Care UK Community Partnerships Ltd

Care UK Specialist Care at Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This routine comprehensive inspection took place on 22, 23 and 24 February 2017. We gave 48 hours' notice of the inspection to be sure the service manager and other people we needed to speak with would be available. This was our first inspection of the service at its current address, where it has been registered since 2015. It was previously registered at another address in Poole and when we last inspected that location in January, legal requirements were met.

The service is a domiciliary care service that provides personal care in their own homes to adults who live with dementia. At the time of our inspection there were 106 people using the service. The service is required to have a registered manager. The most recent registered manager had left in the autumn of 2016. Their replacement, who had worked at the service for a number of years, was already in post and had applied to register with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People had the care and support they needed, which was described in their clear and thorough care plans. People praised the care and support they and their relatives received as exceeding their expectations and boosting their sense of wellbeing. They valued the quality of the service. Health and social care professionals who provided feedback were all very positive about the service and the results it achieved. Some professionals complimented the service on how it worked well with people who had challenging and complex needs. As far as possible people were encouraged to maintain their independence, and their care plans promoted this.

The service manager said the service tended to attract new referrals through word of mouth rather than by advertising. This was confirmed by some of the health and social care professionals we heard from, who told us the service was known as a very good service and that they were glad to direct people towards it.

People's needs were assessed thoroughly before they started to receive a service, so staff could be sure it would be able to support them in the way they needed. Following this assessment, the service matched people with compatible and suitably skilled staff who worked in their locality. Rosters were organised so people received care from a small team of regular staff who understood their needs and could get to know them.

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to maintain social contact and live as full a life as possible. People's care was not rushed, enabling staff to spend quality time with them. Staff had flexibility to accommodate people's day-to-day choices and they viewed people holistically rather than focusing purely on tasks that needed completing. Relatives commented on how the service was proactive in contacting them to suggest improvements to people's care and support, such as letting them know when staff became available to visit at their preferred

time.

People and their relatives were treated with kindness, compassion and sensitivity. Their privacy and dignity were respected. People and their relatives valued their relationships with their staff team.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. People and their relatives were involved in decisions about their care. Staff understood how to find out about and meet people's preferences, and were innovative in suggesting additional ideas that people themselves might not have considered. Consequently, some people were now getting care they needed but might previously have resisted.

People were given the information and explanations they needed, at the time they needed them. People and relatives told us they were kept informed of any issues, and were easily able to contact the service if they needed to.

Where people needed support with health conditions, care plans contained information for staff about the condition and any signs and symptoms they should be aware of. Relatives told us the service contacted health professionals promptly if the need arose, and kept them informed of this.

Peoples' medicines were managed and administered safely. People's care records contained clear information about their medication needs, including arrangements for collecting medicines from pharmacy and whether staff were responsible for administering prescribed medicines.

Where people received support with meal preparation and eating and drinking, people and their relatives we spoke with were happy with the support they received. Staff offered them choices and respected their preferences.

Risks to people's personal safety and to staff had been assessed. Risk assessments protected people, whilst promoting their freedom and independence. They were signed and dated and up to date.

People were protected against the risks of abuse and neglect. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Where concerns were raised, appropriate action was taken to address them, including working with the local authority safeguarding team to investigate concerns and taking disciplinary action where necessary.

People's concerns and complaints were encouraged, investigated and responded to in good time.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm.

People were supported by sufficient skilled and competent staff. Safe recruitment procedures, including Disclosure and Barring Service checks and references, ensured that people were supported by staff who were of good character and suitable for their role.

Staff were supported through regular training and supervision to be able to perform their roles safely and effectively. Staff told us the office and out-of-hours on call staff were helpful, in the event they needed to contact them.

Staff meetings took place regularly, and learning from incidents, complaints and safeguarding investigations

was shared with staff. Staff also received the provider's 'Our Voices' newsletter for staff, and one of the care workers attended 'Our Voices' meetings as the service's representative.

