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Bowland Care Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 09 September 2016.

Bowland Care Service is a 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 inspection the registered provider was supporting 32 people.

There was a registered person in place. Registered persons have legal responsibility for meeting the requirements in the Health and Social Act 2008 and associated Regulations about how the service is run.

The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in at the office.

The service was last inspected on 05 November 2013. We identified no concerns at this inspection and found the registered provider was meeting all standards we assessed.

At this inspection carried out September 2016, people were extremely complimentary about the quality of service provided. Feedback was consistently positive. Staff were described as exceptional and always willing to go the extra mile. One person told us, "I believe that they go the extra mile to make sure that their clients are safe, comfortable and well cared for."

There was a consistent person centre culture within the service. Staff demonstrated commitment to promoting positive outcomes for people. This enabled people to maintain their independence. People told us they were treated with compassion and empathy. Staff provided us with various examples of when the caring relationship had extended outside of the professional relationship. Staff spoke extremely fondly of people using the services and referred to the 'strong bonds' they had developed with people. Relatives repeatedly praised the way in which additional support was provided to both their family members and themselves.

The registered provider worked to ensure independence was encouraged and promoted through innovative means.

The registered provider had empathy for informal carers. Support and guidance was extended out to people's wider family who had a caring role.

People were protected from risk of abuse. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

Suitable recruitment procedures meant staff were correctly vetted before starting employment. Staff

retention was good and people said they benefited from staff who knew them well.

Suitable arrangements were in place for managing and administering medicines. Risks to managing medicines were addressed and suitable arrangements were put in place when people could not self-administer.

Links with health and social care professionals were developed and maintained to enable people to have improved timely access to medical services. The service placed an emphasis on health promotion as a means to enable people to stay in their own homes and reduce hospital admissions.

People's healthcare needs were monitored. Care plans were developed and maintained for people who used the service. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

Risks were monitored and addressed in a timely manner to promote people's safety.

Training for staff was provided from a variety of sources to enable them to carry out their tasks proficiently. Staff praised the training provided.

People said they were supported at appropriate times to meet their nutritional needs. Strategies were used to promote healthy eating where appropriate.

The service had implemented a range of assurance systems to monitor quality and effectiveness of the service provided. Regular feedback was gained from all parties as a means to develop and improve the service. People continually praised the service provided.

Staff were very positive about ways in which the service was managed and the support received from the management team. They described a positive working environment with a high emphasis on teamwork.

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.

People who used the service and relatives told us people were safe.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The provider had suitable recruitment procedures which enabled them to check the suitability of staff prior to employment being offered.

Suitable arrangements were in place for management of all medicines.

The registered provider ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

The service played a key role in promoting people's health. People's health needs were monitored and advice was sought from other health professionals, where appropriate. People who used the service told us their nutritional and health needs were met.

Staff had access to ongoing training to meet the individual needs of people they supported.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Outstanding ☆

The service was very caring.

People who used the service were extremely positive about the staff who worked for Bowland Care Services. Staff were repeatedly described as particularly caring and kind.

There was a strong visible person centred culture within the service. Staff were highly motivated to provide person centred care and often went the extra mile to ensure people were happy and content in their lives.

The registered provider had empathy for informal carers and relatives extending support to them as well as the person receiving the service.

Is the service responsive?

Good ●

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The service had a complaints system to ensure all complaints were addressed and investigated in a timely manner.

People were supported to undertake activities of their choosing in the community when they had expressed a wish to do so.

Is the service well-led?

Good ●

The service was well led.

The management team had good working relationships with the staff. All staff commended the skills of management.

Regular communication took place between management, staff and people who used the service as a means to promote continuity of care.

The management team sought continuous feedback from relevant parties to improve service delivery.

Bowland Care Services

Detailed findings

Background to this inspection

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

This inspection visit took place on 09 September 2016 and was announced. The inspection was carried out by an adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Before the inspection visit, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this document to inform our inspection planning. This information helped us plan the inspection effectively.

Information was gathered from a variety of sources throughout the inspection process. We spoke by telephone with three people who used the service to seek their opinions of the service. We also spoke with five relatives and one health professional to obtain their views about service provision.

We spoke with five members of staff. This included the nominated individual, the care manager, the team leader and two members of staff who provided direct care.

To gather information, we looked at a variety of records. This included care plan files relating to four people who used the service and recruitment files belonging to four staff members. We viewed other documentation which was relevant to the management of the service including health and safety certification and training records.

