Dresden Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Dresden Care Services Limited are registered to provide personal care. They provide care to people who live in their own homes within the community. There were 33 people using this service at the time of our inspection.

At our last comprehensive inspection in January 2016 we found that the registered provider was in breach of regulations. This was because people were not kept safe from the risk of actual and potential harm. Known risks to people were not properly assessed, reviewed or managed. The management of medicines was not safe which meant there was a risk that people would not get their medicines as prescribed. Staff employed by the service had not received sufficient training, development, assessment of competence and supervision. In addition the registered provider did not have robust systems in place to monitor the quality of the service and had not ensured that all complaints, incidents and accidents were reviewed and analysed. Feedback was not being used effectively to support the continual drive of improvement. Following the inspection we met with the registered provider who submitted an action plan detailing how they would improve to ensure they met the needs of the people they were supporting and the legal requirements.

We undertook this announced inspection on 04 April 2017 to check that the provider had followed their own plans to meet the breaches of regulations and legal requirements. We found that the registered provider had addressed some of the concerns that we had identified at our last inspection and had met their action plan and the breaches of regulation. We found that the provider had further improvements to make in respect of medicine management and auditing processes.

There was a registered manager in post who was present throughout the inspection. 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 who received support with their medicines were satisfied but improvement was needed to ensure safe medicine guidance and best practice was followed. People who used the service felt safe because they were supported by consistent and reliable staff. Staff understood their duty and responsibilities to report any allegation or suspicion of poor practice and abuse. There were sufficient numbers of staff working at the service. Where risks had been identified there were plans in place to manage them.

People were supported by staff who were equipped to undertake their role. Staff received training, observational checks and supervision. New staff were supported to complete an induction programme. Staff understood the principles of the Mental Capacity Act (MCA) and respected people's decisions and gained consent before they provided personal care and support. People's needs in relation to nutrition and hydration were documented and the staff we spoke were aware of them.

People told us that they were supported by staff who were compassionate and caring. Staff told us that they listened to people and encouraged them to make decisions about how their care was provided. People told us that staff treated them with dignity and respect and their privacy was assured when personal care was being provided.

People told us that they received care and support that reflected their expressed needs and preferences. People told us that the service were responsive to their changing needs. Care plans were personalised and people contributed to these. People knew how to complain and felt confident that concerns identified would be responded to in a timely and accepting manner.

People and staff were confident in how the service was led and the management team abilities. The audit and monitoring processes in place had improved; however, the registered provider had not used the information to drive continual improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements were needed to the way some medicines were managed and recorded.

People were protected from harm because staff understood and followed safeguarding procedures.

People were supported by adequate numbers of consistent and reliable staff.

Is the service effective?

Good

The service was effective.

People were supported by staff who were confident and felt supported in their roles.

People were supported in line with their human rights and by staff who sought their consent before providing any care.

People were supported to eat and drink enough to maintain their health.

Is the service caring?

Good

The service was caring.

People told us that they had positive relationships with the staff who supported them.

People were involved in planning their care and were empowered to make their own choices about how care was delivered.

People were supported by staff who respected their dignity and privacy.

Is the service responsive?

Good

The service was responsive.

People had been enabled to express their opinions and choices in the planning of their care.

People told us that they knew how to complain and felt confident their concerns would be listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The registered provider had improved how they monitored the quality of the care people received although the audits and checks had not always been effective in identifying how the service needed to be improved.

People received a service from staff who were well-motivated and felt supported by the managers.

People were encouraged to give feedback about the quality of the service they received.

Dresden Care 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 04 April 2017 and was announced. The inspection was to follow up on concerns identified at our last inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff were available at the office. We needed to ensure the provider could make arrangements for us to be able to speak with people who use the service, care staff and to make available some care records for review if we required them. The inspection team consisted of one inspector and an expert by experience who spoke to people who used the service on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of our visit we reviewed information the provider had sent us in response to our last inspection which outlined the action they planned to take to comply with regulations. We asked the provider to complete a Provider Information Return (PIR). This is a form on which the provider gives some key information about the service, what the service does well and improvements they plan to make. This was received within the necessary timescale. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and in addition considered feedback provided to us by commissioners of the service and Health Watch. We used all this information to plan what areas we were going to focus on during our inspection visit.

During the inspection we spoke with eight people who used the service and six relatives of people. In addition we met and spoke with the providers' representative, the registered manager, and eight members

of care staff. We sampled some records, including five people's care plans, two staff files and the way the provider had applied their recruitment process. We sampled records maintained by the service about training and quality assurance to see how the provider monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 12 January 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people were placed at risk by the lack of clear systems and records to ensure that people who needed support received their prescribed medication as directed. The provider's representative had produced an action plan of how they would respond to concerns raised.

