

Ross Nursing Services Limited

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Inspection report

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Date of inspection visit: 30 June and 1st July 2015
Date of publication: 22/09/2015

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 

Overall summary

This inspection took place on the 30 June and the 1 July 2015 and was announced.

The agency was last inspected on the 6 September 2013. It was found to be meeting all of the standards required other than the regulation with regards to the management of people's medicines. The registered

manager sent CQC a detailed action plan telling us what action they would take to achieve compliance. At this inspection we found that the action had been taken and the improvements had been made.

The agency provides personal care to people in their own home over a 24 hour period where required. It is a limited company and the registered manager is also the Director.

Summary of findings

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.

The service had recently had a change in manager. We met a number of senior staff who had been working at the agency for many years and staff retention was good.

We found it was a well-led service. There were robust systems in place to ensure staff had the necessary skills to deliver care safely. We looked at systems in place to help ensure people received their medicines safely and saw these were sufficiently robust.

Staff knew how to report any concerns affecting the wellbeing and, or safety of people using the service and worked closely with other health care agencies to ensure people's needs were met. Risks to people's safety were clearly documented and people's needs were kept under constant review to ensure the care provided was safe and appropriate.

There was a good organisation of staff to ensure there were enough staff to cover calls and do this flexibly to take into account changing needs and dealing with emergency situations. A tracking device helped the management team know where staff were and if they were staying the allocated period of time.

Robust staff recruitment processes helped to determine a person's 'fitness' before employment. Once employed staff were supported through induction, training and supervision. We saw that staff had the necessary skills to meet people's individual and sometimes complex needs. Staff were able to do this by working closely with other health care agencies to ensure people's health was maintained and 'health conditions' carefully managed.

Staff monitored people food and fluid to ensure people did not become dehydrated or lose unnecessary amounts of weight.

Staff supported people lawfully and sought people's consent and permission before providing care. Where a person lacked capacity to make certain decisions staff worked with family and other agencies to ensure the person's best interest was upheld.

Staff were kind, caring and worked flexibly to support people and provide them with comfort, reassurance and companionship. People's dignity and confidentiality was promoted and care plans focussed on what people needed help with.

Staff were well trained to provide good palliative care when required.

People were involved in their care and all had access to information about the service. People were familiar with all the staff and management and felt comfortable to raise concerns and said it was an effective service.

The agency were responsive, people's needs were assessed and a detailed plan of care was put in place. This enabled staff to know how they should support people and provide support consistently. The plan was actively reviewed and monitoring systems enabled changes to be quickly identified and show what actions had been taken to address any changes to people's need.

There was a robust complaints procedure which people were familiar with. Regular monitoring of staff and close management contact with people using the service enabled concerns to quickly be identified and rectified.

The service was open, transparent and accountable to people. There were systems in place to record the service delivery and identify any occurrences which had an adverse effect. Actions showed how the agency responded and learnt from mistakes.

The agency's quality assurance processes ensured they engaged with people and asked them for their views of the service. This enabled them to influence the service.

Joint working with other agencies enabled the agency to respond more appropriately to the needs of people and manage risk.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe as people were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

Staffing levels were appropriate to the needs of people using the service and support was provided flexibly.

People were protected by safe and effective recruitment practices. People were cared for by staff who were properly trained and supported to develop professionally.

Medicines were administered by staff who had been appropriately trained. The agency regularly monitored medicines to ensure they were given safely.

Good



Is the service effective?

The service was effective because staff had the necessary skills and competencies to meet people's assessed needs.

Staff supported people appropriately and respected their decisions and sought support where people were unable to make appropriate decision to ensure they worked in the person's best interest.

Staff monitored people's health and had enough knowledge to promote people's well-being and, or respond to any change in a person's medical condition.

Good



Is the service caring?

The service was caring. The service was responsive to people's individual needs.

Staff provided compassionate care which took into account people's right to dignified care.

End of life care was provided by staff who had the right skills and were necessarily supported by other health care professionals.

Outstanding



Is the service responsive?

The service was responsive. Care plans and risk assessments took into account people's wishes and needs and were regularly reviewed to ensure they were accurate and would assist staff to know what people's needs were.