Is the service safe?

Our findings

People who used the service and relatives told us safety was considered at all times by staff. Feedback included, "They look after me and make me feel safe." And, "I believe that they go the extra mile to make sure that their clients are safe, comfortable and well cared for."

Staff were aware of the importance of assessing risk and keeping people safe. We were given varying examples of situations where staff had assessed risk and raised concerns with the registered manager. For example, a staff member had noted one person was storing their medicines and not taking them as prescribed. They alerted the registered provider and the family. A meeting was then held to discuss options to keep the person safe. Following a best interests meeting the registered provider installed a secure box for the medicines to be stored in. This promoted safety.

The registered provider said staff routinely logged down what people were wearing at time of visit within each person's care records. This information was retained in case the person went missing. They said this had helped on one occasion and had assisted the police in locating a missing person in a timely manner.

Relatives we spoke with said they were consulted with at the pre-assessment stage when developing care plans and risk assessments. They praised the management team's knowledge and were confident the management team were able to assess risk. They confirmed the registered provider addressed each person's needs prior to agreeing whether or not they could provide a suitable service. We saw a variety of risk assessments including manual handling assessments, and assessments for administering of medicines. Risk assessments were reviewed after significant incidents or at least annually.

We received feedback from a health professional. They praised the way in which the registered provider supported people to take positive managed risks. They said this allowed people to stay safe but also contributed to positive outcomes for people.

We looked at how safeguarding procedures were managed by the registered provider. We did this to ensure people were protected from any harm. Staff told us they received regular safeguarding training to keep abreast of safeguarding matters. Safeguarding training was provided by eLearning and this was refreshed with additional training throughout the year.

Staff were able to describe different forms of abuse and were confident if they reported any concerns to management it would be dealt with immediately. One member of staff said, "I would come to the office and report any concerns. I would tell the person as well that I had to tell someone as they were being harmed."

We looked at staffing arrangements to ensure people received the support they required in a timely manner. The registered provider used an electronic scheduling system to allocate work schedules. This minimised the risk of missed visits occurring as unallocated shifts were flagged up by the system. People who used the service consistently praised the reliability of staff and told us missed visits never happened.

The registered provider said they carried out spot checks to ensure staff were at their allocated work place. They also routinely drove past houses to check cars were at people's homes. The registered provider said although they carried out these checks they implicitly trusted staff.

People who used the service and relatives told us they received support from familiar staff who knew them well. Feedback included, "I get different staff visiting but I know them all." And, "We rely on consistency of staff to care for my [relative.] From my observations they do a good job in providing the same staff."

Staff were introduced to each person prior to a visit taking place by a member of the management team. Staff told us in the unlikely event they were scheduled to work with someone they did not know they had access to an on call system and a detailed care plan for support and guidance. Staff said if they had any queries they could phone up the management team and request further guidance. They praised the knowledge and reliability of staff that carried out on call duties.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed four staff files. Full employment checks had been carried out prior to staff starting work. The registered provider kept detailed records of the recruitment process for each person employed. Two references had been sought and stored on file prior to an individual commencing work. One of which was the last employer. Gaps in employment history had been explored with each applicant. Information to verify a person's identity was also observed and documented.

The registered provider requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing a personal care service supporting vulnerable people. Staff confirmed the registered provider checked this documentation prior to confirming a person's employment.

We looked at how the registered provider managed medicines. When people could self-administer they were supported to do so. Risks relating to self-administration of medicines were assessed and monitored. We noted a system was implemented for safe storage of medicines when one person was assessed at risk of misadministration of medicines.

For some people who could not be involved in ordering their own medicines, staff provided support to do this. When people required support with medicines the registered provider kept a MAR (medicines administration record) for each person. Staff signed the record after administering medicines to evidence medicines had been given. Staff were provided with training prior to being able to administer medicines. This was to promote effective and safe care.

The registered provider had a system for reporting accidents and incidents. Staff completed accident reports and returned them to the office. Information was then uploaded onto the electronic care system. Records were detailed, concise and up to date. The registered provider said they reviewed incidents to check for themes and trends so improvements could be made to service delivery.

Is the service effective?

Our findings

People who used the service and relatives praised the knowledge and skills of staff. Staff were described as, "knowledgeable" "very effective," and, "well trained."