At this inspection in April 2017 we found that although improvements had been made and the registered provider was no longer breaching this regulation further action was still required to ensure people received a consistently safe service. We looked at how medicines were managed by the service. People told us that staff helped them with their medicines. One person told us, "The staff give me my medicines because I can't see very well. I have no problems."

We viewed medicine administration records (MARs) for people who were supported with their medicines. We saw that staff both administered and prompted people to take their medicines safely. Records we viewed showed that generally medicines given had been recorded. We looked for evidence that presribed creams had been applied as prescribed. We saw on one person's care plan that the person required prescribed cream to be applied but it did not identify where the cream was to be applied. Whilst people were supported by a consistent staff team there was no assurance provided that all staff knew about where creams were to be applied. In addition there was no consistent approach to providing staff with guidance in respect of the administration of PRN (as required medicines). A PRN protocol provides guidance for staff when people lack capacity to ensure these medicines are administered in a safe and consistent manner. The medicines were administered by staff who had been trained to use safe administration techniques. However staff had not received observational competency checks to ensure they were using the safe techniques they had been taught. The provider's representative advised us of their intentions to undertake these checks and develop PRN protocols following this inspection.

At our last inspection on 12 January 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had not assessed the risks to the health and safety of people using the service and had subsequently not done all that was possible to mitigate any risks that were known or identified. The provider's representative had produced an action plan of how they would respond to concerns raised.

At this inspection in April 2017 we found the provider had made the improvements required to ensure that care was provided in a safe way for people who used the service and they were no longer breaching this regulation.

One relative we spoke with told us that their loved one was at risk of falling and told us, "[name of relative] has a stair lift and a walking frame, and carers make sure they are using them properly." Risks that were associated with people's needs or the activities they wished to undertake had been assessed. We saw risk assessments were centred around the person to keep them safe whilst enabling them to have as much

independence and choice as possible. One relative told us, "[name of person] has an alarm pendant…..they [the staff] make sure she has it on her…..it is reassuring for her." Records contained clear guidance and details for staff in respect of the risk and how to reduce it. People and staff told us that staff used and there were supplies of personal protective equipment to ensure infection control risks were minimised. The provider had assessed and recorded the risks relating to people's homes which may have posed a risk to staff or people using the service. Whilst we saw that risk assessments had been reviewed and updated when a person's needs had changed there was no formal system in place to undertake regular reviews to ensure all risk assessments were current and in line with people's current needs.

People had no concerns about the safety regarding the service they received in their own home. One person told us, "They [the staff] keep me very safe…..they look after me very well." Relatives we spoke with informed us that they felt their loved one was safe. Staff were able to explain how they supported people to remain safe living in their own home. One member of staff said, "I make sure all the doors are safely shut and secure before I leave and just make sure all safety checks have been carried out."

Staff were able to demonstrate an understanding of their safeguarding responsibilities. Staff were knowledgeable in recognising the signs of abuse and understood their duty to report any concerns. The staff we spoke with told us that they had received training in how to safeguard people. A member of staff we spoke with told us, "I've had safeguarding training and know I have to whistle-blow when something is wrong." Notifications that the provider's representative had sent to us demonstrated that they were aware of the appropriate action to take when a safeguarding incident occurred; which ensured people were protected from harm.

The staff who we spoke with were confident about how to manage emergencies in people's homes. Staff told us they had undertaken training in emergency first aid. One staff member told us, "If we find someone on the floor, we have to make the necessary checks and ring '999' [emergency services] immediately and follow their advice on the phone." All the staff we spoke with told us that they have a responsibility to report and record all accidents and incidents.
In our discussions with people we were informed that there were sufficient staff employed to meet their individual needs. One person told us, "Yes I think they have enough staff." People told us that staff did not rush when they supported them with their personal care and that they received a service from a consistent group of staff. One person who used the service said, "They [the staff] usually arrive on time….never let me down." A relative who we spoke with said, "[name of relative] needs people who know him well due to his dementia. There is excellent continuity of care staff." The staff we spoke with told us that they were happy with the current staffing arrangements and had been allocated sufficient time to assist people and did not feel under any pressure. The provider's representative told us staffing levels were based on the number of people using the service and their dependency needs. We saw records to demonstrate that staff were providing care at the times that had been identified within people's care plans. The provider's representative told us that they had a good and reliable team and said, "We work together as a team and if anyone is unable to cover a call the staff cover the hours to provide consistent care for people."

