

I & J Williams Ltd

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Inspection report

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Date of inspection visit:

23 October 2019

28 October 2019

Date of publication:

25 November 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

I & J Williams Ltd is a domiciliary care agency that is part of the Home Instead Senior Care franchise. A franchise is a business in which the owners sell the rights to their business logo, name, and model to independent owners. The service provides personal care and companionship to older people living in their own homes. Some of these people were living with dementia. At the time of the inspection, 60 people received a service from I & J Williams Ltd, however, only 46 people received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Caregivers were described as the 'heartbeat' of the service which was led by an inspiring provider who promoted a positive and inclusive culture. The provider was focussed on selecting caregivers with the right values through a rigorous recruitment process. Caregivers received excellent training and used their knowledge to make people's lives better.

People had a designated set of caregivers who provided all their calls and who knew them extremely well. Caregivers were able to notice any subtle changes in a person's health and seek immediate healthcare support.

People told us about the exceptional care and support they received from extremely kind and compassionate caregivers. They told us caregivers went out of their way to make their lives better. Caregivers were highly valued and exceptionally motivated to deliver high quality, person centred care. Relatives told us the reliability of the service was outstanding.

There was a clear dedication to providing high-quality person-centred care to people, so they could remain living in their own homes for longer. People and their relatives told us the service was exceptionally well led and they would recommend the service to others.

The registered manager had robust quality systems and processes in place to monitor and continually improve the service. The provider was passionate about being an active role model within its community and organised community events to enable people to live at home for longer. There was a clear dedication into making Dudley and South Sandwell dementia friendly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was an open and honest culture with robust systems to manage complaints. People, relatives and caregivers felt comfortable to raise any concerns and had confidence these would be investigated

thoroughly. However, everyone we spoke with told us they had no cause to complain.

There were robust systems and processes in place to manage risk and safeguard people from avoidable harm. People told us they felt completely safe when being cared for by I & J Williams Ltd.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 26 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below.

Good 

Is the service effective?

The service was exceptionally effective

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led

Details are in our caring findings below.

Outstanding 

I & J Williams Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 36 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 22 October 2019 and ended on 28 October 2019. We visited the office location on 23 and 28 October 2019

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from professionals who work with the service. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care provided. We also received two emails providing written feedback from two other people who used the service. We spoke with five caregivers, the care manager, three assistant care managers who were part of the internal quality team, the training co-ordinator and the community engagement director. We also spoke with the two owners who were the provider. One of the owners was the registered manager and the other was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and three people's medication records. We also looked at a variety of records relating to the management of the service such as quality checks, training information and the electronic monitoring system which supported the running of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke to one healthcare professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I feel so safe with them [caregivers]. I can trust them around my flat and in my home. I have a key safe and they always lock it up when they leave" and, "I feel completely safe in their hands. I am prone to falls and they always make sure I have my pendant alarm before they go."
- Caregivers had a good understanding about how to keep people safe from avoidable harm and had developed trusted relationships with people to keep them safe. One caregiver told us, "Safeguarding is making sure people don't come to any harm. We really know our clients, so we notice the subtle changes such as non-verbal cues, any change of behaviour or physical marks."
- Caregivers felt empowered to raise any concerns they had about a person's welfare and had confidence these would be thoroughly investigated by the management team.
- Caregivers carried the phone number of the local safeguarding team and were encouraged to use this whenever they felt necessary. One caregiver told us, "The number isn't just for the people we care for, we have a responsibility within the whole of our community to raise any potential safeguarding concerns."
- Systems and processes were effective in managing and responding to safeguarding concerns. The registered manager understood their safeguarding responsibilities and had made referrals to the local authority and informed us, (CQC) where necessary.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified, assessed and monitored and there was a proactive approach to ensure people received safe care and treatment.
- Records included information for caregivers on how to minimise risk's to people health and well-being. For example, one person had been assessed as being at high risk of skin breakdown and there was clear guidance for caregivers on how to minimise this risk.
- People and relatives told us caregivers knew how to manage risks related to people's health and well-being.
- People were provided with a range of accessible information about how to keep themselves safe at home. For example, following a safety alert from Trading Standards, managers supported people to check a fire risk associated with their tumble dryers. The management team also organised the servicing of manual handling equipment where people needed this support.