The provider took account of complaints and comments to improve the service.

Good



Is the service well-led?

The service was well-led. Staff were well supported by the manager and were able to do their jobs safely.

There were a range of quality monitoring systems in place to ensure that care was being delivered appropriately by staff, that the service was continuously improving and that people were satisfied with the service they were receiving.

Good



Summary of findings

The service worked closely with other agencies to ensure good continuity of care and to accommodate changing health care needs.

Ross Nursing Services Limited

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 took place on the 30 June and the 1 July 2015. We gave the provider 48 hours and asked them to arrange visits to people using the service which were carried out over two days by one inspector whilst the other inspector spend a day in the office looking at records and talking with staff.

Before the inspection we looked at the information we already held about the service. This included previous inspection reports and notifications. A notification is information about important events which the provider is required to send us by law. We also received a provider information return, (PIR) which is a form we ask providers to complete to tell us how they are managing the service.

We received feedback from health care professionals. We visited seven people, two relatives and looked at five care plans. We spoke with the registered manager, the area manager, the training manager and six other members of staff. We looked at written records, which included copies of people's care records held in the office, staff personnel files, complaints records and quality assurance documentation.

Is the service safe?

Our findings

At our last inspection we found minor concerns around the way in which medicines were managed. At this inspection we found that the improvements had been made. We spoke with people about the administration of their medicines. One person told us staff helped them and this was agreed in their plan of care. They said staff ensured they took them properly. They were able to tell us what they took and why they took them and said they needed them early and staff were always early to administer them. The medicine records reviewed were accurate.

We observed staff assisting people with their medicines and this was done appropriately.

Another person said, "Yes I need help with my tablets, they are administered at the correct time."

Staff confirmed they had received medication administration training and competency assessments to ensure they were able to give medicines safely. They felt appropriately equipped to do their jobs.

We looked at staff files which provided evidence of staff medication competency assessments which were undertaken by senior staff. Medication recording sheets (MAR) charts were routinely audited when they came back to the office from people's homes. We saw a sample of these, which were all correctly completed, with no gaps or anomalies. We looked at a sample of medicine records in people's home and these were accurate.

The manager told us the management of medications had recently been reviewed and medication administration records (MAR) charts revised. They also said medication training had been provided for the staff and medicine audits were much more rigorous. They said staff were told to ring the office and inform managers if there was a change or a problem with medication. This was recorded on the person's personalised computerised record with actions taken.

The service had obtained a copy of the local council's safeguarding vulnerable adult's policy and procedure. The manager, and the staff we spoke with, knew what to do in the event of a safeguarding concern. We saw records that

demonstrated cases where safeguarding concerns had been appropriately discussed with the relevant authorities. This meant the provider responded appropriately to concerns about abuse.

The provider had a whistleblowing policy, which was communicated to new staff in the form of a policy and during induction training. The staff we spoke with understood the policy and knew what to do if they had safeguarding concerns. The training records showed that all staff had been trained in the safeguarding of adults from abuse and that they attended annual refresher courses. We spoke with the training manager who confirmed that safeguarding was one of the mandatory training courses all staff had to attend. This meant that people who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse occurring and prevent it from happening.

The service was provided around people's needs. Care plans and risk assessment were recorded in sufficient detail and highlighted any hazards for people and to staff delivering the care. There was a plan in place to state how these risks were managed including how many staff were required to deliver the care safely, a manual handling plan and any equipment necessary. We visited people and observed that they had their alarms in close proximity and access to fluids on a hot day. Some people had key safe and the codes were kept securely by staff. Staff assured us that if a person was unwell they stayed with the person until a health care professional could visit or a relative could take over.

