

Active Pathways Limited

Burrowbeck Community

Care

Inspection report

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07 November 2018
13 November 2018
14 November 2018
19 November 2018
20 November 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 07, 13, 19 & 20 November 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Burrowbeck Community Care provides a service to older adults, people living with dementia and people experiencing mental health conditions in Lancaster and Morecambe and surrounding areas.

At the last inspection carried out in March 2016, we rated the service good overall. At this inspection visit carried out in November 2018, the service remained good.

Since the last inspection visit the registered provider had worked to develop a person-centred culture. Staff told us the service had improved and staff were committed to providing person-centred care. People and relatives confirmed staff were empathetic and motivated to provide compassionate care. There was a continued emphasis on privacy, dignity and human rights.

People, relatives and health professionals told us the care provided was effective and people experienced positive outcomes. People received care which was regularly reviewed and support was based around good practice evidence.

We saw evidence that people were treated with dignity, care and compassion at the end of life. Emotional support to families extended after people had passed.

People praised the positive relationships they had developed with staff. Staff were repeatedly referred to as friends who had made a difference in their lives. They told us staff often went above and beyond what was expected of them.

The registered provider understood the importance of addressing social isolation. They had worked hard since the last inspection visit to improve social activities for people at risk of loneliness and isolation.

The registered provider had continued to implement systems required to keep people safe. This included processes for managing medicines, safeguarding concerns and behaviours that are challenging to others.

Although risks were identified and staff were aware of individual risk, risks were not always clearly documented. We highlighted this to the registered manager who took swift action to rectify this.

When people required support with eating and drinking their dietary needs were considered and met by the registered provider.

People told us that on the whole staff were suitably deployed to meet their needs. Six of ten people told us

they had experienced times when staff had been late or not turned up. We were told however, staff apologised or staff were deployed to ensure people did not go without a visit. Statistical data submitted to the local authority showed the provider was exceeding their responsibilities in ensuring staff were suitably deployed.

Training for staff was responsive and tailored to people's individual care needs. Staff told us they were supported with continuous learning to ensure they had the correct skills to provide effective care.

The registered provider was responsive in seeking feedback from people and relatives to ensure people were happy with the service provided. People said they were happy with the ways in which complaints were managed and addressed.

Professionals told us the service was well managed. They praised the skills of the management team and their ability to provide an effective person-centred service. We were told Burrowbeck Community Care promoted independence to enable people to remain within their own homes.

The registered manager showed commitment and dedication to improving the services provided to people. Improvements within the service were based upon good practice guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Consent to care and treatment was actively sought.

Staff told us they enjoyed working at Burrowbeck Community Care. They told us communication and team morale was good.

The registered manager had auditing systems so they could ensure safe and effective care was provided. When areas for improvement were identified action was taken to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People and their relatives told us people were safe.

Processes were embedded to ensure risks were managed to ensure the safety of people who used the service.

People said that overall, staff were reliable and suitably deployed to meet their needs.

Is the service effective?

Good 

The service was effective.

The registered provider assessed people's care needs and delivered effective care and support by trained staff in line with good practice guidelines.

The registered provider obtained people's consent to the care and support they received when appropriate and did not restrict people unlawfully.

Is the service caring?

Good 

The service was caring.

People and their relatives told us staff were kind, compassionate and caring.

People said they were treated with patience, dignity and respect.

The registered provider had systems to recognise the use of advocacy when people had no family and could not speak for

themselves.

Is the service responsive?

Good ●

The service was extremely responsive.

Staff worked innovatively and placed people at the centre of their care to ensure people were supported to have positive outcomes within their lives.

Service user voice was encouraged and welcomed.

Is the service well-led?

Good ●

The service was well led.

Staff, relatives and professionals all agreed the service was well-led.

The registered provider was committed to providing high quality care and support to people using the service.

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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.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. We spoke with the Local Authority contracts and safeguarding teams. We used the information provided to inform our inspection plan.

We reviewed information held upon our database regarding the service. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan our inspection visit.

This inspection visit took place between 07 and 20 November 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure someone would be available at the office to assist us with the inspection process.

The inspection was carried out by one adult social care inspector.