One relative told us, "They are capable of dealing with anything. It reassures me and leaves me free to have invaluable me time. "

We looked at staff training to check staff were given the opportunity to develop skills to enable them to give effective care. New members of staff were provided with an induction at the start of their employment. The induction involved completing necessary training and shadowing other members of staff. Induction training covered key topics including safeguarding of vulnerable adults, moving and handling, first aid and administration of medicines. A recently employed member of staff told us they had been supported by a more experienced staff member before working unsupervised. They said they received two weeks shadowing but they could have had more training if they did not feel prepared for the role. The staff member said they were more than happy with the support they received at the outset of their employment.

There was training and development programme in place for staff, which helped ensure staff had the skills and knowledge to provide safe and effective care for people who used the service. The registered provider said they took training seriously and understood the importance of having a well trained workforce. The care manager said, "I want things doing properly." The registered provider had an electronic system that allowed them to regularly review the training needs of staff.

Training was provided by a variety of means and included in house, internet based and externally commissioned training. The registered provider was a member of a local training consortium which allowed them to access training courses alongside other partner agencies.

All staff we spoke with were complimentary about the training offered to enable them to fulfil their role. One staff member said, "The training is good." All staff had recently been enrolled to complete the Care Certificate. The Care Certificate is a nationally recognised qualification that assesses staff competencies against a set of national minimum standards all of which contribute to safe and effective care.

The registered provider had developed interactive training to support staff in administering medicines using a defunct blister pack. This allowed staff the opportunity to develop their skills in administering medicines within a safe, controlled environment and minimised risks to people who used the service. Staff were observed annually using this controlled assessment method to assess their competency in administering medicines.

The registered provider proactively responded to the needs of the people who used the service. When people had certain health conditions, extra training was provided to equip staff with additional knowledge. For example, staff were provided with training from a doctor who specialised in working with people with acquired brain injuries, prior to supporting a person with an acquired brain injury.

The registered provider told us they had invited external agencies into the service to provide advice and guidance to staff. Training had been provided by the Fire Service and from the local pharmacy. This enabled staff to receive additional guidance from specialist agencies and contributed to effective care.

We received feedback from a health professional who worked in partnership with the registered provider. They praised the commitment of staff and their eagerness to learn. They said staff were willing to try new ideas and implemented any recommended strategies to increase the quality of care provided.

The registered provider addressed staff learning needs. One member of staff had a sensory impairment. The registered provider had identified training courses which used subtitles to promote communication. This demonstrated the registered provider was proactive and committed to developing skills of all staff.

We spoke with staff about supervision. Staff told us supervisions occurred quarterly. However they were reassured they could approach the management team at any time if they had concerns. Staff consistently described the management team as 'approachable.'

People who used the service and relatives were happy with the way in which people's health needs were addressed and monitored. Relatives told us they were consulted with when there were any changes to their relative's health.

We received information from a health professional who was involved with a person who received a service from Bowland Care Services Limited. They praised the way in which the service met the health needs of the person and described the care provided to the person as the 'best they have seen' throughout their career.

Individual care records showed health care needs were monitored and action taken to ensure health was maintained. A variety of assessments were used to assess people's safety, mental and physical health. Assessments were reviewed regularly and changes in assessed needs were recorded within a person's care plan.

There was evidence of partnership working with other health professionals when people had additional health needs. The registered provider was a member of a community group which consisted of doctors, district nurses and other health professionals. The group met to share ideas and initiatives and also concerns. The registered provider said involvement with this group had enabled them to develop support networks which increased their knowledge and contributed to more effective care. For example, they now had improved links which allowed them to access specialised equipment for people in a timely manner. Another health professional praised the professional relationship developed between the staff team and themselves. They told us staff consistently followed advice and guidance to meet people's health care needs.

The registered provider said they worked proactively to try and prevent hospital admissions for people. When people were identified at risk of being admitted to hospital they would liaise with a community care coordinator to look at developing a more effective package of care to prevent hospital admissions. The registered provider said they were currently supporting one person who prior to receiving a service from Bowland Care Limited was repeatedly admitted to hospital. The registered provider said they were proud of the fact they had reduced the number of hospital admissions for this person.

The registered provider said if people who used the service went into hospital they would routinely liaise with the hospital to share information of relevance. This promoted better care as information was shared between agencies.