We looked at records obtained by the provider for the employment of four staff members who had been recruited to work at the service. We found that all required checks had been carried out before these staff started work. The checks included written references, documentary proof of their identity and completed application forms with full employment histories. These staff had signed declaration forms indicating they were medically fit for work. Criminal record checks had been carried out to ensure that staff were not unsuitable to work with people. Care and attention went into recruiting people with the right skills and abilities to care for people in their own homes. Each potential candidate was interviewed by the manager and another senior member of staff. The manager told us, "If there is any doubt about a candidate then we will not hire

Is the service safe?

them. This is sometimes costly in both time and money but we feel that our staff are the backbone of the company and any potential weak link causes more problems and poses more risks to our clients than we are prepared to take.” Staff were given contracts of employment and clear job descriptions, copies of which were kept in their personnel files. This showed that people were protected by a robust staff recruitment process.

The provider had a telephone system in place to monitor the exact arrival and departure time of care staff in people's homes. This meant it was not possible for staff to cut visits shorter than people's allocated care visits should be, without the management team being alerted. This ensured people would have their care staff with them for the amount of time assessed. Staff said they had enough time to deliver the calls and we saw evidence that, 'extra time' was provided as and when people needed it. The manager told us the 'monitoring system' gave a picture of which carers were logged in at which clients. This helped staff to deal effectively with short notice changes as and when they become necessary. They said the system was constantly monitored and the manager said they were able to see if a

carer was cutting visits short, or spending excessive time with a person. They said, “We do not focus too closely on the time spent with a person, for us the quality of the care given is of greater importance. In situations where a carer has completed all their tasks well within the allotted time we encourage them to remain with the person to chat and provide companionship.”

Staffing levels were well managed through clear guidance about when staff could take holidays to ensure an even spread of staff throughout the year. The manager said they constantly monitored staffing levels and would only take on new business if they could meet the person's needs at the right time and had staff with the right skills.

All staff we spoke with described the provider's on call system, which meant that they knew a senior member of staff was only a telephone call away if they were in difficulties. This service was also available for people who used the service. The manager told us that at the weekend the telephones were manned by an on-call carer and a back-up on-call manager. They said there was only one number, the same as the office number, to avoid confusion.

Is the service effective?

Our findings

We spoke to people about the support they received. One person told us, “The staff are very well trained, I cannot fault them, and staff retention is good. Some of the younger ones not so good, they can’t make a bed.” Another person told us how much they enjoyed the company of younger carers and said, “They are good, they know what they are doing and you can have a laugh with them, they are the same age as my grandchildren.”

Another person told us they had two carers twice a day and did not always have the same carers. However, they told us that new staff were shadowed by more experienced carers so they were confident they could deliver the care.

Four staff members explained to us that they had been expected to shadow an experienced staff member when they first started work. Two senior members of staff told us that staff were not sent out to provide care to people alone until the management were satisfied they were ready and competent to do so. We saw records of general induction and reports of shadowing in the personnel files we read.

The manager told us that all new staff completed a robust 12 week training schedule that had been newly revised to be in line with the Care Certificate. They said all the staff new and old were made aware of potential safeguarding issues, health and safety for themselves and people using the service.

They had staff with higher vocational courses and those who had completed the dementia pathway. They also had three retired nurses and four current nurses and one carer who was studying to become a nurse. Additional training was provided as required; staff had special competencies in order to meet specialist needs such as stoma care and PICC lines which is a centrally inserted catheter for the purpose of administering certain medicines or for providing nutrition intravenously. Some staff were trained for a period of 6-9 weeks in numerous special respiratory nursing competencies. There was a designated palliative care team who had undergone a two-day end of life course at a local Hospice. The team had the opportunity to meet regularly and undergo person specific training depending on the conditions affecting their palliative care people. The palliative team recently had specific training to help support people with other practical issues relating to end

of life care such as a tour of local Funeral Directors, talks from GPs on types of end of life conditions and related medication and a talk from the local religious leader on dealing with bereavement.

We found that the agency cared for some people with complex needs who needed care throughout the day and night and the agency were happy to provide the care necessary ensuring a dedicated team of staff had the essential skills which other health care professionals might not have. This included people who had been in hospital for a long time until the appropriate support could be provided in the community.

Four staff told us that they had regular formal supervision and appraisal meetings. Written notes of these meetings were present within the personnel files. All staff reported that they felt well supported.

