

Dixon Dunn Care Limited

# Home Instead Senior Care (Redditch and Bromsgrove)

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We undertook an announced inspection on 20 June 2017. At our last inspection in March 2015 we found the service was good in safe, effective, responsive and well-led questions, and outstanding in the caring question.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. They have a strong focus on providing tailored care to older and younger adults some of whom were living with a dementia, who may also be living with other conditions. At this inspection we found 51 people were receiving support with personal care.

There was a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 we spoke with all told us they were receiving quality care from staff that went over and above what they needed to on a regular basis. Everyone we spoke with said they would recommend the service. People also told us all staff were caring, knowledgeable and compassionate, and they spoke with a sense of fondness when describing staff. People and staff had formed caring relationships with each other. Relatives informed us the staff showed a high level of understanding towards their family members. People told us the support they received improved their well-being and enabled them to live the way they chose to in their own home. Staff showed a sense of ownership for the quality of care provided.

The management team focussed on feedback from people, their relatives and staff as an integral part of their quality assurance system. This was achieved through annual surveys, meetings with people, complaints, and reviews. We saw action was taken and improvements were made to improve the quality of service provided which impacted positively on people's lives. The management team monitored and audited the quality of care provided, and used this information to for continuous improvement. People, their relatives and staff spoke highly of the management team. Staff told us effective leadership had a positive impact on staff morale. The management team maintained links with the community to share knowledge and keep their practice updated.

People we spoke with told us they were confident with the staff who supported them. Staff we spoke with recognised the different types of abuse and there were systems in place to guide them in reporting any concerns. Staff were knowledgeable about how to manage people's individual risks. People were supported to receive their medicines by trained staff who knew the risks associated with them.

People benefited from staff who had up to date knowledge and training. Staff told us they shared best practice to ensure they had the skills to meet people's needs. Staff always ensured people gave their consent to the support they received. People we spoke with said they were supported to make their own decisions and felt listened to by staff. Staff had clear guidance about what support people needed with decisions and who needed to be involved. People were supported to eat and drink well when this was part of their identified needs. People and their relatives told us staff supported them to access health professionals when they needed to. The management team had links with services available in the community. People told us there was good communication between themselves, staff and health and welfare professionals.

People we spoke with and their relatives told us their support was adaptable to meet their needs. The management team demonstrated they understood their responsibility to provide a service that was flexible to people's changing needs. They ensured there were sufficient staff with the required skills to meet people's needs. People told us their needs were more than met; they said the service exceeded their expectations. People and their relatives knew how to raise complaints and the management team had arrangements in place to ensure people were listened to and appropriate action taken.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remained good	<b>Good</b> ●
<b>Is the service effective?</b> The service remained good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains outstanding	<b>Outstanding</b> ☆
<b>Is the service responsive?</b> The service remained good	<b>Good</b> ●
<b>Is the service well-led?</b> The service was very well-led.  People, relatives and staff felt supported by the management team. The management team actively sought the views of people using the service, relatives and staff and responded to ideas and concerns. There were systems in place to monitor the quality of the service to aid continuous improvement. The management team maintained links with the community to sustain best practice and share knowledge and skills. The management team encouraged staff to put the people they supported at the heart of their support.	<b>Good</b> ●

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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.

This was an announced inspection which took place on 20 June 2017 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We asked the local authority if they had any information to share with us about the services provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people, and seven relatives. We spoke with 10 staff and the deputy manager and the provider. We also spoke to two occupational therapists who regularly supported people using the service.

We looked at eight records about people's care, including their medicine records. We also looked at complaint files, minutes of meetings with staff, compliments, newsletters, and minutes of management

meetings. We also looked at feedback from people and staff about the service as a whole. We also viewed records relating to the management and quality assurance of the service including monthly checks.

## Is the service safe?

### Our findings

All the people we spoke with said they felt safe because they received support from knowledgeable, regular staff that understood how to keep them safe. One person told us, "My [member of staff] is brilliant and helps me feel safe." Another person said about the staff that supported them, "I always feel confident and safe with them." All the relatives we spoke with said their family member received support from staff in a safe way. One relative told us, "All the staff are very safety conscious," they explained how reassured they were about their family member's wellbeing.