Systems were in place to monitor the quality of service being delivered. The provider is a large organisation with a regional structure; it provided corporate and regional support, including monitoring trends and auditing the service at least annually. People's experience of care was monitored through the provider's customer satisfaction surveys. Staff from the office periodically contacted or visited people and their relatives to check they were happy with the service and whether anything needed to be changed. Where scope for improvement was identified, this was identified on the service's action plan and changes were made.

The service manager had notified CQC about significant events. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks were assessed and managed in a way that promoted people's freedom and choice. Staff understood their responsibilities in relation to safeguarding adults from abuse.

There were sufficient suitably skilled staff on duty to provide care safely and effectively. Recruitment systems were robust.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were supported through learning and supervision to maintain and develop the skills they needed to perform their roles effectively.

People's rights were respected because staff worked in a way that was consistent with the requirements of the Mental Capacity Act 2005.

People were supported to manage their health and, where their care package covered assistance with preparing and eating meals, their nutritional needs.

Is the service caring?

Good

The service was caring.

People received care and support from a team of regular staff who knew and understood them.

People were treated with compassion and respect, and their privacy and dignity was upheld.

People were given the information and explanations they needed, at the time they needed them.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People's care and support was planned proactively in partnership with them and, where appropriate, their relatives.

The service was flexible and responsive to people's individual needs and preferences. People and their relatives praised the care they received as exceeding their expectations and enhancing their sense of wellbeing.

Professionals remarked that the service provided person-centred care and achieved exceptional results.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff were confident to raise issues of concern with the service, and when they did, these were openly and thoroughly investigated.

There were robust quality assurance processes in operation.

The management team led by example and were available to staff for guidance and support.

Care UK Specialist Care at Home

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.

The inspection took place on 22, 23 and 24 February 2017. We gave 48 hours' notice of the inspection because the service is a domiciliary care service and we needed to be sure the service manager and other people we needed to speak with would be available.

The inspection was undertaken by the two inspectors on the first day, with the lead inspector returning to the service the following day to gather further evidence and on the final day to give feedback to the service manager.

Before the inspection, we reviewed the information CQC held about the service. This included notifications about important events the provider is required to tell CQC about by law, and the results of questionnaires sent to a sample of service users and their representatives. The provider had completed a Provider Information Return (PIR) in February 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we visited four people at home, and talked with three relatives face to face and a further six relatives on the telephone. An additional relative provided feedback by email. We spoke with seven members of staff and the service manager. We viewed four people's care and medicine records in the office and with their permission, the records kept in their homes when we visited them. We also checked records about how the service was managed. These included three staff recruitment and monitoring records, staff rotas, training records, audits and quality assurance records.

We also obtained feedback about the service from four health and social care professionals, including local authority commissioners, who have contact with the service.

Good

Is the service safe?

Our findings

People and their relatives all had very positive feedback about the staff who worked with them. There were no concerns expressed about people's safety.

People were protected against the risks of abuse and neglect. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. All staff had training about safeguarding adults when they first started working with the service, with annual refresher training thereafter. Where concerns were raised, appropriate action was taken to address them, including working with the local authority safeguarding team to investigate concerns and taking disciplinary action where necessary.

Risks to people's personal safety and to staff had been assessed. Risk assessments protected people, whilst promoting their freedom and independence. They were signed, dated and up to date. They covered areas such as moving and handling, the physical environment, the control of substances hazardous to health (such as cleaning chemicals), and pets in the home. The service had a policy that covered the safe use of bed rails, and staff had training in how to use bed rails safely. There was also a lone worker risk assessment that addressed risks to staff working alone in people's homes.