Staffing and recruitment

- Caregivers told us they were unable to start working with people until the provider had received all required pre-employment checks which included an enhanced Disclosure and Barring Service [DBS] and

satisfactory references. This prevented unsuitable caregivers from working with vulnerable adults.

- The service provided a minimum of an hour care call to support their values of 'making it personal.' People and relatives told us caregivers always arrived on time and their care calls were never missed. Comments included, "They [caregivers] always stay as long as they should. In fact, it is not uncommon for them to stay longer" and, "My girls [caregivers] are never late which is such a peace of mind."
- A 24 hour on-call system was available for caregivers to seek emergency advice where necessary.

Using medicines safely

- Caregivers had been trained and knew how to support people to take their medicines safely. Competency checks had been complete to ensure caregivers were administering medication in line with best practice guidelines.
- Caregivers worked effectively with other agencies to ensure people received their medicines as prescribed. One person had recently had a medication change following a short hospital stay. The provider ensured this person received their medicines as per their new prescription following difficulties in communication between the hospital and the person's GP surgery.
- The service had introduced an electronic medication administration record system which caregivers operated from an application on a smart phone. If medicines were not marked as 'administered' then an alert would be sent directly to the care manager and quality team who would follow this up with the caregiver. We saw this work in practice during our inspection visit and ensured people received their medicines as prescribed.
- The care manager completed daily and weekly medicine audits to ensure the electronic system was effective in identifying any errors.

Preventing and controlling infection

- People were protected against the spread of infection because caregivers followed good infection control practices. One caregiver told us, "I manage infection control by washing my hands at all times and wearing gloves and aprons during personal care. It is important to prevent infection's from spreading and making a person ill."

Learning lessons when things go wrong

- There was an open culture where caregivers felt able to speak up when things had gone wrong. The provider understood at times things did not go right and acted to put this right. For example, there had been one occasion where a person's back door had been left unlocked following a care call. The locking of people's doors had subsequently been added to the electronic monitoring system as an activity that required completion. If this activity had not been marked as complete, the care manager and quality team would be alerted who could then contact the caregiver to ensure this had been done.
- The registered manager completed an analysis of accidents and incidents to ensure any patterns and trends were identified and acted upon quickly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- The provider was focussed on selecting caregivers with the right values through a rigorous recruitment process. One caregiver told us, "Not everyone who did the training got the job. You had to pass tests and if you didn't pass, you didn't get the job. Some staff don't make it."
- The induction process included a five-day assessment process where caregivers completed a variety of assessments and had to demonstrate the provider's values. Only caregivers who demonstrated commitment, compassion and empathy through the induction process were offered a permanent position as a caregiver. The provider's community engagement director told us, "We only employ caregivers who demonstrate our core values with complete compassion and empathy. I can honestly say, every single person employed here I would be happy looking after my mum."
- A relative told us of their involvement with the induction process. They said, "I will come and talk to new carers from a family's perspective. I tell them about the importance of the job they do. I tell them they are so important to the person they visit and what quality care really means."
- The provider's induction for staff new to care included training to achieve the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care. 74% of caregivers had successfully completed the Care Certificate and the remainder were either working through this or had already achieved higher qualifications. This showed the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received high quality care.
- People received effective care from competent, knowledgeable and skilled staff who had the relevant training to meet their needs.
- Training was developed around people's individual needs and included specialist training such as dementia and end of life. In 2016, the franchise Home Instead Senior Care received an inaugural Princess Royal Training award for the quality of dementia training delivered to caregivers. In 2019, the same award had been awarded for their end of life training. Both training courses have been accredited by City & Guilds.
- Caregivers spoke very positively about the training they received. One caregiver told us, "The training is very detailed and really improves my practice, it is properly done. We have lots of information, but they go through it in a way we understand." Another caregiver explained how the dementia training had enabled them to respond more effectively to a person's needs. They told us, "One person I support got out of bed and said, 'where's the drain'. My training helped me realise that words used won't always be what people mean so I asked if they needed to go to the toilet and they said yes. They also asked me for a 'nose blower', so I offered them a tissue they wanted."
- The training received by staff had also improved other outcomes for people, as staff had put their training

into practice. For example, one person did not recognise time of day and did not know when to go to bed. The caregiver noticed this and sourced a 'dementia friendly' clock. This person now had an improved sleep pattern which had improved their quality of life. Another caregiver recognised a black door mat was preventing a person leaving their home as they thought it was a hole. The caregiver removed the mat and now the person leaves their home without distress.