The management team and staff explained their responsibilities in identifying and reporting potential abuse under the local authority reporting procedures. We saw they had notified us appropriately when they needed to. All the staff we spoke with had a clear understanding of their responsibility to report any concerns and who they could report them to. We spoke with new staff and they explained training on potential abuse formed part of their induction. Staff said their training was kept refreshed and safeguarding was regularly discussed in team meetings to ensure best practice ideas were shared.

People we spoke with explained they had discussed their support needs with staff and identified risks to their safety and welfare. Staff explained how they managed risks to people while maintaining people's independence, such as supporting people to mobilise safely and keep their environment as safe as possible. For example, one person had an identified risk and the registered manager had involved other professionals to give staff clear guidance to reduce the risk. Staff we spoke with understood these risks and how they needed to mitigate them. Staff said they kept up to date with people's care plans and risk assessments so they were aware of what support the person needed, and what support people received. People and relatives told us staff were always up to date with any changes to ensure they were supported safely. We saw in the provider information return the management team regularly reviewed risk assessments.

People we spoke with told us they had regular staff and they arrived at the agreed times and stayed for the full length of their visit. They also said they were always informed if there was a delay in a member of staff arriving for any reason, which they appreciated. The deputy manager explained they had a system in place which alerted the office staff if a member of staff had not arrived at a visit.

People told us they were supported by regular staff who knew them well. They explained they were always introduced and matched to staff so they would know them before receiving support. The deputy manager explained they were continuously recruiting staff to ensure they consistently had sufficient numbers of skilled staff available. The provider reassured us they always ensured they had enough staff recruited before they agreed to support people to ensure they were able to fully meet people's needs.

All the new staff we spoke with explained they completed application forms and were interviewed to check their suitability before they were employed. They explained how the management team checked with their previous employers and requested other references, and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable staff were employed, so people using the service were not placed at

risk through their recruitment practices.

Some people told us they needed support with their medicines. They said this was discussed with them and they were included in decisions about how they were supported. One person told us, "They (staff) know what they are doing and always remember my tablets." Staff told us people's plans guided them on how to support people with their medicines. They said these plans were updated when needed and they were aware of any changes. Staff said they had received training about administering medicines and their competency was assessed by the management team.

Staff told us they received regular spot checks by the management team to observe their administration practices. All the staff we spoke with explained how feedback from these spot checks increased their confidence. The deputy manager told us people's medicine records were reviewed by staff and the management team. They went on to say, and we saw, action was always taken if there were any concerns found to ensure the records were completed correctly and people received their medicines as prescribed.

## Is the service effective?

### Our findings

All the people we spoke with said staff supporting them were knowledgeable about how to meet their needs. One person told us, "They (staff) are really great, well trained and caring." Another person said, "Care is of an exceptionally high standard." Relatives we spoke with told us they were confident that staff were well trained and knew how to support their family member. One relative said, "They (staff) really understand my [family member's] condition." Both occupational therapists we spoke with said the staff they had met were experienced and very knowledgeable about how to support people.

Staff told us they received an induction which included the care certificate standards, before working independently with people. One member of staff said their induction was enjoyable and pitched at their level of knowledge. They completed inductions in a group which then provided peers to link with as they started working in the community. Their induction included training as well as shadowing experienced staff and meeting the people they would support. Each new member of staff had a mentor within the staff team to support them as they took up their role. Experienced staff shared their knowledge of how to support people with new staff so people had continuity of care. They said the management team checked when they were ready to support people on their own and this could be varied depending on their confidence and experience.

Staff said they had received training in all areas of care delivery. One member of staff explained how they were encouraged to always ask questions to the management team and their colleagues, and how this improved their confidence when supporting people. Staff told us the management team supported them to achieve their vocational training and how this supported them to feel recognised for their skills.

Staff told us they were supported by the management team and had regular supervisions and team meetings. They were encouraged to complete training to improve their skills on a regular basis. This training included Mental Capacity Act 2005 (MCA); staff had a good understanding of the principles of the act and the use of least restrictive practice. One staff member said, "We all really understand how some people are able to make some decisions and not others."