Throughout the inspection process we gathered information. We spoke by telephone with five people, carried out home visits to three people and spoke with two people who visited the office to meet with us. In

addition, we spoke with two relatives and four professionals to seek their views on how the service was managed.

To gather information, we looked at a variety of records. This included care plan files related to seven people who used the service. We also looked at other information which was relative to the service. This included health and safety certification, training records, team meeting minutes, policies and procedures, accidents and incidents records. We viewed recruitment files relating to four staff members and other documentation which was relevant to recruitment including Disclosure and Barring Service (DBS) certificates.

Is the service safe?

Our findings

People who used Burrowbeck Community Care service told us they felt safe when being supported by staff from the service. One person said, "Oh yes, I feel safe. And I am not just saying that either"

We looked at how personal risk was managed and addressed to ensure people were safe. Risk was addressed within each individual care record and covered topics including mobility, communication and malnutrition. Staff told us they could contribute to risk assessments and said they would contact the office should a person's needs change. Staff could tell us about individuals who used the service and the associated risk.

Although risks were highlighted and managed, we noted instructions to reduce the risk were sometimes missing from care records. For example, it was noted in one person's care record the person was at risk of choking. There were no protocols to instruct staff what to do should the person start choking. We highlighted this to the registered manager they took immediate action, referring to good practice guidance and developed a strategy to appropriately manage risk. Following the inspection visit the registered manager sent us information to show that individual risks assessments were being worked upon to ensure all risks were appropriately identified, documented and managed.

We looked at how the service managed people's medicines. The registered provider promoted independence wherever possible. When people could self-administer they were supported to do so.

Staff told us they were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure staff had the suitable skills to carry out the task safely.

When people required support with medicines the registered manager provided a MAR (medicines administration record) for each person. Staff signed the record after administering medicines. We reviewed three people's MAR records and found they were appropriately signed to indicate when medicines had been given.

When medicines errors had occurred, we saw investigations took place and incidents were reviewed so lessons could be learned and changes to processes amended.

We looked at staffing arrangements to ensure people received the support they required in a timely manner. Staff were described overall as being reliable. Feedback included, "Staff are reliable. They are sometimes five or ten minutes late but always turn up." And, "I have no concerns about staffing. They have been a number of times when they have been late but it's not been a problem." And, "I have had a few missed visits when staff hadn't turned up. They have always sorted it out when I rang on call."

People said there were occasions when staff visits were late due to traffic or other circumstances. They told us they were sometimes communicated with when this occurred. One person said, "Sometimes they will ring me if they are going to be late." We spoke with staff to get their feedback on visit travel times and rota

scheduling. Staff said there had been occasions when they were late to visits but this had been due to travel on the road.

We discussed missed visits with the registered manager, they said systems were in place to manage missed visits and said staff in the office would cover any missed visits if reported. Additionally, the service had an on-call manager outside of office hours who could arrange cover should a missed visit arise. One person we spoke with who had experienced missed visits confirmed this was the case.

We fed back concerns in relation to missed visits to the registered manager as part of our feedback. The registered manager agreed to review these personal concerns and act as required. Following the inspection visit we reviewed information shared with the local authority in relation to missed and late visits. We noted no information of concern. Information submitted to the local authority suggested the registered provider exceeded the key performance indicators set by the local authority."

Although people expressed some concerns about the reliability and punctuality of staff everyone we spoke with said there had been recent improvements in the scheduling of staff. They said they were now receiving more consistent support from staff who knew them at the times required. One person said, "The care has improved. They are more responsive and will change my times if I need to."

We looked at how safeguarding procedures were managed by the service. We did this to ensure people were protected from any harm. The registered manager told us they were the safeguarding champion lead for the service. A champion is an individual with an interest and skills in a specific topic who provides best practice advice and guidance to the team. The registered manager was aware of the local authority guidance and how to follow the safeguarding process.

Staff confirmed they had received safeguarding training to increase their skills so they could recognise, respond and report abuse. Staff were confident if they reported anything untoward, the senior management team would respond appropriately and take immediate action. One staff member said, "I have reported safeguarding concerns to the office. I was informed it was an ongoing issue and was brought up to speed by [registered manager] afterwards. I was happy with the response."

