

Mrs Emma Hardcastle

# Bowland Care Services

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service:

Bowland Care Services is a small family run domiciliary care service. The service operates from Garstang in Lancashire. Support is provided to people with differing needs in their own homes. The service can provide emergency support and accepts referrals from both individuals and the local authority. At the time of the inspection Bowland Care Services was providing regulated activity to 27 people.

### People's experience of using this service:

We were repeatedly told by people and relatives that Bowland Care Services continued to be very caring. Staff were motivated to make a difference and cared for people in ways that exceeded expectations.

There were high levels of satisfaction amongst people and relatives who used the service. Everyone we spoke with said they would recommend the service to others. The service was described as "exceptional" and "head and shoulders above the rest". People repeatedly told us staff had made a difference in their lives and said staff routinely went above and beyond to ensure people were happy and safe.

The service was an important part of the community. The service had been recently awarded by the community for their efforts in making a difference to both the people they supported and the wider community. Professionals praised the strong links established by the management team within the community to improve the health and well-being of people in general. Their support was described as outstanding and invaluable.

People and relatives told us the service was very well-led. Leadership within the service was strong and focused upon striving for and maintaining a caring, responsive and person-centred service.

The registered provider understood the importance of tackling social isolation and developing community links. People were supported to develop and maintain relationships and be active within their community.

There was an emphasis on multi-agency working to meet people's health care needs. People, relatives and professionals said individuals who used Bowland Care Services developed and retained independence and experienced positive outcomes.

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.

There was an emphasis on ensuring people were supported by an experienced and qualified staff team who knew people well. People said they were assured staff were experienced and appropriately trained.

People told us they felt safe when being supported by staff. The registered provider understood the

importance of creating a culture where people were free from abuse and harassment. Staff were aware of their responsibilities in reporting and responding to abuse and said they would not hesitate in reporting any unsafe or abusive practice.

We found risk was appropriately managed and addressed to minimise the risk of possible harm. When risks had been identified good practice guidance had been referred to, to promote safe and effective practice.

The registered provider worked proactively to ensure individual concerns were identified and acted upon before they became a complaint. People told us they had never had any reason to complain but were confident any complaints would be dealt with effectively and professionally should they ever need to.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

At the last inspection the service was rated good (published 16 November 2016). At this inspection carried out in May 2019, we found the service had improved to outstanding.

Why we inspected:

This was a planned and scheduled inspection.

Follow up:

The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service remained good

Details are in our Safe findings below.

### Is the service effective?

Good 

The service remained good

Details are in our Safe findings below.

### Is the service caring?

Outstanding 

The service remained outstanding

Details are in our caring findings below.

### Is the service responsive?

Good 

The service remained good

Details are in our responsive findings below.

### Is the service well-led?

Outstanding 

The service improved to outstanding.

Details are in our Well-Led findings below.

# Bowland Care Services

## 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:

This inspection visit was carried out by one adult social care inspector. The adult social care inspector was supported by an Expert by Experience who made telephone calls to people and relatives to gain feedback about people's experiences. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to adults living in their own homes.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit to be sure the registered provider, staff and people they supported would be available to speak with us.

Inspection site visit activity started and ended on 30 April 2019. We visited the office location on 30 April 2019 to see the management team and office staff; and to review care records and policies and procedures. On 01 May 2019, we carried out home visits to three people and made telephone calls to people and relatives. On 09 May 2019, we visited the office to speak with the management team and to provide feedback.

#### What we did:

We reviewed information we held about the service. This included previous inspection reports and notifications submitted by the provider related to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people who lived at the home. We also spoke with the Lancashire County Council contracts and commissioning team, and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. This allowed us to gain information related to the quality and safety of service being provided.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information submitted by the provider to plan and guide our inspection. We used our planning tool to collate and analyse this information to help us plan our inspection visit.

During the inspection, we spoke with six people and seven relatives' by telephone. We also visited three people in their own home to discuss their care and review their records with their consent. We spoke with three members of care staff, the care manager and the registered provider. Additionally, we spoke with three health and social care professionals about their experiences of working with the provider.

To gather information, we looked at a variety of records. This included care records related to four people. We also looked at other information related to the management of the service. We did this to ensure the provider had oversight of the service and to ensure the service was appropriately managed.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- People and relatives told us safety was always considered. Feedback included, "I always feel safe when staff are here." And, "[Relative] is definitely safe [with staff]. If I thought [relative] wasn't safe I wouldn't let them look after them."
- The provider understood the importance of assessing and managing risk. From records viewed we saw risk was routinely assessed, monitored and reviewed. Individual risk assessments included management of falls and health conditions.
- The provider worked in partnership with other professionals to ensure risk was suitably managed. For example, they worked with the fire and rescue service to ensure people's homes were equipped with the correct equipment to keep them safe and independent.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes continued to protect people from the risk of harm of abuse.
- The provider had a safeguarding policy which was available to all staff. Staff were aware of the policy and the importance of reporting any safeguarding concerns. When asked, staff could tell us procedures they would follow should they suspect abuse was taking place within the service.