The staff we spoke with felt the provider's recruitment system was robust and confirmed that it included checks such as a Disclosure and Barring check (DBS criminal record check) and checking people's employment history by gaining references from any previous employers. A member of staff we spoke with told us, "After my interview I had to bring my passport and proof of address in and have my police check [DBS] done before I could start working." We reviewed two staff files. On two staff files we did find that although references had been sought they had not been validated to confirm their authenticity. We raised this with the provider who told us they would do this in future. Doing this would ensure the right people were recruited to keep people safe.

Good

Is the service effective?

Our findings

At our last inspection on 12 January 2016 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the registered provider had failed to ensure sufficient numbers of qualified, competent, skilled and experienced persons. The provider had not ensured persons employed by the service received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. The provider's representative had produced an action plan of how they would respond to concerns raised.

At this inspection in April 2017 we found the provider had made the improvements required to ensure that they had sufficient numbers of qualified, competent, skilled and experienced persons. The provider had improved the support, training; professional development and supervision for the persons employed and was no longer breaching this regulation. A staff member commented, "We are given plenty of opportunity to attend training."

People we spoke with told us that the staff were good at meeting their preferred and individual needs. The majority of people and their relatives that we spoke with told us that staff were competent to do their jobs. One person told us, "Staff are well trained. They know me and what I like." A relative told us, "Good balance of workers, experienced and new ones."

From our discussions with staff and review of staff files we found most staff had obtained or were working towards suitable qualifications to meet the requirements of their roles. However, whilst the registered provider kept records of when staff had completed training they had not kept an oversight of when they were due for updates in training. We found consequently there were some gaps identified in the records we reviewed. While we did not find evidence that this had impacted on people's safety or satisfaction, ensuring that all staff are fully trained and maintaining an accurate record of training would ensure that the needs of people are met consistently by staff who have the right knowledge and skills.

A person who used the service told us, "The manager comes to check [on the staff] from time to time." Staff consistently told us their knowledge and learning was monitored through supervision meetings and unannounced 'observation checks' on their practice. Staff we spoke with told us they felt well supported to do their job and that they had plenty of opportunity to talk about their practice, raise any issues and ask for guidance.

Staff told us that they had been inducted into the organisation before they started work. Following their induction, each new member of staff was assigned to work with a senior member of staff before working on their own. A member of staff said, "I went out on calls with [name of registered manager] before I could go out on my own." Staff that are new to care are required to undertake the Care Certificate. This is a nationally recognised set of induction standards used to ensure staff are equipped with the basic knowledge required to care for people safely and with compassion. We found that the registered provider had provided this induction training to the whole staff team as well as all new staff that required it.

Staff we spoke with told us that communication was effective within the team. A member of staff told us, "Communication is really good. We are introduced to any new clients including people where we are covering for other staff." Most staff spoke about an electronic monitoring system that had been introduced. A member of staff told us, "We record everything in the service users home and on the PASS system [electronic system]. It's very effective for communication."

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 checked whether the service was working within the principles of the MCA. People told us that they were supported in line with their preferred choices and that staff routinely asked for their consent before providing care. One person said, "They [the staff] ask me if it's okay to do things." Staff we spoke with described the importance of asking people for their consent before providing them with any personal care and support. One member of staff said, "It's important to gain consent. Make sure people are comfortable and let people pick their own clothes. Some people use body gestures to indicate their choices." All of the staff we spoke with understood their responsibilities in relation to the MCA and most had received training. One member of staff told us, "The MCA supports people who can't make their own decisions, but people still have rights. Sometimes decisions have to be made in their best interests. It's important to give people the time to make decisions." Some care documents we viewed had 'consent forms to agree to care and treatment' that had been signed for by a relative of the person receiving the service. There was no evidence to support that the relative had the appropriate authority to sign for the person and there was no evidence to say people lacked capacity to give their own consent. The provider's representative advised us that this would be addressed following our inspection.

People can only be deprived of their liberty so that they can receive care and treatment when it is in their best interests and legal authorised under the MCA. At the time of our inspection the registered provider had not needed to make any applications to the court of protection but was able to describe the process they would follow should the need occur.

People we spoke with told us that staff prepared meals and drinks for them. One person told us, "They [the staff] get a meal ready for lunch…..or sandwich depending what I want." Care records we reviewed detailed what support people required with their meals and contained clear information about their likes, dislikes and allergies. For example, one person's care plan stated, 'I like my coffee white with two sugars'. Where people required specific support this was recorded and staff were aware. One relative told us that they left pureed food for their loved one and that staff followed the menu plan that had been developed .Staff we spoke with were knowledgeable about people's nutritional needs and individual eating and drinking preferences.