During the inspection process we were provided with written examples when the registered provider had identified instances of potential abuse and had responded to concerns in a timely manner. We saw evidence the registered provider had worked alongside the relevant professionals to ensure people were safe and free from abuse or harassment.

We reviewed four staff records and found appropriate checks were in place to ensure staff employed were of suitable character to work with people who used the service. Staff told us they were subject to checks prior to starting employment. This included ensuring they had a completed and satisfactory disclosure and barring service certificate prior to starting work. A valid DBS check is a statutory requirement for people providing a personal care service supporting vulnerable people.

We looked at how accidents and incidents were managed. Accidents and incidents were logged and documented. Action was taken accordingly to ensure risk was minimised to prevent further accidents from occurring. We saw when accidents had occurred, the service liaised with other professionals to reduce the risk of any repeat incidents re-occurring.

We looked at infection prevention and control processes. Staff told us they were aware of the need to implement good practice guidance and said they had the appropriate equipment available to assist them.

We saw evidence of routine spot checks taking place by senior members of staff to ensure policies were applied to keep people safe.

Is the service effective?

Our findings

People, relatives and professionals told us Burrowbeck Community Care provided an effective service. Feedback included, "Burrowbeck picked up on how blue I was. They helped me get a doctor who would listen to me. In all fairness the staff were brilliant, the doctors weren't listening to me. I now have a brilliant doctor. It has made such a difference to my life." And, "My carers are spot on."

Individual care records demonstrated that health professionals were consulted with when people's health needs changed. Good practice guidance was referred to and used when providing people with care and support. For example, when people had specific medical condition assessments such as diabetes, and moving and handling there was reference to good practice documentation within the care record. People told us they were consulted with and involved in the development of their care plan.

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. For example, the service had falls risk assessments to monitor people's mobility and the risk of falls. Assessments were reviewed and consent was sought when a person's needs changed or on a six-monthly basis.

We spoke with two professionals, both agreed the registered provider provided effective care. Both professionals praised the positive way the service worked to ensure people got the best level of care to remain independent in their own homes. One health professional told us the service understood the importance of providing holistic healthcare. The health professional said the service responded well to advice and guidance provided to them to ensure people received the appropriate care and support. The health professional told us the service was a partner within the Better Care Together programme and praised the way in which Burrowbeck Community Care had linked with the hospital to ensure a safe and effective hospital discharge for one person who was in hospital.

Where people required support at mealtimes, staff were allocated to assist them at appropriate times. One person told us that due to their specific medical requirements their scheduled visits were fixed so they could have support in a timely manner. They said on the whole staff were reliable at meeting these scheduled times.

When people required special diets, this was detailed within the care plan. Records clearly documented people's likes and dislikes and preferred foods. We noted good practice guidelines were referred to when required. For example, nutritional screening tools had been used to assess one person's dietary needs. People were supported and encouraged to drink suitable amounts of fluid. We saw NICE guidelines were on display in the office to prompt staff to remember the importance of maintaining people's hydration levels.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. The registered manager told us they had referred a person to an advocacy service when they had lacked capacity and had no one to support them with making decisions. When relatives or other significant people had authority to make decisions on people's behalf, the registered provider had sought written confirmation from the approved body to confirm their consent was lawful.

We looked at staff training. People told us that overall, they were confident they were supported by staff with the required skills and knowledge. One person praised the skills and knowledge of the staff team which supported them. The person required support with a specific medical need. The person said, "Staff are absolutely trained to do this. Compared to other services, this is the best I have ever had." Two people however, did comment there had been times when staff members had been sent to their homes to prepare meals but the staff members could not cook. We fed this back to the registered manager so they could consider this and make improvements.

Staff told us they were happy with the arrangements for training and support. We viewed a training matrix which indicated staff received a range of training to meet their needs. Training was flexible and responsive to individual needs. For example, the service identified a training need for staff supporting one person so the registered manager organised a 'huddle' where staff came together to discuss good practice and strategies so that improved support could be provided.