- Caregivers told us they felt very supported in their role and had regular opportunities to talk with management in formal and informal sessions. The owners had introduced a 'coffee with the founders' initiative within the induction process to set the culture and standards expected for future caregivers. One caregiver commented, "I have never felt more supported in a workplace. They really care about my development."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Caregivers were committed to working collaboratively with healthcare services and had found innovative and efficient ways to improve outcomes for people. One caregiver told us how they worked in partnership with a healthcare professional to support one person with restricted mobility. They said, "[Person] could not walk more than two metres. I observed what the physiotherapist was doing and asked for the risk assessment, so I could incorporate the exercises into my daily visits." This person was now able to enjoy moving freely around their home with minimal support. This person's relative told us, "The carers have made lots of improvement with [person's] walking. They are patient and encouraging. When the weather was better, [person] really wanted to go outside and the carers managed it. [Person] loved the feeling of the fresh air."

- Caregivers were particularly responsive to people's health needs because they knew people well. This meant timely referrals were made to healthcare and emergency services. One relative told us, "I know it sounds basic but [person's] feet were swelling, and I hadn't realised. The caregiver recommended I get a foot stool and it has made a huge difference." Another relative told us, "They noticed [person] wasn't themselves and I was on holiday. They took the brunt of everything to make sure they got the care they needed. It was serious. They got the ambulance and even regularly visited them in hospital. To know they were there when I couldn't be was beyond what you would normally expect."

- The provider worked effectively with other professionals to ensure effective transitions between services. One person had no family and following a decline in their health required 24 hour care. In their own time, the management team supported the person to find an appropriate care home and fully supported the transition to ensure the person was happy and comfortable in their new surroundings. This person had been used to listening to their television extremely loudly at home and due to the impact of this on other people in the care home, the care manager sourced some special ear phones which enabled the person to hear the television without causing distress to others. The transition was a success and caregivers continue to visit the person in their new home to provide companionship.

- There were a variety of champions within the service who actively supported caregivers to make sure people's experience improved their healthcare outcomes. For example, the falls prevention champion had developed a partnership with the local falls team. Any reported falls were referred immediately to the falls team who then provided help and support tailored to each person's unique needs. This partnership enabled an urgent assessment of one person's home, so they were able to remain living there safely.

- An emergency 'grab sheet' containing important information about how each person's care needs were met at home was given to each person receiving care from I & J Williams Ltd. This ensured important information was readily available to give the emergency services or hospital staff in an emergency situation.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a holistic approach to assessing people's needs. Before completing an initial assessment, the

provider sent an information pack about the assessment process to people which explained 'you are the expert in your own life.' This pack included an 'about me' document for people to complete before a face to face assessment. This meant the assessment could follow good practice guidelines of using conversation to assess and plan people's care. The registered manager told us, "Giving people this time before the assessment means they start to take ownership of their care needs. They start thinking about what they want and need, and we can use our assessment visit to really talk to the person."

- Assessments were reflective of the Equality Act 2010 and considered people's protected characteristics. For example, people were asked about any religious, sexuality and cultural needs.
- Information gathered from these assessments was used to develop individual electronic care plans. People and where appropriate, their families, could access this information to make sure caregivers continued to deliver care in the way they preferred. Care plans had been regularly reviewed.

Supporting people to eat and drink enough to maintain a balanced diet

- Nutritional needs had been assessed and there was a strong emphasis on the importance of eating and drinking well. Top tips encouraging people to eat, and drink well were sent out in monthly newsletters. One newsletter talked about the power of different aromas in encouraging people to eat.
- Caregivers understood the importance of offering choice and nutritious meals. One person told us, "They provide a nutritious meal. They will do whatever I ask." Another person said, "They always make sure I have enough to eat and drink. They make sure I have something nearby."
- Training was provided about how to encourage people to maintain a healthy diet. One relative told us, "They [caregivers], have vastly improved [person's] diet. [Person] is putting on weight and eating well."