The registered provider said they placed an emphasis on health promotion, encouraging people to attend well-man and well-women checks. The registered provider said these clinics promoted good health by educating the person about health and well-being. Staff were also trained to be aware of certain health conditions such as cancer awareness. The registered provider said one staff member noted some concerns when supporting a person with personal care. The concerns were related back to the registered provider who then supported the person to attend a doctor's appointment. Through early intervention cancer was diagnosed and treated in a timely manner. The person's relative told us, "We have the girls at Bowland Care to thank for their prompt attention, their experience and concern."

We noted the registered provider also consulted with good practice guidelines when planning care for people. Information had been sourced from the Parkinson's society to support the service in developing a care plan for a person with the medical condition. This contributed to effective care and positive outcomes for the person.

When people required support at mealtimes staff were allocated to assist them in a timely manner. Staff were aware of people's preferred diets and individual needs. One staff member said one person routinely refused to eat. Staff would respect the person's wishes and accept they didn't want to eat but would then suggest they would make a meal for a later time. The person agreed to this and the staff member would prepare a meal and cover it over. As soon as the person saw the meal and smelt the aroma they would then decide to eat the meal. Information regarding special diets was detailed within the person's care plan. Records clearly documented people's likes and dislikes and preferred foods as well as their dietary needs. A member of staff said they routinely documented what a person had to eat and drink as part of their everyday communications.

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.

We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity. We saw evidence of best interest meetings being held when a person lacked capacity to support a decision being made on the person's behalf.

Is the service caring?

Our findings

People were extremely complimentary about the ways in which care was provided. Feedback included, "The staff are very caring. They are no trouble at all." And, "The carers are excellent. They are very respectful when they visit." And "I believe that Bowland put the welfare of their clients before profit."

We looked at written feedback provided from relatives about their experiences of care. Feedback was extremely positive and included, 'Due to the exceptional care we are able to care for [relative] at home rather than in a nursing home.' And, 'Your help was above the call of duty.' And, "You have given much more than care. You have enriched [relatives] final years giving them dignity, respect, company, fun, compassion and kindness.'

People who used the service and relatives spoke fondly about the way in which staff routinely treated them with kindness. One person said staff visited every evening and supported them with their routines. They said staff always gave them a kiss before they left. The person said this made them feel special. One relative said, "As well as providing personal care the staff provide companionship and kindness."

Staff told us the organisation had a caring ethos. They repeatedly compared the service to a family unit where everyone within the unit cared. One member of staff said, "We know people like we know our own families. We treat them like that too."

Staff spoke fondly of the people they supported. One staff member said, "It's not just about personal care." Another staff member said they had a 'strong bond' with people they supported. The staff member said it was important they were always happy on shift and made people feel happy. They recognised that due to isolation they may be the only people visiting the home. They lovingly said, "I feel for them." This showed us that staff had compassion.

Relatives and a health professional we spoke with praised the caring nature of staff and the ways in which staff often went above and beyond the call of duty. One person told us their relative was admitted to hospital following a fall. The member of staff had visited the person in hospital as they were concerned about the person and wanted to see if they were comfortable and not in need. On another occasion staff supported a person who used the service to tell their relatives they had cancer. The person did not have the confidence to do it alone so were supported by a staff member at this difficult time. A health professional told us they were providing some additional training for the staff in relation to a person who used the service. They told us at least one staff member had rearranged their annual leave so they could attend the training. This showed us staff were committed to providing high quality, effective care.

Staff also repeatedly gave examples of going the extra mile. One staff member said, "If we notice someone needs something from the shop and they can't get there we will often phone another member of staff and ask them to pick it up for them if we know they are passing." Another staff member said, "If we know someone isn't feeling well and we are nearby we will call in if we have time." The registered provider described a situation in which a person who used the service was carrying out some sewing. When the

person took ill and could not complete the task, the member of staff offered to carry on the sewing and complete the piece of work. They proudly told us the piece of work was completed and the person who used the service and their family were able to enjoy the finished article on display.

One family praised the way in which the service had worked hard to provide person centred care to their relative. We were informed, previous to being supported by Bowland Care Services Limited the person was displaying behaviours which challenged and there was a consensus from health professionals this person could not live within the family home. The family member said the persistence of staff had enabled the person to live within their own home rather than in a residential home. They said staff had responded to the person's needs and expressed wishes and worked closely with them to develop new skills. This had promoted successful outcomes for the person who was now able to use community facilities and be part of their local community. It had also enabled the family to remain together as one unit.