The environmental risk assessment included a fire risk assessment, which covered whether there were working smoke detectors in place and the means of escape for people and staff in event of fire. When risk assessments were first undertaken ready for the start of a care package, the service routinely referred people to the local fire and rescue service, with consent, for a home safety check.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. Care staff reported accidents and incidents to the office or on call supervisor and recorded these on an accident/incident form. The forms were reviewed by the management team to ensure all necessary action had been taken to ensure people's safety. The provider's management team monitored accidents and incidents for any developing trends that might indicate the need for further changes.

There were arrangements in place to keep people safe in an emergency. The service had a business continuity plan, which covered emergencies such as severe weather, staff shortages, and the office being out of action. This listed key telephone numbers that would be needed in event of an emergency and set out what staff should do. The duty management system flagged time-critical calls, such as for the administration of certain medicines, so that these could be prioritised.

Missed visits were recorded, with the reasons why and action taken. The records showed four missed visits during 2016. Action was taken to reduce the risk of this being repeated. For example, changes to staff timetables were now confirmed with staff face to face or through a phone call, rather than by text. Where staff were unable to gain entry when they turned up at people's homes, they had a clear procedure to follow to check people were safe.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. They had continuity through regular teams of care staff, who they said stayed for the full length of the call and generally arrived on time. Staff confirmed they able to fulfil their responsibilities in the time allocated and said they were encouraged to tell the management team if not, in order that the care could be reviewed. They also said their rosters allowed for sufficient travel time between visits. They tended to work in particular localities, which reduced travelling time. There was a computerised duty management system, which highlighted any calls not covered, for example due to sickness or leave, and also prevented staff with out-of-date training, DBS clearance and motor insurance being allocated to calls. This was constantly monitored by the two staff responsible for planning, who showed us there were sufficient staff during the week of the inspection to cover the gaps. Where necessary, staff worked additional hours or gaps were filled by relief staff, but no use was made of agency staff. As a last resort, office staff were trained in care and able to support people.

Safe recruitment procedures ensured that people were supported by staff who were of good character and suitable for their role. Staff files included application forms, records of interview and appropriate references. Criminal records and adults barred list checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work in care. DBS checks were repeated every three years, as a check that staff remained of good character.

Peoples' medicines were managed and administered safely. People's care records contained clear information about their medication needs, including arrangements for collecting medicines from pharmacy and whether staff were responsible for administering prescribed medicines. The medicines administration records (MAR) we saw were complete, containing the required information and with no gaps where staff had not accounted for medicines that should have been administered. MAR were audited monthly when they were returned to the office. Staff had annual training in administering medicines, and their competence in handling medicines was assessed at least annually. MAR audits and medication competency assessments were overseen by a team leader who had been given responsibility for overseeing medicines.

Good

Is the service effective?

Our findings

People and their relatives told us staff were skilled to meet their needs and had made a difference to their lives. Comments included: "They have helped change my life in a positive way" and "They've been brilliant". Relatives told us how the service their loved one received enabled them not to worry so much: "The stress is off our shoulders", "Now I don't have to worry. Previous agencies I was always having to check things had been done".

People received individualised care and support from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff confirmed they were able to discuss any training needs or concerns they had about that work at scheduled supervision meetings with their line manager, or if they called in to the office to request support. They had an annual appraisal to review their performance in their role and consider their future development.

Staff were well supported through training and professional development. A care worker remarked, "We seem to have training all the time". Training was delivered through a mix of computerised distance learning, with face-to-face tuition in some topics such as annual moving and handling training and first aid training. Staff had training in key topics when they started working at the service and worked towards the Care Certificate, which they were expected to obtain within three months. The Care Certificate is a nationally recognised foundation qualification for staff working in health and social care. Following this, staff were expected and supported to refresh their training. This covered topics including: safeguarding, infection prevention and control, fire safety and food safety. Staff also had the provider's 'Fulfilling Lives' training about supporting people who live with dementia, and those we spoke with had a good understanding of how to support people in a way that respected them as people. Staff were encouraged to obtain qualifications appropriate to their role, such as diploma qualifications in health and social care.