Ensuring consent to care and treatment in line with law and guidance

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- Caregivers had a thorough understanding of the MCA. One caregiver told us, "There are five steps to assessing a person's capacity which we are all signed up to. As maintaining independence is our motto, we always assume people have the capacity to make their own choices. We ensure they have the freedom to be able to decide things for themselves. Where people can't make decisions, or parts of a decision. We have best interest's meetings and do things in the person's best interest and in the least restrictive way. Even then you can tell by a person's behaviour if they are happy with the decisions. Like they might pull their arm away if they don't like a certain jumper."
- A Mental Capacity Act 'champion' ensured any changes in best practice or legislation were communicated to and understood by caregivers.
- People told us they only received care and support with their consent. One person told us, "They always ask my consent. They explain what they are doing. I always make my own choices. It is about me and not them and that's how they always are." A relative told us, "[Person] will say no and they [caregivers] don't force her. They [caregivers] respect [person's] wishes but do try and encourage."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Every person we spoke with told us they were extremely happy with the care they received from caring, kind and understanding caregivers. They told us they received care from a consistent team of caregivers they had built a relationship of trust and friendship with. Comments included, "I am so happy with them. They make me feel like part of their family", "They are so kind and lovely. I couldn't wish for better people coming in. I can't fault one of them. They are absolutely marvellous" and, "I can only describe them as excellent. My carers are simply amazing. I couldn't ask for any better."
- Relatives also gave extremely positive feedback about the care their loved ones received. One relative told us, "We are so pleased we found them. They genuinely care. They are so supportive of the whole family. They look at the whole picture of a person." Another relative said, "It doesn't feel like they are carers. We feel like they are part of the family. We have a fun relationship and have such a laugh with the carers."
- There was a very strong person-centred culture at the service. Caregivers were extremely motivated and understood that people were at the heart of the service. One caregiver told us, "The people I look after are honestly like a family. It's a complete family home from home. I couldn't work anywhere else. I get such joy working for Home Instead Senior Care and seeing my clients thrive. It is a whole team approach, everyone is fully supportive of each other." Other comments included, "I just go in and treat them how I treat my mum."
- Relatives told us that the outstanding level of care made a difference to their lives. One relative told us, "From the minute I met the team, they made me realise I was [person's] daughter. Their care and compassion enabled me, as [person's] daughter, to spend quality time with my mum. We went out and enjoyed our time together. These memories I will treasure forever."
- There were numerous examples of where caregivers had gone above and beyond their job role to promote people's well-being and happiness. One person was unable to do their own shopping and worried if a particular item in their cupboard was running low. In their own time, caregivers would go to the shops and buy the person this item to relieve their distress. Another person had a dream of going to the 'Ritz' but was unable to travel due to a health condition. This person's caregiver made a special trip when visiting London to the 'Ritz' and bought the person some cake. The caregiver then set up a special afternoon tea for the person as well as baking some of their own cakes. The person stated they preferred the caregiver's cake and told the caregiver how much the afternoon tea had meant to them.
- People were actively involved in decisions about who provided their care and caregivers were matched with people based on their personalities and interests. For example, one person had a love for dogs and had owned a dog most of their life. Due to their complex health condition, they were unable to own a dog any longer which they had found upsetting. However, the provider matched this person with caregivers who also loved dogs and their caregivers regularly visited the person with their own dogs. The caregiver told us, "It is

just wonderful to see the joy on [person's] face with the dogs. We also go for a walk to see the foster dogs too." Regular checks took place to ensure people remained happy with their allocated caregivers.

- People felt extremely valued. Caregivers supported people to celebrate their birthdays and special events with flowers and cakes and the provider sent birthday and Christmas cards to everyone they supported. One caregiver also went to visit a person on Christmas Day to provide companionship as they knew they were going to be alone.
- There was an inclusive culture and people were respected for who they were. Caregivers understood the importance of protecting people's rights in line with equality legislation. One caregiver told us, "No one should ever be judged. We promote that everybody is different."
- The provider welcomed the involvement of advocates where these were required. In one example a person's advocate had asked the management team at I & J Williams Ltd to help source a care home for a person due to their declining health needs. The care manager worked in partnership with the person's advocate and viewed a number of homes until they found the right one.