We spoke with the provider’s training manager who showed us the training records kept online. These records demonstrated that all staff had received appropriate mandatory training courses and that refresher courses were provided on a regular basis for topics such as moving and handling and safeguarding. The training manager talked us through their plans to ensure full implementation of the new Care Certificate, which is a nationally recognised induction and training course for care workers.

Seven care staff were at the provider’s head office on the day of inspection attending refresher training in moving and handling, which was being provided by the training manager.

All staff were complimentary of the training and the provider’s attitude to training. They said they were automatically booked onto training by the provider’s roster managers, so were always up to date. They said they felt well trained and properly equipped to do their jobs and added that they were encouraged to take on further training beyond the mandatory courses. This meant that people using the service were supported by staff who had appropriate qualifications, were well supported and were developing professionally.

Staff supported people lawfully and sought people’s consent and permission before providing care. Where a person lacked capacity to make certain decisions staff worked with family and other agencies to ensure the persons best interest was upheld. This was recorded in

Is the service effective?

people's plan of care and fully understood by staff. The agency worked closely with other professionals, particularly the district nurses, community matrons, GPs and a wider circle of family and friends.

One health care professional told us, "The agency has good leadership and are responsive when contacted by phone. They are very keen to work collaboratively with members of the multidisciplinary healthcare team to ensure people's needs are met."

Staff told us they had excellent relationships with the health care professionals who supported them and helped them provide a seamless service for people. They said any changes in a people's needs were quickly assessed by

district nurses and any equipment was provided when required. Staff said other professionals were confident in the agency and would respond directly to any concerns they might have. Staff told us that some of the carers had gone on to do their nurse training after developing skills and confidence in their roles.

Care plans clearly identified if a person required support with their nutritional and hydration needs. Staff kept a record of what people had to eat and drink. We observed drinks and meals being prepared for people and people left with drinks within reach. The agency worked closely with other health care professionals to ensure their needs were met.



Is the service caring?

Our findings

We spoke with one person who told us occasionally they require additional support with personal care. They said, “I call the agency, staff come and assist me, they are always friendly and you can have a joke with them. I get four visits a day but they will pop in anytime if I need them for a few minutes.” This ensured the person’s dignity was upheld. One person told us, “The staff are absolute bricks.”

We spoke with a health care professional who told us, “I have found them to be professional, caring, enthusiastic and effective. The carers use their initiative and common sense and manage situations where other agencies have not been able to continue with the service user.” The agency provides carers with a good standard of training.

We received this information from one of the GP’s. They said “I confirm that we are more than satisfied with the excellent service offered to our patients. They provide a kind, caring and timely service and are in great demand in the area. We have had no issues with the quality of care offered. I also have personal experience of their care for one of my (late) neighbours who had cause to use their services for a couple of years. “

We observed staff greeting people with genuine affection and respect. Staff were familiar with people and knew their families. The area manager told us that staff visited people outside of their scheduled visits if people needed additional support. An example given was a person who had been discharged prematurely from hospital. Their main carer was worried about them and checked on them to ensure they were okay and were instrumental in getting them readmitted to hospital as they were not well enough to continue to stay at home. Another person told us when their spouse died staff were at hand to check on them and provide them with emotional support. Staff took them out locally in their own time. We discussed this with staff and they said they had provided care to the person’s wife before she died and had known the family along time. Another person’s needs declined and they moved into a residential home where carers continued to visit them on a regular basis. The manager said this person had no immediate family.

The manager said, “Our staff go over and above what is expected of them. They regularly pick up a pint of milk or a newspaper in their own time. Carers quite often visit bereaved family members after our services are no longer required. ”

We met a person that required regular hospital visits and staff supported them with this and also supported them to undertake a wide range of activities based on their individual interests.

We asked people about their experiences and if staff were respectful. One person told us, “They respect my confidentiality and do not discuss anything with my family until they have spoken with me and then only with my permission.”

Another person told us that carers will not discuss who they are or have visited and they take confidentiality of people very seriously.