People told us that staff supported them to access healthcare when necessary. One person we spoke with told us, "The carers make sure I go to the doctors for my appointments….they remind me." One relative said, "They [the staff] have contacted the GP when they were concerned about [name of relative]". Staff we spoke with were able to give us examples of where they had been concerned about a person's health and had taken action to notify their relatives and the appropriate healthcare professionals. A member of staff told us, "If we see any pressure marks we document it and report it to the office and district nurses. We work hand in hand with other professionals and share information to support the person's well-being." People could be confident that they would receive the support they required to maintain good health.

Good

Is the service caring?

Our findings

People who used the service told us that the provider's representative, the registered manager and the staff who supported them had a caring approach. One person said, "Lovely, kind, warm and well-mannered staff. [they] all come on time. I'd give them all 10 out of 10." All the relatives we spoke with praised the consistent and reliable team of staff. One relative told us, "They [the staff] are lovely caring, pleasant people…..it is always a happy scene when they are there."

People's needs were met by staff they knew and trusted. All the people we talked with spoke highly of their regular team of staff and this had enabled them to develop positive relationships with staff. One person told us, "I always have the same carer." Staff we spoke with had a good understanding of people's needs, wishes, preferences and life histories. Staff told us that they tried to treat people as they would a family member and ensured that their choices were respected. A member of staff told us, "We have become friends and not just service users. I have the time to sit and have a cuppa and talk to people." Care records were written with the person at the centre of care and were personalised to reflect people's individual likes and dislikes.

Staff employed by the service reflected the diversity and culture of the people they supported. The registered provider told us that they matched people where possible, with staff who understood their faith and were able to communicate in the person's preferred language. A member of staff we spoke with told us, "We provide person-centred care. Everyone is different. We respect people's cultural and religious needs." The service had discussed people's individual preferences for male and female carers and had accommodated this request.

People told us that they were empowered to make their own decisions about the care and support they needed. People said that they were involved in the planning of their care and were able to express how they wanted their care delivered. One person said, "I chose the times that I wanted my calls." A member of staff told us, "I give people choices every day. I always ask them what they want, or show them the choices and engage them in the decisions."
People and their relatives told us that they were treated with dignity and respect when staff were supporting them. One person told us, "They [the staff] help me wash and dress and are very respectful." A relative who we spoke with said, "They [the staff] maintain [name of person] dignity at all times. I can say nothing more than sing their praise." Members of staff we spoke with gave us various examples of how they promoted dignity when providing personal care. A member of staff told us, "People have the rights to dignity, choice, freedom and privacy."

People were encouraged to maintain their independence. During our discussions with staff they used terms such as 'assisting' and 'choice' when describing how they supported people. A member of staff told us, "I let people do as much as they can and I don't just take over. One lady I support likes to get her own cup out, so I just involve her with the task." People could be assured that their personal information would be kept confidential. People told us that staff did not discuss other people they supported. One relative said, "Staff are very confidential, I think that is very respectful." A member of staff told us, "I don't leave any information in my car and I don't discuss anyone else."

Good

Is the service responsive?

Our findings

People and the relatives we spoke with told us that they were happy with the care and support they received. People told us that the service met their care needs and would respond appropriately if their needs changed. One person told us, "They [the staff] have never let me down." A relative we spoke with said, "We change the times depending on [name of person] needs…. they do whatever she needs." Another relative told us, "[name of provider's representative] is courteous and approachable. He is always responsive to our requests for changes. He is very efficient."

People's care and support was planned and reviewed with them. Prior to using the service an initial assessment was carried out with the person to discuss their needs and how they wanted staff to support them. One person we spoke with told us, "Yes I was involved with my care plan and it's been updated." Another person said, "[Name of provider's representative] has been here about three times to see if everything is ok." A relative said, "We had an initial care plan and then it was reviewed about three months later."

Staff we spoke with knew people's preferences and were able to describe how people liked to be supported. The care plans we reviewed contained people's preferences such as; likes and dislikes, preferred times and people's daily routines. One care plan we reviewed stated 'I can communicate in English but I may need time to respond, especially when I'm tired.' Another person's care plan stated, 'My name is [name of person] but people call me [preferred name of person]. I have limited verbal communication but I can say yes and no. Please watch my gestures.' This helped staff to focus with a person centred approach and not just to focus on the specific task required. A member of staff told us, "We have to work according to people's care plans. These show us what people want and prefer and how [we are] to do it."