Supporting people to express their views and be involved in making decisions about their care

- People and those important to them were involved in creating their care and support plans. This ensured people's voices were heard, and they received support that reflected their views, preferences, wishes and choices. Comments included, "They always ask me how I like things to be done and they do it" and, "They ask how I like my care and if what they are doing is okay." Another person said, "I am involved with my care. It is what I like and how I like it."
- Every effort was made to ensure people were supported to express their views, so their preferences were known and acted on. One person liked their curtains drawn in a certain way which was always respected by caregivers.
- People were regularly asked their views on what the service could do to improve. In an independent client satisfaction survey which asked questions about people's involvement in their care, the service received 100% satisfaction from every person using the service.

Respecting and promoting people's privacy, dignity and independence

- Respecting people's privacy and dignity was at the heart of the provider's culture and values. One person told us, "I never thought I would come to this. People seeing me in the shower, but they have really put me at ease by treating me with complete dignity." Another person told us, "They maintain dignity and I don't feel awkward at all."
- One caregiver said, "We maintain privacy and dignity in every way possible. I tell them I am right outside the door if you need me. We give privacy [when using the] toilet, as long as they are safe and able then we have to."
- Caregivers went above and beyond to help people develop and maintain their independence. For example, one person enjoyed going out in their car but had started to find this difficult. The caregivers researched and ordered some adaptations to assist such as a door lever and a swivel seat. This enabled the person to continue to maintain the independence their vehicle gave to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received an exceptionally personalised service to meet their specific needs, preferences and wishes. Every person we spoke with told us they received care and support that was completely personalised and fully adapted to them. One person told us, "The way in which the care has been set up is all about me and my needs. It is everything I need."
- Relatives confirmed caregivers were extremely responsive. One relative told us, "Right from the start they wanted to treat [person] as an individual. They showed such an interest into their life and would always talk to them about this."
- Every person had a designated team of caregivers who were recruited specifically to meet people's individual needs. People told us they benefited from their small team of caregivers who knew them really well and were able to quickly identify people's changing needs. A relative told us, "The caregivers are very good at knowing when [person] isn't quite themselves. They are extremely responsive and were able to get a necessary hospital admission quicker than I could have."
- Caregivers received training and understood the importance of providing personalised care and treating people as unique individuals. One caregiver told us, "Every single person is different, and you have to treat them in the way they each prefer. If you know one person with dementia, then you know one person with dementia."
- Caregivers were exceptionally skilled and pro-active in identifying and working in innovative ways to help and support people identify and achieve goals. One person had been discharged from hospital to a care home with reduced mobility. This person was determined to return to their home and was initially discharged with a care package of four personal care calls per day. An allocated team of caregivers contacted community healthcare professionals to obtain additional aids and equipment to help the person improve their independence and self-care skills. Overtime this person's mobility and self-care skills vastly improved and now their personal care calls had been reduced to two calls per day.
- One person enjoyed spending time in their garden looking at their views but following some building changes which were out of the person's control, the views from their garden suddenly changed. This caused the person a lot of distress and they stopped going into their garden. As the person was unable to access the garden centre themselves, their caregivers brought the garden centre to them by purchasing a variety of flowers, chimes and other garden ornaments in their own time for the person to choose from. Caregivers then supported this person to create a garden of interest and a space they could enjoy again which reduced the person's distress. This person's relative told us, "It has calmed [person] down a lot. They really do go above and beyond."
- When talking to people and relatives there was a common agreement that the care provided by I & J

Williams Ltd was enabling people to remain living at home. One relative told us, "[Person] is being cared for at home which is the best outcome. The support [person] is getting from the carers means they can stay at home longer. What more could we ask for as a family."

End of life care and support

- The service was particularly skilled at helping people and their families explore and record their wishes about care at the end of their life. Caregivers were trained and worked with community professionals to provide end of life care to ensure people had a comfortable, dignified and pain-free death. One relative spoke passionately about the end of life care their loved one received. They told us, "In the very end, a healthcare professional wanted to admit [person] to hospital which went against their end of life wishes. I didn't know what to do so I called the office and they immediately came out. They were able to explain, in a very professional way, that [person's] end of life wishes plan must be followed. They really advocated for [person] and spoke up for what [person's] wishes were. This enabled [person] to have a few more comfortable weeks and a dignified death at home and I cannot thank them enough."
- People received outstanding and compassionate end of life care from caregivers who put people's final wishes at the centre of the care they provided. One relative told us, "Their kindness and support totally enabled [person] to stay at home and have the end of life they wanted. [Person] always joked about wanting their head to be the last thing that left the house. When the time came, the carers made sure it was and totally respected her wishes down to that level of detail. Every single one of [person's] caregivers and the office staff came to the funeral. That shows you the love they have for their clients. In the order of service, we wrote that the caregivers were [person's] family. Their Home Instead family."