The registered provider also extended their caring duties outside of the scheduled visit times. Relatives repeatedly told us they could seek advice and guidance from the service even when they were not being supported by the service. On one occasion we were told one person went missing from their home. The relative called the office for help and members of the management team took it upon themselves to go looking for the person. The registered provider contacted the police and went to look for the person and successfully found them.

Through discussions with staff and management we were repeatedly given examples of situations where support has been extended to family members and not just the person who used the service. This included offering advice and guidance to relatives who were having difficulties in caring for a person or who required additional emotional support. Two relatives praised the way in which support was offered to them from the service when they were coming to terms with their relative's medical condition. One relative said, "Management are accessible, understanding, willing to help with any issue and always take the time to listen and discuss. I will telephone or email for information which is unrelated to their care directly, and they will always oblige." Another relative said the support they received from the senior management team was invaluable. They said, "[Registered Provider] was a God send. They took the weight off my shoulders. They comforted me and updated me."

Staff were able to demonstrate the importance of promoting people's independence and give examples of when they had done so. The registered provider said they were currently supporting one person to learn new skills following a hospital admission. The person had been hospitalised following a stroke. We were shown evidence that staff were continually assessing the person's needs and reviewing the support provided. Support to the person was reducing as the person regained skills.

We were also told about a person with a sensory impairment who was feeling scared and isolated. Staff from Bowland Care Services liaised with the family and another service that specialised in working with people with sensory impairments. This enabled them to access technology such as a speaking clock and talking books. This equipment promoted the person's independence and increased their well-being. We spoke with the relative of this person. They told us the support that Bowland Care Service provided enabled the person to stay in their own home. This promoted the person's independence as they could remain in familiar surroundings which they knew and felt safe within.

The registered provider said they were working with one person who, following ill health had been admitted to a residential home. The person was unhappy at the residential unit and wanted to return home. It was felt the person would not be able to safely manage full time in their own home so the registered provider arranged for the person to have short visits to their own home. Staff supported the person to their home and

left them for a short period of time. We spoke with the person's relative they said this had made the person happy and content as it allowed them the opportunity to be in familiar surroundings where they felt comfortable.

Two relatives told us that when they spoke with health professionals about their experiences of Bowland Care Limited, health professionals expressed how impressed they were with the high level of care provided.

People were treated with dignity and respect. Feedback included, "Staff are always very respectful when they visit." And, "Getting old isn't very dignified but staff always treated [relative] with dignity."

The registered provider told us they were committed to ensuring people's voice was heard. When people could not advocate for themselves they said they would engage with family or advocacy services.

Is the service responsive?

Our findings

People who used the service and relatives praised the responsiveness of the management team and their ability to provide staff to support people to appointments and in emergencies. One relative said, "They can be flexible regarding hours and times."

The registered provider told us staff work schedules were organised on a weekly basis. This allowed them to be flexible with people's support, giving them opportunity to plan in medical appointments or other needs.

We looked at care records belonging to four people who used the service. Care records were personalised and contained detailed information surrounding people's likes, preferences and daily routines. This highlighted key points of their likes, dislikes and important factors to consider when supporting them. There was evidence people's consent was sought throughout the care planning process.

Care plans were detailed, up to date and addressed a number of topics including management of medicines, personal care, diet and nutrition, continence, domestic tasks and social needs. Care plans detailed people's own abilities as a means to promote independence, wherever possible. There was evidence of relevant professional's and relative's involvement wherever appropriate, within the care plan. Clear goals were set within the care plan which gave staff direction and targets to achieve with each person. Care plans were reviewed and updated at least annually. We saw evidence records were updated when people's needs changed.

The registered provider explored people's life history's as part of the assessment process. They did this so person centred care could be delivered and achieved. Learning about a person's life history gives staff an in-depth understanding of a person and the experiences that has shaped them into the person they are today. Staff were able to empathise with people through understanding a person's life history. For example, one person who used the service used to be a nurse. The person was reluctant to hand over responsibilities for handling their medicines to staff. Staff understood how important this was for the person and worked sensitively to find a way to keep the person safe without causing upset to the person.