We spoke with four members of care staff, all of whom were able to describe several different examples of how they would treat people with dignity and respect when assisting them with personal care. Examples included ensuring they were covered respectfully when getting washed and dressed and talk people through what is going to happen before it does, seeking their moment-to-moment consent. One staff member said it was important to get to know the life history of each person they supported, so conversations during care could be interesting and relevant to that person.

We observed staff visiting people; they knocked before entering people’s property and after introducing the inspector asked the person if they were happy to speak with the inspector in private. Staff were familiar with people’s needs and individual circumstances.

Care plans told us what people were able to do for themselves and what they needed help with. We saw that peoples support varied and in some cases were reduced as people regained more independence. For example a person admitted to hospital had a lot of support initially and after constant review it was agreed they needed minimal support but this was flexible.

The quality assurance survey sent to everyone using the service earlier this year was very positive, everyone said care workers were always respected their dignity and were courteous and professional.



Is the service caring?

The manager told us, “We endeavour to keep the care team of an individual to the absolute minimum. This isn’t always possible but we will always try and let a client know if they have a new carer visiting and if at all possible a manager will introduce the new carer to the client and shadow the visit. We also listen to our clients; if they don’t get on with a particular carer, we will make sure that carer never visits them again.” We have an ‘incompatible’ list that inhibits inappropriate allocations of staff to clients. “People confirms this when we asked them and said the agency would deal with any concerns/issues they raised immediately.

One person told us about their recent loss. Their wife had died and the support given to them by staff they described as invaluable. They said staff had known what to do and provided them with practical and emotional support. This they said helped them, “It’s good to see a friendly face.”

Staff said they often continued to support a spouse after their husband/wife had passed away. They told us. Staff told us they went to people’s funeral and also did things in their own time, like taking a person recently bereaved out for the day to the local fete.

The manager told us, “Carers quite often visit bereaved family members after our services are no longer required. “

A health care professional told us, “They are particularly proficient with end of life care and the compassion shown to patients and a relative is exemplary.” We received contact from the funeral parlour who told us, “We talked to staff about the procedure following a death and the options available to families when arranging a funeral. We showed staff around the premises so they could see our mortuary, embalming room and chapel of rest.”

“The team were very keen to understand the choices families have to make and to see how we continue the care of those they have looked after.”

“We have arranged similar visits for Ross Nursing in the past, and have offered to do this again for new members of staff or any who were unable to attend last time.”

Staff told us they provided good end of life care and this was done sensitively and compassionately by staff who were properly trained. Staff said they worked closely with other health care professionals and the local hospices and there was a designated end of life team. The area manager said emotional support was provided to staff who were caring for people who were at the end of their lives.

People told us they were involved and consulted about their care. Everyone was able to show us their care records which were accessible and up to date. People had also been asked about how the agency overall were performing and if people were satisfied with different aspects of their care and support. One person who had carers with them at all times said they were involved in decisions about who supported them and only when they felt comfortable with a carer would they be left to support the person. This was even the case if the carer had completed all the necessary, specific training to support this person. If they did not feel comfortable with the member of staff then the agency would replace them. The training for staff for this person could take up to six months of on-going support and assessment.

Is the service responsive?

Our findings

The agency provided a responsive service to people. We heard staff talking about changing the time of a visit to a person because they had requested a later bed-call and therefore did not require such an early morning call. Senior staff told us people are asked about their preferred time and this would be met as far as possible. There was also a pending list which was for people either waiting for a service or for those who had accepted the service but were waiting for a different time. They said usually people get the time they want and staff provided the support as flexibly as possible.

One person told us that carers stayed for the required time or at least until they had completed everything that was required of them. They also said, "They stay longer where required." They said they always asked if it was okay to leave. "

When visiting people they told us the care and support provided to them was reliable. One person said they could be late but usually only about five minutes and they had chosen the time of the visit." They needed minimal support and said a visit had never been missed. Everyone told us they were kept informed if the carer was running a little late. One person told us when they fell and were uninjured; they pressed their alarm pendant which was monitored by an outside company. They were not able to come out immediately, so they called Ross nursing services, who arrived within minutes and made sure the person was comfortable and safe. Another relative told us about an occasion where their family member required an ambulance; this was significantly delayed, (4 hours) due to another emergency. They said staff from the agency stayed with their family member whilst office staff chased the emergency services and sought advice from the GP.