The service manager had arranged additional training to develop some staff who displayed particular skills and attributes to take on additional responsibilities. They envisaged that these staff would share knowledge with their colleagues, for example through joint visits and competency checks. We spoke with two of these staff, who were very positive about this support.

The service manager kept staff training needs under review, and where necessary approached the provider to fund this. For example, through discussion with the trainer they had identified that staff would benefit from mental health awareness training in view of the number of people now using the service who had mental health needs in addition to dementia. They were awaiting a decision about this.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. 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 and their relatives were involved in decisions about their care and care was only provided where they accepted this. The care staff and service manager had had training about the MCA. They recognised the importance of involving people as far as possible in decisions about their care and not assuming that living with dementia automatically rendered people unable to make decisions. They understood they could not force care on people. If people declined care, staff offered this again later; if people persistently refused, staff reported this back to the office, who would liaise with the relevant care professionals. Where there were concerns about people's mental capacity to consent to aspects of their care, mental capacity assessments and best interests decisions were made through the care management process.

Where people received support with meal preparation and eating and drinking, people and their relatives we spoke with were happy with the support they received. Comments included: "Since Care UK have been involved, [person]'s general health re eating and drinking has improved dramatically" and "They always give her food I'd like them to give her [despite the family member eating very slowly]". Staff offered them choices and respected their preferences. For example, a relative told us, "[Staff] Always ask Mum what she wants for breakfast. Sometime she likes porridge but sometimes she likes an egg on toast".

People's changing health needs were monitored to make sure they were responded to promptly. Relatives told us the service contacted health professionals promptly if the need arose, and kept them informed of this. For example, a relative commented, "They arrange the doctor for [person] if needed and let us know". Health and social care professionals provided positive feedback about how the service communicated with them promptly and effectively.

Good

Is the service caring?

Our findings

People and their relatives valued their relationships with the staff team. They spoke highly of the caring nature of the staff and some talked about them in terms of going 'above and beyond' when providing care and support. Comments included: "Extremely supportive in so many different ways", "Really great level of care and concern for [person]" and "They treat [person] with absolute dignity and respect. They have taken so much pressure off my shoulders with their care, support, professionalism and friendliness. Carers are extremely reliable and have on occasion gone above and beyond to support me as a carer". The service had received similar compliments from people and relatives about the caring nature of the staff, such as, "You were always kind and caring towards [person] and you also gave me great support".

People were treated with kindness and compassion. Not everyone who used the service would be able to speak with us about their care. One of the people we visited was not able to tell us much other than they liked their care workers. A care worker arrived during our meeting and it was clear the person was at ease with the member of staff. Similarly, a care worker was present when we visited someone else. We observed good, positive interactions between these people and their care workers. We also observed staff in the office with people and their relatives on the telephone speaking in a clear, calm and friendly manner.

People's care was not rushed, enabling staff to spend quality time with them. People received rosters in advance, which named the staff who would be visiting, with times and a summary of the tasks and purpose of the visits. Rosters were organised so people received care from a small team or regular staff who understood their needs and could get to know them. Feedback we received from people and relatives included: "I get regular carers, they are all good and take a real interest in you", "Don't ever rush [person], who needs time to do things and to communicate", "All the staff are nice and they take time to talk with [person]", "They are always on time, there is consistency of care workers and they show absolute respect", "[of staff] Very efficient, but in a very pleasant, pleasing way".

The service manager and staff knew and understood people and how they communicated, and helped people to express their views. They were able to tell us in depth about people, their interests, histories and circumstances. They gave examples of how they had found out what people wanted from the service, by taking time to listen to them and getting to know what was important to them. For example, a nurse from the hospital had contacted a care worker because they were having difficulty communicating with someone who had been admitted. The care worker was able to explain what the person meant when they used particular words and mannerisms. For someone else, this meant staff had been able to support someone who used the service to take part in a 'Race for Life' sponsored run. The service manager told us how we might engage the people we visited by talking about particular topics of interest, such as a favourite football team. Daily care records contained detail about what people had been talking about that day; staff were encouraged to write in some detail about their contact with people, so those following on could gain ideas for how they could engage with the person.