Improving care quality in response to complaints or concerns

- People and relatives told us they felt comfortable in raising concerns with the management team and had faith their concerns would be listened to and investigated thoroughly. A relative told us, "I am comfortable to raise any issues with the manager, but never had to. They are always willing to listening to anything we have to say really."
- The registered manager told us, "We work very hard to make sure that we act on any niggles that appear to ensure that they don't turn into full-blown complaints. There have been no formal complaints, but we listen to any niggles such as caregivers using the wrong cereal bowl, putting too much marmalade on a person's toast and communicate these things to caregivers to improve the experience for the people we care for."
- The complaints policy gave people information about other organisations people could escalate their complaints to if they were not resolved to their satisfaction. One person told us, "I have had no cause to complain. They have given me details on how to complain. It is quite easy, but I haven't had to."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had a communication care plan, which detailed their communication preferences. These included details of any aids or equipment people needed to assist with communication, such as hearing aids or glasses. Assistive technology was used to improve communication for one person via a special smart phone application which helped them make their wishes known.
- Information was available in different formats such as large print and easy read and the service used a visual pain scale to help identify if people were in pain. As part of the service continuation plan, plans were in place to produce audio files to send to people where necessary.

Is the service well-led?

Our findings

Well -Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us the service was exceptionally well-led. Comments included, "They are absolutely everything they say they are in their vision and their values. They deliver what they say they will and more" and, "They are a highly professional company who have gone out of their way to make sure my care experience is a happy one."
- The provider was extremely committed to creating a culture which put people at the heart of the service and there was a clear dedication by the whole team to helping people to remain at home in familiar surroundings, enjoying a stimulating and enhanced quality of life for longer.
- Everyone working at the service was invested into the provider's visions and values which were created with people by asking them why they felt it was important to stay at home. Caregivers were enthusiastic to provide the best possible care to people. One caregiver told us, "I absolutely love working for Home Instead Senior Care and everything it stands for. I feel I really a make a difference in supporting people to stay at home."
- Caregivers were highly valued by the provider and were regarded by the management team as 'the heartbeat' of the service. Caregivers told us they were extremely motivated by the support they received to provide people with high quality and compassionate care. Comments included, "I feel valued, for the first time in my working life. From my point of view, I've never felt better. I know a lot of girls [staff] feel the same" and, "The management are honestly above and beyond. Nothing is ever too much trouble. I have had personal struggles and to know I can talk to them which is so comforting."
- The provider recognised better outcomes were achieved with people when they had consistent caregivers. Several initiatives had been introduced to encourage staff retention. Caregivers received regular praise and thank you cards, as well as certificates and badges for length of service. One caregiver was proud to show us their 1000 hour badge and commented, "You just want to be the best you can be." Caregivers also had access to 24-hour independent, confidential counselling if they needed it.
- In recognition of the support provided to their caregivers, the service had been awarded a five star employer award for the fourth year running by an independent employee engagement specialist. In their report, they commented, "The biggest challenge facing many organisations is recruiting and retaining the best talent. We would like to congratulate Home Instead Senior Care Dudley for its high levels of employee engagement. Its positive culture means that all employees are proud to work there."
- The provider had a completely non-discriminatory approach to their caregivers and where a need was identified, the provider adapted training courses to ensure every caregiver achieved maximum benefit