### Staffing and recruitment

- The provider continued to have suitable systems to ensure staff were suitably deployed to meet the needs of people. People and relatives praised the flexibility of the service and the way in which management responded to need. They told us visits could be re-arranged and added when required.
- People told us staff were reliable. They told us visits were not rushed and staff always stayed the allocated time. One relative said, "They were very reliable. They sometimes stayed on extra to help us out." People told us they were supported by a small staff team who knew them well. Consideration was taken to ensure continuity of care when staff had planned leave.

### Preventing and controlling infection

- The provider had processes to protect people from risk of harm from infection.
- Staff told us they had received infection control training and confirmed there was sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control. Stock was left in a safe place, so staff could access these out of office hours.
- People and relatives confirmed staff used personal protective equipment when they visited and provided personal care.

### Using medicines safely

- Medicines were managed safely and in line with good practice guidance. People told us they were happy with the support they received with their medicines.
- Staff who administered medicines said they had received appropriate training. In addition, they told us a member of the management team regularly carried out observations to ensure they were following good practice guidelines when giving people their medicines.

#### Learning lessons when things go wrong

- The provider understood the importance reflecting on incidents within the service to look at where things had gone wrong, so action could be taken to prevent them happening again. The provider told us all accidents and incidents were reviewed and discussed within team meetings, so awareness could be raised and lessons learned.
- We saw evidence of the provider working proactively with other agencies so that improvements could be made when incidents had occurred.

# 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

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

Staff support: induction, training, skills and experience

- People, relatives and health professionals told us they considered the staff team to be appropriately trained and skilled. One relative said, "They most definitely know what they are doing."
- The registered provider understood the importance of staff training. All staff we spoke with told us they were happy with the training provided. They told us they were provided with training opportunities to meet the needs of the people they supported.
- Staff told us they were supported to develop key skills and experiences at the start of their employment through an induction period. This included completing training and shadowing more experienced members of staff. Staff said they felt suitably prepared for work after the induction period had finished.
- Staff told us support in their role continued through their employment. They told us they received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development. Staff praised the supportive relationship provided by the management team and told us they could be contacted at any time for advice and guidance.

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

- The management team assessed people's needs before offering a service. They did this to ensure the service could meet the person's individual needs. This included liaising with health and social care professionals whenever appropriate.
- Care plans detailed expected outcomes for each person and reflected people's wishes and preferences. The registered provider understood the importance of regularly reviewing and updating care plans when people's needs changed. We saw they had invested in technology which allowed for assessments and reviews to capture information in a more efficient and timely manner.
- The management team understood the importance of delivering care in line with standards and guidance. We saw evidence of good practice guidance being considered when assessing people's needs and implementing plans of care.

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

- The registered provider had developed close links with health professionals and worked closely and proactively with other agencies to provide consistent, effective and timely care.
- Health professionals consistently praised the skills and commitment of the registered provider regarding the way in which they effectively worked to promote health and well-being. One health professional told us staff worked in partnership with them to ensure people's health needs were met in a timely fashion. They said staff were reliable and knowledgeable and always acted appropriately when people were showing signs of being unwell.

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

- The registered provider understood the importance of promoting nutrition. They had joined a national association for dietitian advice and had implemented good practice guidance within care records. In addition, they had completed a piece of work around malnutrition for people being supported by the service to promote good nutrition.
- People we spoke with told us they were happy with the support they received with their meal preparation. We visited one person at their home. They told us staff at Bowland Care Services had supported them to learn how to cook. On the day of our visit, we saw the person had prepared fresh vegetables and had planned themselves a healthy and nutritious meal.
- The registered provider also worked with other community groups to ensure people's nutritional needs were met. They told us they liaised with a community group who cooked and prepared hot meals for people. They said they sometimes directed people to use this service when people requested lunch time visits for support at lunchtime. They explained often this service was sometimes more cost effective for people but still met their nutritional needs.

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 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 with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- The registered provider and staff had a good understanding the principles of the MCA and how to apply this within the service. Staff had been provided with MCA training and were able to explain the process they were to follow when a person lacked capacity and were unable to make decisions for themselves.
- People told us staff routinely sought consent before they provided any care and treatment. Records had been maintained to show care plans had been discussed with people and consent had been sought. When people were unable to sign, this was clearly documented within the care record.

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

- The registered provider understood the importance of ensuring people had the correct equipment within their homes to help them maintain their independence. We saw examples of staff working with health and social care professionals to access equipment to promote dignity and independence.
- People who used the service were supported and encouraged to embrace technology. One person said, "I wear a pendant around my neck. Staff always check I have it on before they leave."