Staff respected people's and their relatives' individual needs around privacy and dignity. Relatives talked about how care staff understood them as a family, respecting their needs as well as the needs of the person

who was receiving care. For example, a relative explained that although they had a key pad to enter, staff always knocked on their family member's door and did not just assume they could enter; staff always respected that it was their parent's and sibling's home. Another relative described how staff were sensitive a family member with mental health needs and how these could affect the person who was receiving care. This was reflected in the way the service manager and staff spoke about people who used the service, both to us and to each other. The service manager told us, "Dementia doesn't mean that people can't make specific decisions, can't speak, can't choose. We still have to involve them". A care worker commented, "The clue is in the title. If you're a carer you've got to care. You've got to want to make a difference".

People were given the information and explanations they needed, at the time they needed them. People and relatives told us they were kept informed of any issues, and were easily able to contact the service if they needed to. Comments included: "They sometimes run late but if I am worried I ring the office and they reassure me that the carers are on their way. They have never missed a visit", "[Any issues] they do let me know, they do call me on a regular basis" and "Any issues they've had they always let us know". A relative told us communication was always good and that care workers would sort out any minor issues, which took a load off their back. Another relative commented that staff had been sensitive in the timing of their communications, giving a recent example of the way they had been informed of an incident when they had returned from a holiday abroad, which "let us have a break".

Outstanding ☆

Is the service responsive?

Our findings

People praised the care and support they and their relatives received as exceeding their expectations and boosting their sense of wellbeing. A relative told us, "They do all that they are contracted to do and more", and gave examples. These included staff contacting them and organising repairs when a fuse went, and seeing to the TV remote control, which their family member had difficulty using and frequently used to call the relative to sort it out. Another said some staff "Go above and beyond… little things that mean a lot", such as the way they helped their relative put jewellery on and style their hair. Other comments included: "Do a really good job", "Absolutely delighted with the staff and the way they look after [person]", "I also know that [person] is more than happy with the carers and care provided. She appears more relaxed and happier than I have seen her for a long time", and, of a person who had a history of challenging staff, "They [staff] leave [person] in a very happy frame of mind".

Health and social care professionals who provided feedback were all very positive about the service and the results it achieved. Professionals reported the service focused on working in a person-centred way. The service had itself received compliments from health and social care professionals about the level of support provided by staff. Examples included: "I feel they went the extra mile to ensure [person] was safe… It is a great pleasure and comfort to witness such kind deeds"; "I am always grateful when Care UK are involved with the care of the clients I am involved in as I am confident that you will not leave things undone and will always contact us, other professionals or the family in a timely way… please let all your carers know that they do an invaluable job and they are brilliant", "[Staff] expertise in the area of supporting adults with a diagnosis of dementia, I feel has been a contributing factor in enabling adults to remain in their own homes within the community, for a prolonged period... Carers also have a creative approach to the care and support they provide to adults and their carers to encourage and promote independence".

Some professionals complimented the service on how it had worked well with people who had challenging and complex needs. For example, there was a compliment about how someone was now well presented and wearing clean clothes, "a big improvement from when I first met [person]"; and another on how care workers had managed to get someone to start eating when they brought in some scones, everything else having been tried.