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us staff always checked they agreed with what support was offered to them. One person said, "They always ask before they do anything, it's so reassuring to feel in control of what's happening." Relatives we spoke with said they always heard staff checking their family member consented to what they were doing. Staff we spoke with told us they were aware of a person's right to refuse their support and they explained how they managed this with the support of family and the management team. One relative explained how staff would come back if their family member did not want support when they visited. They went on to say how this was really reassuring, particularly when they went away on holiday; they knew their

family member would be supported well. Staff explained they always ensured people were in agreement with any support they provided.

Staff told us some people needed support with bigger decisions they needed to make. They explained how the care plan and the management team guided them with who they could involve with best interests decisions. The management team had a good understanding of the MCA and was aware of their responsibility to ensure decisions were made within this legislation. We saw how capacity assessments were completed and how best interests decisions were made to include people who knew the person well. We saw the main principles of the MCA were followed by the management team during the assessment process.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. The registered manager was aware of this legislation and would seek advice when required. The management team, staff and relatives we spoke with confirmed no one was deprived of their liberty at the time of our inspection.

Some people we spoke with had help with shopping, cooking and meal preparation as part of their identified support needs. They told us they chose what they wanted to eat, and how this was prepared. One person explained how staff supported them to prepare a meal, they told us, "They always offer me choice, and I decide what I fancy on the day." Relatives we spoke with said their family member was supported to make their own choices about what food they wanted. Staff had a good understanding of what support people wanted and were knowledgeable about people's preferences.

People we spoke with said staff helped them if they needed support for any aspect of their health care. One person explained how their regular member of staff would often go to the chemist to collect a prescription or take them to see their GP if they needed them to. Another person said they were confident with how staff supported them and they would discuss any health concerns if they needed to. Relatives told us staff supported their family member to arrange and attend health care appointments when needed. One relative said, "It's so reassuring to know they will action any concerns and really do whatever is needed." Staff involved other health agencies as necessary in response to the person's needs. For example, staff told us they liaised with health professionals, such as the district nurse team and speech and language therapy teams when people needed additional support. We spoke with two occupational therapists and they both told us the management team made appropriate referrals to them. They also said staff worked in partnership with them and communicated well, this helped people supported by the service receive effective care.

## Is the service caring?

### Our findings

We inspected this service in March 2015 and found they were outstanding in this area. At this inspection we found the service continued to be outstanding in providing caring support for people who used the service.

All the people we spoke with said they found every staff member showed compassion and was caring. One person told us about staff, "They are exceptionally good and all really kind." Another person said, "I have fantastic, regular staff. They are all excellent and go above and beyond what they need to do." People we spoke with frequently said staff went over and above their role to support them. For example one person told us, "My regular [staff member] always does little extra jobs that make such a difference to me. They never rush me and I know I wouldn't manage so well at home without them." Another person explained new staff were introduced slowly and seemed to be chosen specifically for them because they had similar interests and really got on well. They went on to say what a difference this made, because it, "Feels like a friend helping," which they explained really helped their well-being. A further person said about staff, "They do above and beyond all the time, they are so understanding of all my needs." They explained how staff would stay over their time if they needed to, or pop back later if they needed help with something. People we spoke with told us without exception they felt they were the focus for both care and office staff.

One person explained they sometimes needed extra support for a short period of time, and this was easily arranged through the office staff. Relatives we spoke with explained how they were reassured extra support was available if their family member needed it. One relative told us how all staff went above and beyond when they needed to. The relative explained how staff checked on them during a difficult time to ensure they were okay, which gave them such peace of mind to know help was available if they needed it.

Relatives we spoke with all said staff were part of the family and supported them too. One relative explained how staff would come back later in the day if their family member wasn't ready to get up at the time allocated. Another relative told us how staff thought of them when they had been ill, and their support had helped their recovery and well-being. A further relative explained how the relationship between one member of staff and their family member had improved their well-being. The relative said, "Our regular [member of staff] has really got to know [family member] well. They know all their history and little foibles and this makes such a difference to [family member] they can always find something to chat about even on days that are not so good. This helps [family member] relax and enjoy their visit."

Relatives said staff kept them involved and up to date as agreed by their family member. A further relative told us that supporting their family member was team work between them and staff and communication was always good. Relatives said staff supported their family member's well-being as a whole and spent time rather than only completing set tasks. One relative explained how reassuring it was to know familiar staff would always arrive as they should and support their family member. Everyone we spoke with said they would recommend the service to others.