whatever their learning style. For example, training workbooks for all caregivers had been printed on a particular coloured paper to aid one caregiver's learning style. As this paper was used for everyone, the caregiver did not feel singled out.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was an important part of its community and the team were extremely passionate about ensuring people in the community had access to the services they needed to stay living at home for longer. The provider's community engagement director explained, "We want to empower people to have a choice. If I wanted to know what services were available to me in the local area, I could use the internet. People in our community do not always have access or know how to use the internet so who is telling them what choices they have. People often simply do not know about the services within the local area and we wanted to change that."
- The provider organised an annual event called 'Live well, your way, at home' where industry experts came together to talk to the people in the local area about the services available for them to maintain a fulfilled and safe life in their own homes. Services such as West Midlands Police, advocacy, continence support, mobility assistance, home library, home dental services and the fire service were all in attendance to provide support and advice for the ageing population. Organisations such as Age UK and Healthwatch also supported the event which was reported in the local paper. The local deputy mayor attended the event and told the local paper, "The information on display at the event is essential to enable elderly people to know where to go for help and support and to enable them to remain in their own homes for as long as possible'." We saw many examples of how this event had improved outcomes for people. For example, the fire service was offering to do a free fire safety check which two people using the service had accepted.
- The service showed great commitment towards raising awareness about the prevalence and impact dementia can have on individuals, families and communities. The service had a 'Dementia Friends Champion' who encouraged others to take positive action by delivering the Alzheimer's Association 'dementia friends' initiative within the local community. This initiative raises awareness about what it is for a person to live with dementia and training had already been delivered to various organisation's including GP surgeries, dental practices and the local police station. The community engagement director told us, "If people just knew a few things or where to sign post a person living with dementia it could make a huge difference. For example, if they saw a person walking down the street in a nightdress, they might not even consider dementia which could have huge consequences."
- The community engagement director spoke passionately about making Dudley and Sandwell dementia friendly and told us, "Sharing our knowledge with children at a young age is hoped to improve their relationship with their grandparents who may live with dementia." They had given a talk at a local drama group for 5-18-year olds and asked them to make a pledge. One of the children's pledges was, 'I will wear my badge and show it to the whole school'.
- People told us they felt extremely involved in how their care was being delivered and with the running of the service. A relative told us, "Managers come in and talk to us and ask if I have concerns. You feel part of the service and you are listened to. It is like a check-up and they ask if everything is going well". A monthly newsletter was sent to every person using the service and included a personal message from the owners which demonstrated their value of 'making it personal'. The newsletter also included information on local initiatives to reduce isolation and loneliness.

Working in partnership with others

- The Department of Health and Social Care have recognised the national shortfalls in people applying for jobs within health and social care and are currently running a national campaign to encourage more people to consider health and social care as a career. The provider's community engagement director told us

about the work they were doing to promote this campaign by supporting the local job centre and local college to deliver their 'care to make a difference' access course. They said, "It is important to us that people in the local area are supported by people who really care. Sharing our knowledge about dementia can really make a difference to the care people receive. Working in health and social care is a skilled profession and one that makes a big difference to people's lives so we have to get the right people into these jobs."

- The service had two 'I Care Ambassadors' who inspired and motivated people to understand more about working in social care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had promoted an open and honest service and led by example.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a designated management team who all had specific roles and responsibilities. The registered manager supported the management team to ensure all regulatory requirements were met. They had provided us (CQC), with notifications about important events and incidents that occurred at the service and the rating of the last inspection was displayed on the provider website and at the office.
- Regular and robust checks took place to monitor and improve the service. The management team attended a weekly focus meeting to discuss any new best practice guidelines or changes in legislation, which was then communicated to caregivers.
- Systems and processes were in place to ensure caregivers received regular observations known as 'support visits.' These support visits ensured caregivers were delivering care in line with people's personal preferences and the provider's values. A relative told us, "The managers are rigorous with their checks. They regularly just turn up and check that the staff are doing everything right."
- There was a particularly strong emphasis on continuous improvement and the service had embraced new electronic care planning and monitoring system to drive improvements. Whilst the registered manager accepted there had been teething problems, the system had already benefitted the service in a number of ways. For example, responsiveness to incident and accident management had improved as data was available in real time which enabled more timely referrals and analysis. Care plans were also updated immediately as a care need changed which meant caregivers immediately had access to new information.
- Following the success of the 'Live well, your way, at home' event, the provider's community engagement director told us they were keen to continually improve and had planned to make next year's event a conference with guest speakers. Plans were also in place to produce a 'What's on Where' leaflet to ensure even more people within the community could make choices about the services available to them.