New members of staff were expected to complete an induction at the start of their employment. Since the last inspection visit, the registered manager had updated the induction programme to ensure staff were suitably prepared for working in the community. The induction period included shadowing a more experienced member of staff and carrying out required training. Induction training covered key topics including safeguarding of vulnerable adults, moving and handling and administration of medicines. Training was provided through various means including DVD training and practical hands on training.

We spoke with one member of staff who had recently been employed to work within the service. They told us they were more than happy with the induction they received. They said, "They have been very supportive. I still have some training to do, but overall the training and induction was good."

We spoke with staff about supervisions. Supervision is a process between staff and manager where discussions are held to review their role and responsibilities. Staff told us they received frequent supervision. We saw evidence of both group and individual supervisions taking place. Staff told us they could approach senior members of staff in between supervision sessions if they had any concerns.

Is the service caring?

Our findings

People told us the service was at times, exceptionally caring. Feedback included, "It makes my day seeing them. They are my God-sends." And, "I have the best carers in Lancaster. They have helped me and have become my friends. They take care of me."

The registered manager told us they had worked hard since the last inspection visit to ensure person-centred care was placed at the heart of all service provision. They said improvements had been made to develop a-values based organisation. During the inspection visit we saw improvements had been made and saw examples when staff have gone the extra mile. One person told us they had been supported by a member of staff to attend a hospital appointment. The person told us, "The staff member finished work at 2pm but they wouldn't leave me. They said they wouldn't leave me and stayed with me until I'd been seen, two hours later."

Staff displayed empathy and understanding and were committed to ensuring people's needs were met. One person told us they had been unable to do their shopping on a specific day so a member of staff went in to work on their day off to take them to do their shopping.

Staff talked lovingly of people and the relationships they had formed with people who used the service. One staff member said if they had time in between visits they would stay with people and chat with them. They said, "If I have a gap I will stay and will talk to them. They appreciate this. They are lonely, very lonely. It's not just about getting in and getting the job done." Additionally, one person described their carers' as "Amazing." They told us how Burrowbeck Community Care staff had worked with the family, liaising with other professionals to help maintain the family unit. The person said, "They have definitely made a difference."

During the inspection visit we overheard a member of staff in the office speaking on the phone with a person who used the service. The conversation was not rushed and the staff routinely enquired about the person's welfare and took time out to chat with the person.

Eight of the ten people we spoke with told us they were treated with dignity and respect. Feedback included, "They definitely treat me with dignity and respect." And, "I like people to treat me with dignity and respect. I would say if they didn't. They would get a mouthful!" Through discussion, one person and one relative told us in their opinion there had been times when their dignity had been compromised by staff. One person said, "I don't think it's embedded, staff will say in words what they should they be doing but it's not consistently carried out." People's comments about how privacy and dignity had been compromised were fed back to the registered manager, who agreed to act.

We looked to see if people's human rights were promoted and upheld. Equality and diversity was addressed within people's care plans. People's individual needs were addressed at the pre-assessment stage so services could be developed around individual need. This was then monitored when people received a service. We spoke with the registered manager, they told us they supported two people with protected

characteristics. We looked at one person's care plan and saw the provider had addressed the person's cultural and diverse needs. We spoke with a staff member about equality and diversity. They said, "Now I know about [person who uses the service] religion and life. I see life in a different way."

We looked at how information was shared with people who used the service. We saw arrangements were in place to communicate with people who could not read or when English was not their first language. The registered manager told us they had the ability to print service user guides in large text for people with visual impairments if required. This showed us arrangements were in place to ensure people were appropriately communicated with.

We looked to see how people were supported to express their views. People told us they were supported to make their opinions known. When people could not express their views, we were informed advocates would be consulted with. Advocates are independent people who provide support for those who may require some assistance to express their views. This demonstrated the registered provider was committed ensuring people's voices were heard and listened to.

Is the service responsive?

Our findings

People told us the care they received from Burrowbeck Community Care was responsive. Feedback included, "Staff know what I want." And, "[Family member] likes things in a particular way. I trust staff will do it."