## 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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- People and relatives told us the care they received continued to be outstanding. Feedback included, "Overall, I can't praise them enough, everything they do is really good. They are easily outstanding." And, "The care we received was priceless. They held my hand through some difficult times." Also, "The care is exceptional. They go out of their way to make [relative] safe and happy."
- People spoke fondly about the staff who supported them, and the relationships they had formed. Staff were repeatedly described as "extended family members," and, "friends" by people who received a service. One person told us, "They make a big difference, I can't manage without them." One family member said, "We have no family nearby. Without them I would feel I'm on my own, it's like having a friend dropping in."
- Care provided to people often exceeded expectations. One member of staff was known to voluntarily prepare and deliver a hot meal and deliver it to people they supported. Additionally, staff often organised a fish and chip shop run, delivering fish and chips to people each week. Both services were free of charge and outside of people's support times.
- People told they could call upon the service in times of need. One person told us they were supported for short periods during the day. They told us they were assured they could call for assistance in between their support time. They told us, "If I ever get myself in trouble, I am never stuck. They are always there for me and will send someone around."
- Staff were committed to ensuring people were happy and content in their lives. We were provided with multiple examples of when staff had gone above and beyond within their job role. For example, one relative told us their family member was currently in hospital. Staff were visiting the person's home to ensure their family pet was looked after whilst the person was in hospital. Staff understood how important the pet was to the person and how it was aiding the person's recovery. A staff member said, "If we can keep the pet safe and well and keep it at home it means there is an incentive for the person to get well and get home. Their pet means everything to them, we don't want them to have to give it up." A relative said, "They frequently do lots of extra things to make [relative] comfortable and happy."
- Health and social care professionals told us they had seen a difference in people being supported by Bowland Care Services. One professional told us they had seen people grow in confidence, become less depressed and happier with life.
- Staff repeatedly demonstrated empathy. One person who used the service had lost a lot of weight. A staff member had donated clothes to the person, so they could have some new clothing to go dancing in. The staff member understood how important it was to maintain dignity and assist the person in feeling good about themselves.
- Relatives told us the reliability of the service and the outstanding standard of care provided had made a difference in their lives too. One relative said, "I could put my head on the pillow and sleep at night knowing

[relative] was being exceptionally cared for."

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

- Staff had a good understanding of protecting and respecting people's human rights. One person praised the way in which their autonomy was promoted and respected. They said, "I'm in control of my life no one is taking over, when you first start you wonder how this is going to work but from the beginning they have been excellent." We spoke with one person who had lived in long term residential care for over 20 years. They said they were unhappy with the situation and wanted to return to their family and own home. Health and social care professionals initially dismissed these ideas but with support from Bowland Care Services and family this had been achieved. They said, "Being at home allowed me to have time with my [family member] before they passed. I was restricted in a home. It was like an institution. My family now visit as its more relaxed. I can now see my grandchild growing up."
- We saw partnership working with families when people could not express their own views or be involved in deciding about their care. One family member told us they provided training to staff, so they could be assured their relative received person-centred care according to their needs and wishes. They said, "It's all teamwork in this house."

Respecting and promoting people's privacy, dignity and independence

- People told us the provider continued to encourage and promote independence. We met with one person who told us before they were supported by Bowland Care Services they were living on takeaways as they were unable to cook. Staff had helped them to learn to cook meals.
- Staff worked innovatively to promote independence. One person had a fire which required lighting. Staff had prepared bags containing all the required materials which the person could then simply place on the fire and light.
- The registered provider was aware of the accessible information standard and had resources available to help them meet this standard.
- Staff understood the importance of respecting people's privacy. One person told us, "I had reservations about people coming into my home but these are great. It's so relaxed. They always stay the full whack, but I ask them to leave when I have had enough, and they respect this."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us there was an emphasis on the provision of flexible person-centred care. This was promoted through people being supported by a team of regular carers who knew them well. Staff sometimes went above and beyond to provide person-centred care. For example, one person was living with dementia and was unable to leave their home to visit their community hairdresser who they knew and trusted. The carer for the person liaised with the hairdresser and transported the hairdresser to the person's home so they could have their hair cut by a familiar person.
- People were encouraged to make choices and decisions about how they were cared for and at times which suited their individual circumstances. People told us they could speak with staff at the office and change support visits if required. One person said, "I asked them not to include one or two ladies on my rota. They were amicable about it and they were not included on the rota."
- Staff understood the importance of person-centred care. They told us care was provided around individuals and, as relationships with people developed, so did their care plan. The registered provider acknowledged this and had recently introduced technology to enable care records to be updated and communicated more effectively when needs changed.
- People praised the way in which services could be organised and offered in an emergency. During the inspection a friend of a person called the office to say they were unable to gain access to their friend's house. The management team made immediate arrangements for a staff member to call around to check on their well-being and to provide support to the friend. Another person confirmed they could seek assistance from staff at short notice in an emergency outside of their support time. They said, "I can't thank them enough. They have been a lifeline to me."
- The provider understood the importance of tackling social isolation and developing relationships for people. One person liked to visit their local pub but as their medical condition progressed it was becoming increasingly difficult for the person to be accepted within the pub. The staff team liaised with the pub and put strategies in place to promote the person's independence and develop understanding from the employees within the pub. This allowed the person to continue visiting the pub and enabled them to maintain relationships.
- We were repeatedly told people were encouraged to take part in social and recreational activities. One family member told us how their relative liked to be outside before they took ill. They said staff understood this and supported their family member to undertake activities to promote their well-being. They said, "[Family member] used to always be outdoors. They take him out to socialise. It makes such a difference to him."