Staff understood how to find out about and meet people's preferences, and were innovative in suggesting additional ideas that people themselves might not have considered. Consequently, some people were now getting care they needed but might previously have resisted. We heard about this through feedback from relatives and professionals, as well as through accounts from the service manager and staff. For example, someone had been resistant to the idea of having visiting care staff, so their family agreed to a trial of social visits, where the person got to know staff who took them out to see boats in the harbour. A member of staff had got to know another person, who had not seen the need for care and used to send staff away, by chatting with them about their past and finding common ground through their study. The person started to accept the staff member preparing drinks and eventually allowed staff to assist with medication and attending hospital appointments. The member of staff said the person's GP had contacted them directly to say the person had fortunately put on weight and thanked them for their involvement. Someone else went

to a memory club, at the suggestion of staff from the service. A compliment from another person's relative read, "All the carers have been amazing at all times when caring for [person] in such difficult circumstances… all carers need to be informed of their excellent care and company and patience over the last months".

People's care and support was planned proactively in partnership with them and, where appropriate, their relatives. There was a thorough assessment of people's needs before they started to receive a service; information was sought from the person, their relatives and professionals involved in their care. Once the person's needs and interests had been identified, the service matched them with compatible and suitably skilled staff who worked in their locality. Relatives commented on how the service was proactive in contacting them to suggest improvements to people's care and support. For example, a relative told us the service had been proactive in contacting them when a preferred visit time slot had become available: "I was impressed they had remembered". A social care professional who had regular contact with this and other services remarked that the service was distinctive in terms of the thoroughness of its assessment process, asking relevant questions to be sure they would be able to support people with complex, sometimes challenging, needs.

People had care plans that clearly explained how they would like to receive their care and support. The examples seen were thorough and reflected people's needs and choices. They were reviewed regularly, and when people's needs changed, to ensure they were up to date. Care files included personal information and contact details, entry instructions for the staff, information about the person's medical history and any known allergies, the way they communicated and any behaviours that could be important. There was also key information such as whether the person relied on a life line and whether someone held any form of power of attorney for them. Staff confirmed they read care plans and told us they found them clear and easy to follow. They said that if they had any concerns that people's care needs were increasing, they were encouraged to report this back to the office so the care plan could be updated and additional time negotiated with commissioners.

Where people needed support with health conditions, care plans contained information for staff about the condition and any signs and symptoms they should be aware of. For example, one of the people we visited had diet-controlled diabetes. There were information sheets for staff on how to recognise hypo or hyperglycaemia and what to do.

People received the care and support described in their care plans. Care staff recorded what they had done in a daily notes book, along with the times of their visit. The records we saw corresponded to the schedule of visits.

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to maintain social contact and live as full a life as possible. As a relative commented when describing how the service had accommodated their family member's changing needs, "They kind of seem to get it and understand how things can change, and that makes a massive difference". Staff had flexibility to accommodate people's day-to-day choices and they viewed people holistically rather than focusing purely on tasks that needed completing. The service manager explained this flexibility was possible because of the way the service was funded, with staff salaried regardless of the length of visits. For example, staff had reunited a person with a long-lost friend who also used the service; during a visit a care worker had noticed a photograph with a familiar name and had talked with the person about it. With agreement from both people and their relatives, staff arranged for the two friends to meet again. Someone else's care plan provided for trips out to places of interest; the care worker who supported this talked about how the trips had made a lot of difference to the person's life.

As far as possible people were encouraged to maintain their independence, and their care plans promoted this. For example, one person's care plan recorded that the person was able to do their own shopping and would assist care staff with housework. This person gave us very positive feedback about their care and support that illustrated the attention to them as a person. They told us that when they travelled to see their family, care staff would make sure they had packed everything, take them to the coach station and also meet them on their return.

People's concerns and complaints were encouraged, investigated and responded to in good time. The people and relatives we spoke with were all enthusiastic about the service and told us they had never had cause to complain. We saw records of two complaints that dated back to September 2016. These had been taken seriously and investigated thoroughly. People's care files at home included a service user guide that contained information about the service, including the complaints procedure.

Good

Is the service well-led?

Our findings

People and their relatives valued the quality of the service. Comments included: "Absolutely brilliant; I don't ever want to change the agency again", "Their service has been really, really good", "I can't fault them… they've been absolutely brilliant", and "As a carer I cannot praise Care UK enough. I feel that they are an excellent agency".