The registered manager said since the last inspection they had worked hard to build up social networks for people. We spoke with people who told us this was the case. One person told us staff had worked hard to secure additional funding to support them to have a social life. Prior to this the person was experiencing isolation and low self-esteem. They told us, "Me and [staff member] have a ball, we go out for activities, [staff member] encourages me to get out of bed. I am blessed. If it wasn't for them I would just sleep all day." Another person said, "They give me choice and independence. They help me to keep active in society, I am going out with staff tonight to the theatre to see a show."

During the inspection visit, we were told one person who used the service had requested a wish to go abroad on holiday. The person had never been abroad before. The registered manager liaised with the local authority to look at ways of developing additional support hours so the person could be supported by staff to go on holiday. Staff then liaised with the family and service commissioners to develop a plan to allow the person to go on holiday with shared care between the person's family member and a member of staff. We spoke with the person they told us, "I picked [staff member] because I needed someone who was strong to push my wheelchair. I had a great time. [Staff member] was fantastic. I didn't want to come home." This showed us the registered manager worked innovatively to promote dreams and aspirations for people.

Staff understood the importance of providing person-centered care. People told us they were able to choose which staff supported them. One person said, "I get a choice. I am entitled to say who I want. They are coming into my home." The registered manager told us they tried to skill match staff and people who used the service. They said they considered staff interests and personal history when allocating them to people who used the service. For example, one staff member had been allocated to work with two people who lived in their nearby community. They said this meant both parties had a shared history and allowed them to reminisce. This showed us the registered manager was innovative at developing links between staff and people who used the service. Another person commended the way in which a staff member had been selected to work with them. They said they got on wonderfully and had developed a great relationship which had made a difference to their life.

As part of the inspection process we saw one staff member had been commended by a relative for the person-centered work completed with their family member. The relative had thanked the staff member for all the discussions they held with the person about their specific interest. They said despite the person living with dementia they had really valued the discussions and the time spent with the staff member. We spoke with the staff member about this. They told us they were made aware the person had a specific interest so they went away and researched the topic so they could engage positively with the person. They said their job sometimes included some detective work whereby they had to research topics so they could share conversations with people. This showed us that staff went above and beyond to provide person-centred

care.

During the inspection process we were made aware of a situation in which it was recognised one person required additional support to maintain relationships with a key member of the family unit. We spoke with the person who confirmed the registered provider had supported them to make referrals to relevant professionals which allowed them to develop and maintain relationships to keep the family unit intact. This showed us the registered provider had exceeded what was expected of them on this occasion.

We looked at compliments received from the public in relation to the service provided. We saw relatives had repeatedly commented on how responsive the service had been in making a difference in people's lives. We noted a Member of Parliament had written to the registered provider on behalf of one of their constituents thanking them for the positive work they had done whilst supporting a family member.

We reviewed systems for end of life care for people who used the service. End of life wishes were included within the care planning document. We saw evidence staff were updated when people's end of life wishes had changed.

We reviewed feedback provided to the management team following people's passing. Feedback included, "Special thanks to [staff 1] and [staff 2] who were with us when [family member] passed. [My relative] and I appreciated both their professionalism and compassion at that most difficult moment." And, "You made a difference at a difficult time." This showed us staff understood the importance of providing high quality, compassionate care at the end of people's lives.

Staff understood the importance of extending support to family members dealing with bereavement. One person spoke fondly about the emotional support they had received from staff following the death of their partner. They said the support they had received from staff was exceptional. The person was living with dementia and required support to attend their partners funeral. Two members of staff had voluntarily supported them to attend their partners funeral. We saw written feedback from the family thanking the staff for going above and beyond what was expected of them. The relative stated, 'Both showed today that what you hear on TV is only one sided, [staff 1] and [staff 2] represent dedication to people even when they are not working.'

We looked at care records relating to seven people who used the service. We saw evidence pre-assessment checks took place prior to a service being provided. People and relatives confirmed they were consulted with and involved in developing care plans.

Care records were personalised and contained detailed information surrounding people's likes, preferences and daily routines. Additionally, they addressed topics including managing health conditions, medicines administration, personal care, diet and nutrition needs and personal safety.

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.

