed around the home.
- Staff told us they felt valued and fully involved in the running of Meyrick Cottage. They gave us many examples of individualised care and support they had given people. This had led to people having an improved level of independence, communication, self-confidence and sense of well-being whilst still respecting people's choices, preferences, sexuality and gender.
- The service worked collaboratively with all relevant external stakeholders and agencies. Staff told us the support and guidance they had received had made positive impacts on the lives of the people who lived at Meyrick Cottage.
- The registered manager kept up to date through the receipt of monthly briefings from CQC, regulation and Adult Social Care guidance documentation. They were a member of the Registered Managers Learning Hub which is provided by an independent care company which runs local workshops for managers to share and learn from each other, network and discuss best practice methods.