People we spoke with told us about their 'special' relationships with staff. When people spoke about staff they did so with fondness and explained what a difference being supported by regular, well trained, caring

staff made to their lives. Staff we spoke with said they were proud to work for the service, new staff we spoke with said they were already impressed with how the service worked and the way they were supported. One member of staff said, "I wouldn't work anywhere else, from the top down we all focus on the person and try really hard to make sure they have consistent, quality care."

Staff told us they had time to get to know people and not rush any part of their support. They said this was really important because people needed to have confidence with them before they supported them. The management team guided staff to understand people, for example, people living with a dementia and the additional impact this could have with people's confidence around people they did not know. All the people we spoke with said they had regular staff and knew them well. Staff understood the importance of continuity of care for all the people they supported.

People we spoke with said staff knew and understood their cultural and spiritual needs, and met them in a caring way. We saw examples where these needs were identified and addressed. Such as, when a person had a particular cultural need this was shared with staff supporting them, to ensure they were aware and respected this need. People and their families completed life journals with staff as a reminiscence tool and to capture people's family traditions and celebrations and people's views and feelings about their life. This supported staff to know people well and respect their cultural and spiritual needs. People who used the service and their relatives said they were reassured these needs were met.

People said staff supported them to make their own decisions about their daily lives. One person told us about staff, "They are willing to do absolutely anything I ask, they always check if I need anything else doing." People we spoke with explained how they chose what time they received their visits and which staff supported them. One person said, "I feel like a human being, listened to and respected." One relative told us about staff, "I don't know how they pick staff, we haven't had many changes but they have all been perfect and get on so well with [family member]." The management team demonstrated an understanding of the people they supported by ensuring staff were chosen who had experiences in common with the people they supported to build a rapport with people.

Staff we spoke with explained how important it was people who used the service were listened to and had influence over how their care was provided. One member of staff explained how they used different methods of communication to ensure people were able to understand them. They told us they learnt ideas from their training and from the management team guidance to ensure they adapted their communication to each person as an individual. For example, one member of staff showed us how there were memorabilia items available for them to use when they visited people, such as old style games and items that could be used as a discussion trigger. They used these to prompt conversations and relax people. We were also shown items that could be made by staff for specific individuals that were recommended by their dementia specific training. A member of staff had provided a workshop to show other staff how to make them. These items helped people with dementia reduce levels of anxiety and were made specifically for each individual. The management team demonstrated they encouraged staff to put ideas into practice and looked at innovative ways to aid communication.

We found the provider continued to provide 'An hour of Love'. This was where a care worker informed the management team if a person was feeling low or needed extra emotional support. Office staff would set aside an hour of their time to contact the person by phone and provide emotional and psychological support and check they were okay. We spoke with one person who had received a call from the provider and the explained how, "Wonderful" it felt to be "That important." The management team continued to send Christmas cards and a Christmas present to all the people they provided care and support to.

People we spoke with said staff encouraged them to be as independent as possible. One person explained how staff adapted their support to encourage independence so the person did not lose their skills. They said some days they were able to do more for themselves than others and staff listened and adapted their support accordingly. This person told us how important it was to them that they remained independent when they could, and how this had a positive impact on their well-being. Another person told us how they had been in hospital and needed extra visits initially to improve their confidence. They said the management team regularly checked with them and reduced their support as their confidence grew. They explained how important this was to them and a real reflection of their achievements. This also demonstrated staff best practice to encourage people to be as independent as possible to remain in their own home.

People said staff respected their dignity. One person told us about staff, "They really understand about maintaining my dignity, always." Another person explained how staff always took time to build their confidence and respect their concerns. They went on to explain how their confidence had increased and as a result their well-being too. Relatives said staff always treated them and their family member with dignity and respect. One relative told us, "They are all so respectful, it just comes naturally." Staff we spoke with showed a good awareness of people's human rights, explaining how they treated people as individuals and supported people to have as much choice as possible. They told us this came from the management team and the provider who worked with staff to share their ethos about the importance of each person they supported.