We spoke with staff about meeting people's needs and they told us the service was flexible and they tried to accommodate changing needs. If a person became acutely unwell, the agency would cancel the carer's calls so they could stay with the person until they had received medical attention and were there to provide comfort and reassurance to them and family members.

Three care staff we spoke with were able to describe the care needs of people they supported to us. They told us they had enough time to complete the tasks properly and

enough travel time to move between different care calls. This meant that people's needs were assessed and care and support was planned and delivered in line with their up to date care plans. Senior accompanied us on our visits were extremely knowledgeable about people's needs.

Whilst we were in the office we read two people's care records. Care records are documents which identify a person's needs and explain how staff can meet those needs, including assessments of identified risks for each person. The care records both contained an assessment of the person's needs that had been conducted by the manager or a senior staff member. Care plans were of a standardised format including: Background, medical history with explanations of relevant medical conditions, how to get to the person's location, how to gain access the persons' home and the detailed routines to be followed for each visit.

Care plans and risk assessments were informative and up to date. Care plans and risk assessments were regularly reviewed. Staff told us there was a key worker system which meant there was a named member of staff for each person. They were asked to ensure records had been updated and the information in care folders was a good condition and accessible for people.

Staff told us daily notes kept in the property were transferred to the office every month along with medicines records so they could be audited. Audits would help identify if appropriate records were being maintained and if there had been a change in a person's needs. The senior told us they would not expect to see this because carers had been advised to immediately report any changes in the person's needs.

We visited people in their homes. We saw that care plans had been produced containing easy to follow instructions for care staff, with step by step guides explaining what tasks they were to assist people with during each care call. These documents had been recently reviewed and the manager was in the process of implementing a system to ensure reviews took place at different frequencies depending upon people's needs. The manager said, "There is not a strict monthly/six monthly/yearly review date as they constantly monitor the needs of the client and positively encourage the care staff to feedback to management if they think there are any problems or indeed just tweaks that can be made to improve the well-being of the person. "

Is the service responsive?

One person's spouse had complex health care needs and required support from staff over a 24 hour period. Their care plan clearly explained what support they needed and the routine for the day, including an explanation of any equipment necessary so care could be delivered safely. Their spouse told us there was good continuity of care and the carers were responsive, well trained and they felt comfortable with them.

Occasionally someone requested that a particular staff member did not support them. The provider had a computer system that recorded this information and then did not allow the roster managers to book that carer for that person. This indicated that systems were in place to

respond to people's wishes and requests about their care. The manager told us they tried to match the carer who was most compatible and had the right skills to each person using the service.

People using the service had all the information they needed about the agency including how to raise concerns. Everyone we spoke to was familiar with the staff and said they would be happy to raise any concerns they may have. One person told us, "Complaints are dealt with, staff are good at listening and anything is acted upon." All staff we spoke with told us that the manager was approachable and they would have no difficulty speaking to them if they had any concerns about the service. The provider took account of complaints and comments to improve the service.

Is the service well-led?

Our findings

A number of people and a relative told us of the poor experience they had with previous agencies. They said that Ross nursing services had a good reputation locally and they had asked to transfer to the agency. One person said, "It came highly recommended, the best agency in the area."

Another said, "I would not hesitate to recommend this agency to anyone else."

Everyone we spoke with knew who the manager was and all the other senior staff. They told us they came and visited them regularly either to deliver care, or to review the care provided to them. One person said, "They just come to chat."

We spoke with six staff members who worked for the provider, all of whom were satisfied with their working conditions. One staff member said, "This is the best care company I've ever worked for; the management are clear and you know where you stand." Another staff member said, "I genuinely love my job." Another staff member said, "I would want any family member of mine to be cared for by this company."

All staff described the manager and the management team as approachable and friendly and stated they would have no problem discussing any concerns with them. All staff described in various different ways that the management had no time for care staff who did not have a really positive attitude and such people did not continue to work for the service for long.