The service manager said the service tended to attract new referrals through word of mouth rather than by advertising. This was confirmed by some of the health and social care professionals we heard from, who told us the service was known as a very good service and that they were glad to direct people towards it.

The service was a specialist service and had in the past attracted interest from organisations that promoted best practice in dementia care. A few years ago, the service manager had spoken about the service at national dementia care conferences. The service manager continued to participate in local provider networks to keep abreast of best practice and changes in legislation. They were planning to undertake a university dementia course for managers from the provider's organisation later in 2017.

People, relatives and staff were confident to raise issues of concern, which the service took seriously and acted upon. Relatives' comments included: "[staff were] Always at the end of the phone", "The office is always available 24 hours a day… I know I can call them" and "[Service manager] is always quick to say this is happening, that's happening… If we do have any issues, [service manager]'s always very quick to react". Staff spoke enthusiastically about their jobs, and praised the way the service manager led the service. Their comments included: "I'm really happy doing what I'm doing", "[Service manager]'s fantastic, absolutely fantastic… the support I've had from her is absolutely amazing", "She always has her door open and we can call in with any concerns", and "Since [service manager] took over it's been more organised". Staff also told us the office and on call staff were responsive when they called in, for example, a care worker described them thus: "Very supportive… The on call's brilliant".

Staff understood and were confident about using the whistleblowing procedure. Within the past year, a care worker had reported concerns about someone who was not receiving the care that a colleague recorded. The management team referred this to the local authority safeguarding team and disciplinary action resulted in the colleague being dismissed. A member of staff told us how they had raised a concern using the in house whistleblowing process, bypassing the local management team. They said they were taken seriously, no adverse consequences from the managers of the service.

The service manager was passionate about providing a quality service to people living with dementia that was centred around their needs and wishes. The provider operated a scheme for staff, people and families to nominate workers who demonstrated the organisation's values of dignity and respect for a 'Going the Extra Mile' award, and staff from the service had nominated each other for particular aspects of their work.

Systems were in place to monitor the quality of service being delivered. The provider was a large organisation with a regional structure, and the service manager reported that this service was the provider's

only service of this type. The service manager said they had a lot of corporate and regional support, including regional managers' meetings once or twice a month. There were internal governance audits at least annually, and at the last audit in September 2016 the service had scored highly in all areas. The service manager explained how they were constantly reviewing the care provided.

People and those important to them had opportunities to feed back their views about the quality of the service they received. People's experience of care was monitored through the provider's customer satisfaction surveys, which asked people and their relatives to rate various aspects of the service, such as the degree of choice and control, communication, and the approach of staff. Staff from the office periodically contacted or visited people and their relatives to check they were happy with the service and whether anything needed to be changed. Care workers confirmed they had regular observed spot checks.

Where scope for improvement was identified, this was recorded on the service's action plan and changes were made. An example was that following a contract monitoring visit, lists of keysafe numbers, which staff used to gain access to some people's homes, were now encrypted and noticeboards in the office that listed people's birthdays showed initials only. The service had introduced a new text service to communicate information to all staff, or selected staff on a need-to-know basis. For example, details about changes to a person's care could be shared with the staff involved, or requests made to all staff for assistance covering gaps in the roster. Staff meetings took place regularly, and minutes confirmed that learning from incidents, complaints and safeguarding investigations had been shared with staff. Staff also received the provider's 'Our Voices' newsletter for staff, and one of the care workers attended 'Our Voices' meetings as the service's representative.

The service is required to have a registered manager as a condition of its registration. However, the registered manager had left in the autumn of 2016. The current service manager had worked at the service for a number of years and had recently applied to register with CQC.

The service manager had notified CQC about significant events. We use this information to monitor the service and ensure they respond appropriately to keep people safe.