We spoke with two occupational therapists (OT) who were regularly involved with people receiving a service. They said people were happy with the service and staff had built good relationships with people. This was because staff had ingrained best practice when supporting people to enable them to remain in their home for as long as possible. They also told us that staff were not task focussed, and were creative at supporting people effectively. For example, staff spent time getting to know people who were reluctant to accept help, building a rapport with them to enable staff to support them positively. One OT went on to explain the management team had worked with them to support one person in the community, they were not providing their support but had identified a concern and worked with the OT to resolve. The management team had provided this assistance without any material gain for the service.

We found the management team had built links with the community to ensure they could offer people advice and support about other services when they needed them. For example, one relative told us they had received information about links in the community for other people with similar experiences. They told us this had been of great benefit to them and their understanding. We also saw advocacy services information was available for people who needed support with making decisions about their well-being.

## Is the service responsive?

### Our findings

People explained how their personal needs were met. One person told us the support they had from staff helped them keep control of their life and remain where they wanted to be. They were able to go out into the community if they wanted to, and this supported their wellbeing. Another person told us, "I don't know how I would manage without them, they are the very best." People told us staff involved them with decisions about how they were supported. Relatives said staff kept them involved and up to date as agreed by their family member. One relative told us, "They [staff] are on the ball with everything; I'm very impressed with them."

Staff knew about each person's needs, they said they knew people really well and they were given all the information they needed to support people. They could describe what support people needed and we saw this was reflected in people's care plans along with people's choices and outcomes. We looked at care records and saw people's likes and dislikes were recorded for staff to be aware of. People we spoke with confirmed their individual needs were met. Where more complex needs were identified, staff were aware of how to support the person. There were clear plans in place and staff could describe how they supported people.

People told us their support was regularly reviewed and where changes were needed they were put in place straight away and staff were informed without delay. People we spoke with said they were regularly contacted by the management team to check they were happy with the support provided, and felt able to say if anything needed changing or could be improved. One person told us they requested for the times of their visits to be changed and the office staff had listened and rearranged their times to meet their needs. One relative explained how the management team had increased the visits for their family member when they were unwell straight away, and how this had reassured them and given them the support they needed to return to good health.

One relative explained how staff were responsive to their needs. They told us about how when they needed support staff regularly rang and checked they were home safe and coping with everything. They said, "It makes such a massive difference to feel they really care about me too." Another relative told us about staff, "Standards never slip no matter what; they just seem to get better."

Relatives said they could contact the management team at any time and they would listen and support them. For example, one relative said when they raised a particular concern they were listened to and the situation was resolved satisfactorily. Another relative told us, "They [staff] provide support that wraps around the person not the other way round." Staff told us plans were updated quickly if there were any changes to people's needs, and the information was communicated to all staff effectively.

All the people we spoke with said they felt comfortable to raise any concerns, and knew who to speak to, either staff or the management team. One person said, "They always are checking, I would say if I had a problem but I never have had one." Most people we spoke with said they had not had cause to complain about anything and they were happy with the care provided. Relatives said they were confident to speak to

the management team if they had any concerns.

The management team investigated any concerns raised and actioned them appropriately. For example, we saw one complaint had been investigated and the outcome had been discussed and agreed. There were clear arrangements in place for recording complaints and any actions taken. Staff told us learning from complaints was shared with them at team meetings. The provider regularly reviewed any complaints and discussed with the management team any learning from them. We saw the provider took complaints seriously and took the steps to review the concerns and fully implement any lesson learnt. For example, as a result of a recent complaint, we saw there had been a risk strategy meeting held to review the concern in relation to the whole service. We saw action had been taken as a result of this review. Staff we spoke with said any feedback received from people was shared with them to ensure they knew when they were doing a good job. Staff told us it was motivating to know when they were doing well, but also it was useful to know when things were not quite as good so they could improve their practice.

## Is the service well-led?

### Our findings

At the services first inspection in March 2015 we found the service was good in this section. All the people we spoke with said the service was very well managed and they had confidence in the management team. They described the service as "Excellent," "Brilliant," one person told us, "I'm in awe of the service, they get it so right."