The registered provider said they tried to match interests of staff to interests of people so positive relationships could be formed. They explained they knew the people well and were aware of what skills and qualities people looked for in staff. They tried to identify these qualities in staff so they were compatible with people they supported. This promoted continuity of care and created satisfaction for both the person who used the service and the staff member. If a person took a dislike to a member of staff, people were openly encouraged to discuss this with a member of the management team. The registered provider said they could then factor this into rotas so that member of staff was not allocated to the person.

Daily notes were completed for each person in relation to care provided. Care notes were audited by management and concerns identified within care records were discussed with staff. Relatives were encouraged to communicate with staff using the daily care records. This showed us partnership working with families and open communication was encouraged.

The registered provider was aware of the importance of promoting social inclusion as a means to reduce isolation. The registered provider said they supported one person who was a retired farmer. The staff team supported the person on a weekly basis to attend the auction mart. This allowed the person to connect with old friends and feel part of their community. The registered provider said since these visits started the person had developed relationships and had become more involved. They now helped other farmers by carrying out small tasks, including opening gates and putting stickers on the farm stock.

People who were isolated were also encouraged to pursue their hobbies and interests within their own home. One person told us their relative liked arts and crafts and computers. They said staff would often bring in arts materials or a computer so the person could partake in activities of their choosing. The relative said, "[Relative] used to have great fun. The staff would bring in a computer and [relative] would love spending time on Amazon buying things."

People and relatives we spoke with had no complaints about the service. Feedback included, "I've nothing to complain about." And, "I am more than happy with the service provided." And, "I have never had reason to complain but I know [Registered Provider] would deal with it immediately I had done. They run a tight ship."

The registered provider had a complaints process in place in the event a person complained. The registered provider told us they liked to speak to people on a regular basis to ensure they were happy. They said this allowed them to deal with minor concerns before they became complaints. We looked at the complaints and compliments book which commenced in March 2015 and noted there were no formal complaints recorded.

Is the service well-led?

Our findings

People who used the service and relatives consistently praised the way in which the service was managed. Feedback included, "[Registered provider] is great." And, "It appears to be well managed." People said there was a physical presence from management at all times, if needed and praised the approachability of the management team.

Staff praised the knowledge of the management team and their willingness to support the staff team. One staff member said, "It's one of the best company's I have worked for. Managers and staff are so friendly; they always support you and are always there."

Staff told us there was a great emphasis on building a team entity and praised the teamwork that occurred within the service between staff. Staff told us they were offered incentives for working for the organisation and often had team building days to strengthen the team bond. They told us this strong culture encouraged staff to help each other out when in need. This promoted an effective and caring workforce.

There was common respect between staff and the management team. The registered provider praised their loyal staff team for their hard work and dedication to their role. Staff praised the effectiveness of the management team and their commitment to ensuring on-going quality. One staff member said, "They can always be seen as doing something when problems arise. They get on with it straightaway. Things happen here, that's the difference."

Communication with staff occurred through a variety of channels. Staff told us they had regular communication with the management team as they visited the office at least once a week. Communication was also made by telephone or text messages in between. Staff told us they had regular team meetings. These were booked in advance and staff could contribute to the agenda before the meeting so points of concern could be discussed.

A health professional praised the management style and the way in which the registered provider was willing to listen to ideas and adapt the service provided to meet the needs of the people who were receiving a service. The health professional described the organisation as, 'Transparent and open.'

The registered provider said they were committed to continuous improvement and were working proactively to ensure their reputation was maintained. They said they were proud of their reputation and their achievements. They had intentionally managed the growth of the service and restricted growth when necessary, in order to ensure they did not lose the quality of care provided.

During the course of inspection we noted feedback was sought from varying people including people who used the service, relatives and staff. Feedback was received as part of a person's annual service review. Feedback was consistently positive.

The registered provider sent out annual questionnaires to people who used the service and relatives as a

means to assess the quality of the service provided. The registered provider used the findings from these questionnaires to make future improvements within the service. We looked at the returned questionnaires for 2016; these had only been sent out the month previous to our inspection visit. From those returned, feedback was positive. Comments included, "Staff are cooperative and helpful." And, "I would not hesitate in recommending your services to anyone with needs."

We saw evidence of partnership working. The registered provider attended provider forums to keep themselves up to date. They told us they also contributed to community forums as a means to improve care for people who lived in the community. As part of this forum the registered provider told us they had introduced the concept of dementia buddies to the group and had agreed to act as a community resource for the dementia buddy scheme. The dementia buddy scheme enables people with dementia to retain independence by offering support within the community to keep them safe.