People were provided with information about the compliments and complaints procedure, in a written format. People who used the service and their relatives told us they felt comfortable to complain if something was not right. One person we spoke with told us, "I would talk to the people in the office……but I've never had to." Another person said, "The manager is a nice man, I could tell him if I had any complaints." The staff who we spoke with demonstrated a caring approach in supporting and empowering people to make complaints and sharing concerns with the service. A member of staff told us, "I ask people all the time if we are providing a good service. It's our job to support people to make complaints if they are unhappy." We saw evidence that where people and their relatives had raised complaints and concerns these had been responded to and resolved. We did note that complaints had not been analysed to identify any trends or patterns or how to prevent negative experiences reoccurring again for people.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 12 January 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the registered provider had failed to provide systems or processes that were established and operated effectively to ensure compliance with the regulations. The registered provider did not have robust systems in place to monitor the quality and safety of the service. The provider's representative had produced an action plan of how they would respond to concerns raised.

At this inspection in April 2017 we found that although improvements had been made and the registered provider was no longer breaching this regulation further action was still required. The audits undertaken had not all been effective at identifying issues relating to medicine management and auditing processes.

At our last inspection we found that care records lacked any detail of risk assessments that should be in place to minimise the potential of harm to people. There were no risk management plans in respect of moving and handling, management of nutrition for people with specific support needs, and what to do in an emergency. In addition the management of medicines was not safe. At this inspection we found that people's risks had been identified and systems were in place to ensure that people received a service that was safe.

At our last inspection we found that there were no effective systems or quality audits in place to monitor the quality and safety of the service provided or to drive up improvements. Although improved monitoring systems were being introduced existing systems had not identified that gaps and inconsistencies in people's topical creams records. Medicine audits had not identified that there was no consistent approach to providing staff guidance in respect of the administration of PRN (as required medicines). The registered provider did not consistently have a consistent oversight of the service. The provider's representative assured us that these issues would be addressed and improvements would continue to be made in these areas.

At our last inspection we found that there were no effective systems in place to review incidents and accidents and complaints and concerns. Information the registered provider had gained at that time had not been reviewed or analysed to identify trends which could reduce the likelihood of negative experiences for people recurring. We found at this inspection some improvements had been made in this area. The provider's representative advised us that further required improvements were planned.

At our last inspection we found that there were no systems in place to ensure that views or feedback from people who used the service had actively been sought. At this inspection we found that quality assurance checks were routinely conducted with people. Feedback from people who used the service was positive. One person who used the service told us, "I'm always being asked if I'm happy with the girls [the staff]." Systems were in place to monitor the views and experiences of people who used the service. However, feedback was not being recorded effectively to evidence the continual drive of improvement.

The registered provider had commissioned an electronic monitoring system. We saw this system was in use to record all details about people's care and support needs. Staff told us that they had embraced the new system and had seen many benefits to it. We saw the system was well established and had improved the monitoring systems. The provider's representative advised us that further required improvements were planned.

All the people we spoke with were happy to be supported by the service and expressed no concerns with how it was managed. One person we spoke with told us, "It's a lovely company. I wouldn't manage on my own without them. I love each one of them." Another person said, "I am very happy with the service and would recommend them to anybody." A relative told us, "[The provider's representative] is always available…comes back straight away….brilliant. I think it is very well managed….it shows in the staff because it comes down from the manager." Another relative told us that they were aware of the last Care Quality Commission's last report for the service and said, "Whilst the report identified that paperwork wasn't good, the client contact was…I can verify this."

The provider's representative described the culture of the service as one which valued all staff and people who used the service and embraced diversity. Staff told us that they felt able to raise concerns and were confident that these would be listened and responded to appropriately. Staff we spoke with gave a good account of what they would do if they witnessed bad practice.

Discussions with the provider's representative identified that they had kept up to date with developments, requirements and regulations in the care sector. For example, where a service has been awarded a rating, the provider is required under the regulations to display the rating to ensure transparency so that people and their relatives are aware. We saw there was a rating poster clearly on display in the office and on the provider's website. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that notification systems were in place and that staff had the knowledge and resources to do this.

There was a clear leadership structure within the service. Staff we spoke with told us that they were happy in their jobs and felt supported by the management team. One member of staff told us, "[name of provider's representative] is a good and fair manager, the best I've ever worked for. He is a man of his word. I can tell him anything." Staff we spoke with told us that the managers had undertaken observational audits of how they provided care to people in the community to ensure that they were working in a safe and caring way. The service operated an out of hours on call system so that people, their relatives and staff had access to advice and assistance when the office was closed. We saw staff meetings were conducted on a regular basis and that the service encouraged staff to express their views and contribute to the improvement of the service. One member of staff told us, "[name of provider's representative] works in partnership with us, there is no divide. He's on top of his game. It's a brilliant company and we are still growing and we are very much involved."