The registered manager had developed strong links with people using the service, relatives and staff. All the people we spoke with mentioned the management team and how approachable and knowledgeable they all were. Staff all spoke positively about the management team and the provider. The management team demonstrated a commitment to provide a high level of service for people. For example, we saw in the provider's information return that the management team had identified areas they could improve, such as, improving training by arranging specialist training from outside agencies. This was to improve the experience of people using the service by ensuring staff had effective skills. This was demonstrated after staff had received training by the fire brigade. This led to a member of staff referring a person, with their consent, to the fire service because of a lack of smoke detectors. The fire service supported the person to improve their fire safety in their own home.

One person explained how the management team were always looking at how they could improve the service and asking for people's opinions and ideas for continuous quality care. A relative explained how their family member received support from a member of the office team because they had been a regular member of staff from the beginning of them receiving a service. The management team demonstrated a commitment to ensuring people received continuity of care; the registered manager had adapted the office workers hours so they could still support the relative's family member regularly. The relative explained how important this was for their family member and showed them a real commitment to putting people first.

The management team ensured staff were well supported and always focussed on providing an excellent service for people through their leadership strategy. For example, staff were recognised for the work they did, we saw small presents from the management team were given to staff who worked over the bank holiday to appreciate their commitment to the service. Staff told us they could discuss anything with the management team and they would listen and take action if needed. The management team regularly sought staff views about the service and improvement suggestions. For example, staff shared that sometimes they felt isolated as a staff group. The management team listened and arranged localised team meetings to enable staff in local areas to get to know each other better. One member of staff explained how these regular meetings in locations close to their home, enabled them to attend regularly and feel less isolated. These meetings kept them in touch with the staff team they worked with and shared good practice.

We were also shown staff surveys where staff gave very positive feedback regarding the management of the service. Staff told us the management team shared the results of the surveys and shared a clear plan where they were going to make improvements, for example a welcome pack for new staff. One member of staff said, "We all work together to give the very best for everyone using the service." They went on to say they felt involvement and ownership about the quality of care provided for people using the service.

The management team were committed to incorporating information technology to continuously improve communication between them and staff. For example, staff had access to a secure portal to ensure they remained up to date with changes in people's needs. This ensured people needs were met in a timely way.

Staff we spoke with said staff morale was high because of the support they received from the management team. One member of staff said, "We are so well supported, it is like being part of a family here." A new member of staff explained how helpful their mentor had been in ensuring they could ask, "The stupid questions, without feeling vulnerable." Another new member of staff told us their induction to the service had been, "Brilliant." We saw the management team had invested time and resources to ensure the induction and training were tailored to staff and the people they supported. This ensured staff were knowledgeable about people's specific conditions which improved the quality of care provided. People received effective support from staff who were knowledgeable about their needs. This was reflected in the comments from people and relatives about the quality of staff and the support they provided.

People we spoke with all said they were very pleased with their support and knew the management team well. One person told us, the service was, "Brilliantly managed by people that really care." Another person said, "I only have to say something and it will be sorted straight away." A further person explained how the management team always took the time to speak with them and checked they had all the support they needed. All the relatives we spoke with were impressed with how the service was managed. One relative told us, "Whenever I have spoken to any of the managers they are always really focussed on [family member] not on selling the service, or anything else. It's very refreshing." Relatives said they could speak with the management team at any time, and they would listen and take the appropriate action. The occupational therapists we spoke with told us the management team had demonstrated good leadership skills, and communicated well and were effective at working in partnership.

The management team supported an open and inclusive culture. They used an independent company to request feedback through questionnaires from people using the service and staff. People we spoke with all told us they felt listened to. We saw the results for people using the service were very positive with 100 percent favourable responses. Also 97 percent of people surveyed stating their staff members go the extra mile to make a positive difference to their lives, and 97 percent said their staff member took an interest in them as a person. People we spoke with all said they were regularly invited to share their opinions about the service and any suggestions for improvements. One person told us about a suggestion they had made and how this had been implemented, they told us they were very happy with the service they received. All the people we spoke with told us there were no improvements needed with the support they received.