People were aware of their rights to complain. They told us that when they had raised concerns they had been appropriately dealt with. We saw the registered provider maintained a complaints log of all complaints raised by people. The registered provider had followed their process investigating each complaint and had offered an apology to people when things had gone wrong. This demonstrated the registered provider had an effective system for managing complaints.

Staff told us they were aware of the complaints procedure and would inform the registered provider if people complained. On the day of the inspection visit we overheard someone on the phone raising a concern. The member of staff taking the call reassured the person and thanked them for raising the concern. This showed us that concerns were taken seriously and responded to in a positive manner.

We asked the registered provider about the use of technology. The registered manager told us they actively promoted the use of telecare throughout the service to promote safety and security. Additionally, they used electronic call monitoring to review staff attendance within people's homes. The registered provider said they were currently reviewing this technology as it wasn't as effective as they hoped. They said future developments with technology were currently being considered and they hoped to be implementing a new electronic care planning and call monitoring system in the new year. This showed us the registered provider understood the importance of embracing technology to improve outcomes for people.

Is the service well-led?

Our findings

People said they were happy with the way in which the service was managed. One person said, "I have only had one problem in eight years of having them and this was resolved." Another person said, "This is the best company I have used."

Prior to the inspection taking place, we reviewed our database and saw the registered provider had submitted notifications in relation to significant events within the service. During the inspection visit we were made aware of one incident which had not been reported as it should be. The registered manager investigated this and identified and addressed the delay. This did not have an impact on people and the incident has since been notified as it should be.

At the last inspection visit carried out in March 2016, the registered provider was in the process of registering a new manager with CQC. The new manager was registered with the Commission May 2016. People and staff told us there had been improvements within the service with the introduction of the new manager. One staff member told us, "The Organisation is good, it is well managed and very flexible. It makes such a difference in this type of work."

We looked at results of a recent staff survey and saw that a comparison had taken place of staff feedback in 2016 and 2018. It was documented that staff agreed the quality and management of the service had improved since the last inspection.

Staff told us they were appropriately communicated with. We saw comprehensive weekly memos were distributed to staff with all the required updates. We saw evidence of regular team meetings taking place. These were run at different times so all staff could attend. Additionally, when concerns were identified staff were brought together in huddles to discuss and explore options for care and support.

There was a positive leadership style within the service which focussed upon the provision of person-centred care. Since the last inspection visit the registered provider had developed key values which staff within the organisation were expected to share. The registered manager said, "We have developed a values based culture. It's amazing to see where we were and where we are now. Care used to be focussed on staff not people receiving a service." Through talking to staff, we saw some examples of when these values had been displayed. For example, staff had gone the extra mile supporting people outside of work hours to ensure people were safe and comfortable. Staff repeatedly described the team as dedicated, motivated and caring.

We saw evidence of partnership working. The registered provider had fostered links with the Fire and Rescue service to ensure people were provided with up to date advice and guidance to enable them to remain safe in their own homes. We spoke with the representative from the fire and rescue service who commended the skills of the registered manager.

We asked staff their views on how the service was run. We received positive feedback. Feedback included,

"The Organisation is good, it is well managed, very flexible. It makes a difference in this type of work." And, "We all muck in, they are a good team. There is always someone you can talk to, they are accessible. I have not found this anywhere else."

The registered provider had a range of quality assurance systems in place. These included audits of medicines, care records, health and safety and the environment. When areas of concern were highlighted action was taken to make the required improvements.

People who used the service had been consulted with. We viewed results from a service user survey which had been sent out to people in October 2017. The survey showed that people's experiences of Burrowbeck Community Care were positive. Feedback from the survey included, "I am so grateful for everything you do to help me." And, "We are very happy with the services you provide, have come to look at the carers as friends and part of our lives. Thank you." When recommendations for improvement had been made by people, these had been taken seriously and responded to.

The registered manager understood the importance of keeping their own skills up to date. They had developed relationships with health professionals and other members of the multidisciplinary team to ensure they were working to good practice guidance. Additionally, they had signed up to forums and alerts upon the internet. To share good practice, they also worked with another registered manager within the Active Pathways group.

As part of the inspection process we looked to ensure the registered provider had their performance assessment on view as set out in the 2008 Health and Social Care Act. We saw the performance assessment was on view as required.