End of life care and support

- Staff told us they had received training to enable them to provide care at the end of people's lives. Staff spoke passionately about the importance of providing high-quality care at the end of a person's life. They

understood the importance of ensuring care was person-centred and dignified.

- The registered provider understood the importance of retaining people's individuality and dignity at the end of people's lives. They told us on one occasion a family member had told them their family member no longer looked like their relative. The registered provider asked them for a photo of their relative before they became ill and staff styled the individuals hair and put the persons favourite perfume on them to promote their identity.
- We received positive feedback from two health and social care professionals about the way in which the service had coordinated care to help people to remain at home at the end of their life. They praised staff for enabling people to have their needs met and pass away in their preferred place of care.

Improving care quality in response to complaints or concerns

- Everyone we spoke with told us they aware of the complaints procedure and how to complain. At the time of our inspection no one raised any complaints.
- The provider worked proactively in managing concerns and complaints by keeping a log of all concerns raised within the service. Any concerns were acted upon immediately and discussed with the team so shared learning could take place.

# 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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Working in partnership with others

- The service was designed around the needs of people receiving care. There was a well understood, articulated person-centred culture that resulted in people's experience of receiving care consistently exceeding their expectations.
- In April 2019, Bowland Care Services was successfully crowned as community business of the year within the community of Garstang. Nominations for the award had been made anonymously by 31 people, including people who used the service, relatives and health professionals. We reviewed all nominations and saw the service was repeatedly commended for its outstanding work. Feedback from the awards stated Bowland Care Services had worked tirelessly to ensure they provided the highest standards of home care and support to people who used the service. They regularly went above and beyond on a daily basis to make sure people were happy and reached their full potential.
- People and relatives were extremely complimentary about the way in which Bowland Care Services was managed. We were repeatedly told the service was a well-led, dedicated service which consistently cared for people and their families. One relative told us, "They are head and shoulders above the rest."
- People experienced high satisfaction levels when being supported by Bowland Care Services. We reviewed feedback left on an external website about the service and saw feedback was consistently positive. Additionally, when contracting arrangements with the local authority changed in 2018, every person funded by the local authority were offered the opportunity to change to direct payments or to change providers. Everyone opted to stay with Bowland Care Services. The registered provider said people opted to stay because they were exceptionally happy with the service provided.
- Health and social care professionals we spoke with also considered the service to be outstanding. Professionals told us the service constantly operated to a high standard and always strived for excellence.
- Staff spoke proudly of the way the organisation operated and how people received positive outcomes when being supported by the service. One staff member said, "I have never worked anywhere like this before. We don't need to carry any one [staff] we all just get on and do it, we are like a family."
- The registered provider had clear vision and values for the service. This was shared by all staff when providing care and support. Staff were proud of the service and what they had achieved. One staff member said, "Everyone who works here goes above and beyond. It has become the norm to provide excellent care." Staff said because the service was small and the bond between staff was excellent, they were not afraid to challenge and prompt discussion between themselves to improve the quality of care. One staff member said, "It's a lovely company. No one moans, we all get on."

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

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

- We saw evidence of the registered provider working with other health and social care professionals and community members to improve care and influence the community in which the service was based. The registered provider was an active member of the Wyre residents extended network (WREN) which looked at ways of tackling social isolation and improving life outcomes for people. The registered provider told us this included linking with schools, police and other key stakeholders to influence community provisions. One professional confirmed Bowland Care Services were heavily involved in the group and described their input as invaluable for the community.
- The service was an important part of the community. The provider regularly organised social events to raise monies for charities. We saw a thank you letter from one family, thanking the provider for raising over £2000 for their chosen charity.
- The provider understood and was committed to continuous learning and improving care. We saw evidence of the provider taking part in pilots to look at how care could be improved. For example, they had taken part in a project, looking at how admissions to and from hospital could be better managed to reduce the impact upon hospitals and to support people to remain at home.