The management team explained their ethos about supporting people living with dementia. For example, how the management team ensured staff had received dementia specific training to increase their understanding. Staff told us they had a good understanding and the management team were always available to offer guidance when they needed it. The management team told us how staff had used their training to improve how they supported people by putting learning into practice. For example, we saw feedback from one member of staff said using distraction techniques was really helpful when supporting one person to complete personal care. Relatives said staff were knowledgeable about supporting people with dementia. One relative told us "They all really understand dementia, from the first time I met them they really got [family member], and understood what we needed. Keeping to the same staff and knowing they take the time to do things properly has made such a difference to me." They said they continued to have a very positive experience of the service. They said they had the opportunity to share tips and ideas with staff which had improved their family member's well-being.

The provider explained how the training team offered free educational workshops for relatives of people

with dementia, family and friends. She went on to say how this was a way of giving back to the community by sharing knowledge and understanding, which helped people living with dementia in the community to be better understood. We saw responses from people who had attended the training and they stated this had improved their knowledge and how they supported people living with dementia.

Staff told us how any compliments were shared with them. One member of staff explained the management team always let them know when they received compliments from people they supported and this was important to them. We saw compliments were displayed at the office for staff to see when they visited. For example we saw one compliment from a relative, "Without the team's help my [family member] would not have been able to stay at home." Staff also said they received a regular newsletter which kept them up to date with local and national initiatives. They said they felt valued and appreciated. Staff described the provider's whistleblowing policy and how this would support them to raise any concerns if they needed to.

The management team had quality assurance systems in place to monitor the quality of the service provided. This included a regular audit completed by the national office. Where issues were identified, an action plan was developed with clear timescales. These were incorporated with any improvements identified from local audits and feedback from people and staff. We could see that the management team regularly reviewed their plan to ensure actions were completed. For example, the deputy manager told us they had reviewed all their risk assessments to ensure they were up to date and correct. We saw improvements had been made as a result of this action and the management team were continuing to monitor.

Staff told us they always reported accidents and incidents. They said they would take immediate action, then discuss with the management team to resolve any further issues. The management team investigated the accidents to ensure any actions needed were taken in a timely way. They explained how they reviewed through a practice discussion with staff, and resolved any on-going actions when needed. For example, we saw one incident and the action taken; the management team had involved other health professionals for advice and clarity, and arranged additional training. This had reduced the likelihood of the incident happening again. The management team had an overview of the accidents and incidents to monitor trends to ensure improvements were made when needed. They had access to learning from incidents shared across the provider's locations.

The provider was committed to involvement in the community by attending talks with students at a local college. This was to share their ethos, knowledge and values about care in the community with new potential staff. The management team also incorporated these values and ethos as part of their induction process.

The owner contributed to community awareness of dementia by chairing the local Dementia Action Alliance, whose aim is to bring businesses and organisations together working to improve understanding of dementia within the community. The owner also attended a regular event in the community that had enabled them to build stronger relationships with people they supported as well as local services which support people with dementia. The owner explained how these groups enabled them to share their knowledge and learn from other people's experiences. This sharing of experiences was feedback into the ethos of the service from the passion and understanding of the owner.

We saw the management team worked with a wide range of organisations such as the Worcestershire Dementia Advice Service, Alzheimer's Society, Age UK and the Parkinson's Society. They networked with these organisations to ensure they maintained skills and knowledge and developed links to share with people and their families where appropriate. This ensured staff had up to date knowledge which improved

their practice when supporting people. Relatives we spoke with said they had been advised of different community services available to their family member. The management team and staff frequently arranged charity events to support these organisations and help improve services available in the community.

The management team were involved with the home office and Police 'scams awareness' program which involved sharing information with the community and people who were supported by the service. This initiative supports people to remain safer in their homes by raising awareness and understanding to prevent scams.

We saw the provider had continued to be rated by a national home care organisation as one of the top 10 agencies in the West Midlands for the provision of domiciliary care. The ratings were derived from recommendations made by people who used domiciliary services. They had been rated as one of the top 10 agencies for 2017, 2016 and 2015.

The management team attended Home Instead Franchise Exchange Council; this enabled the owner to network, offer support and share good practice and challenges with other branches, and with the Senior Leadership Team of Home Instead UK. The Home Instead franchise had received an award given to companies who were considered outstanding in their field. It was awarded to Home Instead for 'consistency of care giver, minimum of hour long calls and being companionship and relationship based.

The provider gave examples where they were regularly involved in supporting charities through local events. For example we saw evidence of a coffee morning held at the office to support Cancer research.