We found the agency well led with clear lines of accountability, very robust auditing tools and good use of information technology to constantly monitor the service provided and record changes to people's needs. We found staff to be extremely caring, knowledgeable and having the right skills. The agency was operating in a very rural area with some people with very complex needs.

One person told us the only time a visit had been late was due to "Staff hitting wildlife," They said in relation to adverse weather conditions, "The manager has picked staff up in their all-terrain car to ensure no calls were missed."

The manager told us why the agency was successful. They said, "We go the extra mile with our clients because we want to and we reap the rewards as a result." "Ross Nursing Services is a family owned and run business and with this

comes a deep sense of responsibility on my behalf. I am not just the registered manager; I took over the running of my Mothers company last August; obviously I want to do the best not just for the clients and staff but for my Mother too. I feel a responsibility to both clients and staff, some who have been employed or looked after by my Mother for some 10 plus years. My Father is also a director, he runs Ross Training and he is very involved in the development of Ross Nursing through the use of technology."

The manager also said, "Ross Nursing is a team first and foremost but the senior management and myself work tirelessly to provide the best care that we can."

We were accompanied by the manager and two other senior members of staff at different times whilst visiting people and observed genuine, affectionate relationships between staff and people using the service. Everyone commented on the company saying how well they had meet their needs and how it had been consistently well managed.

The manager had sent satisfaction questionnaires to all people who used the service earlier in the year, 77% replied. 100% of people using the service said, 'their needs were always or nearly always met and that carers were courteous and always act in a professional manner'. The manager had produced a report drawing together all the feedback received and had formulated an action plan for the forthcoming year. The results of the survey were very positive, for example, all respondents stated that the quality of service they received was 'excellent' or 'good.' The manager said the only concerns raised were two people were not aware of the complaints. As a response the complaints form in people's care records have been updated and include the complaints procedure and staff have been asked to spent time with people to go through it with them.

One area that was identified by the survey for potential improvement was that some people felt they were 'rarely' informed when there were changes to their care staff. The manager had responded to this by ensuring that people who used the service were sent rosters in advance of who would be working with them. This meant that the provider actively sought the views of people using the service and took action to improve the service when feedback indicated that this could be done.

Is the service well-led?

People we spoke with told us they had recently completed a survey but had not received any feedback from it and said they would like to know what was going on. The manager assured us this would be done and hadn't already because they had only just concluded the survey.

We looked at the complaints records, which were clearly recorded and showed that the manager had responded formally and quickly to all complaints, including minor concerns raised. This meant that the provider took account of complaints and comments to improve the service.

We spoke with four staff who told us the management team conducted several unannounced spot checks on them each year, to ensure they were working correctly. We also spoke with senior staff who conducted these spot checks. A report was written after each visit and we saw examples of these reports stored within the staff personnel files. In one case the staff member was assessed as competent in their care practices in the areas of moving and handling, communication with the person and preserving the person's dignity. The staff we spoke with were supportive of these visits and the reasons for them. This showed that the provider had systems in place to pick up potential shortfalls and mistakes, correct them and ensure learning for the future.

The agency had good standing in the community and worked well with other health and social care professionals. There was a waiting list for this agency.

Following the inspection we received some supporting comments from a number of professionals who wanted to share with us the positive experiences they had whilst working with this agency. These are included in the main body of the report. Staff told us we had direct numbers for professionals and they have ours. One staff said, "We can get things done very quickly."

The manager told us, "We have a very good relationship with the local Age UK representative based at the GP surgery. We have helped introduce them to several of our clients in need of advocacy and socialization. "They told us about an initiative set up by the Clinical Commissioning Group (CCG) called A Hundred Day Challenge. The purpose of this is to investigate where and how health and social care in the community can be improved. They said they attend weekly meetings along with District Nurses, Community Matrons, GPs, Re-enablement services and representatives from the CCG.

People's needs were kept under review and the computerised system enabled staff to monitor care calls and keep an electronic record. Staff event or client event. The system allowed staff with permissions to track an event such as an incident, accident, compliment or complaint and see what actions had been taken step by step before it was able to be closed down. This also helped the manager to identify themes and trends or where a person required more or indeed less support.