

Home Instead Senior Care

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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

The inspection took place on 2 June 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

Home Instead Senior Care is a domiciliary care provider based in Stone, Staffordshire, providing personal care and support to people in their own homes. At the time of this inspection 142 people used the service.

The service had a registered manager who had been in post since July 2008. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported in their own homes and told us they felt safe and comfortable with the service provided. Systems were in place to ensure that people who used the service were protected from the risk of abuse. The registered manager and caregivers had received training in safeguarding adults from abuse and were aware of the procedures to follow if they suspected that someone was at risk of harm.

People were offered support in a way that upheld their dignity and promoted their independence. Care and support plans were written in a personalised way based on the needs of the person concerned to ensure the caregivers had information on people's preferences so that individualised care and support was provided.

Caregivers exhibited a good value base, people told us the caregivers were kind and caring. The principles of the Mental Capacity Act 2005 were followed to ensure that people's rights were respected.

People's medicines were managed safely; caregivers were well trained and supported people with their medication as required. People were supported to access external healthcare professionals and other agencies in order to ensure their healthcare needs were fully met.

Robust systems were in place to ensure that people were supported by caregivers who were of good character and able to carry out the work. Caregivers received full induction training, annual updates and refreshers to ensure they were fully skilled to provide the support. Caregivers had regular opportunities to meet with their seniors either on a one to one basis or in caregiver's meetings.

There were clear lines of management responsibility. Caregivers told us they felt supported to fulfil their role and the registered manager and provider were approachable. Systems were in place to continually monitor the quality of the service.

The provider was very committed to continuous improvement. Feedback from people, whether positive or

negative, was used as an opportunity for improvement. The provider and registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. The provider and registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Caregivers met people's individual needs and kept people safe.

Systems were in place to protect people from abuse and avoidable harm, caregivers were aware of the procedures to follow if they suspected that someone was at risk of harm. Risks to people's health and wellbeing were identified, managed and reviewed.

A robust recruitment policy and procedure was in place and pre-employment checks of prospective employees were comprehensive and wide ranging. Medicines were safely administered and people who used the service received their medicines in the way that had been prescribed for them.

Is the service effective?

Good ●

The service was effective.

Caregivers received comprehensive induction, training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

The registered manager and staff had a clear understanding of mental capacity and consent was integral to care planning.

Caregivers acted in accordance with the Mental Capacity Act 2005 so that people's rights were being promoted.

People were supported to maintain balanced diets based on their preferences and health care needs.

People were supported to access health care professionals when this was needed. Communication with other agencies was consistently effective to meet the needs of people who used the service.

Is the service caring?

Outstanding ☆

The service was very caring.

Compassion, respect and consideration were key values which were reflected in the day-to-day practice of the service. People and relatives said excellent relationships had been developed between them and the caregivers, and said they were caring and compassionate and treated them with dignity and respect.

People valued the relationships they had with caregivers and expressed great satisfaction with the care they received and felt their care was provided in the way they wanted it to be. People

felt the caregivers provided care and support that often went above and beyond their roles.

Is the service responsive?

Good ●

The service was very responsive.

People's needs were assessed before their care commenced and care plans were regularly reviewed and updated as their needs changed.

Care plans were person-centred and contained significant amounts of information regarding people's history, likes and dislikes. People received individualised care and support that met their needs.

People's changing needs were identified promptly and staff ensured these needs were met through the involvement of other agencies.

People knew how to raise concerns and complaints, and were provided with information about how to do so.

Is the service well-led?

Good ●

The service was extremely well-led.

The owner, registered manager and all caregivers we spoke with were consistent in their understanding of the principles of the service and passionate about the care they provided to people. All caregivers had an excellent knowledge of the needs of all people who used the service.

The owner, registered manager and senior caregivers had established and maintained excellent links with the local community. They used events and social media to raise awareness of dementia and associated conditions, safeguarding adults, and dignity and best practice in social care and health. The provider and registered manager promoted a culture of openness and transparency through being approachable and listening to people.

There were very robust and effective systems in place to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service and were provided a high quality, safe and effective service.

Home Instead Senior Care

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 2 June 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of one inspector.

We looked at the information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority, commissioners, health care professionals and relatives and friends of people who used the service.

We went to the provider's office and spoke with the registered manager, a member of the senior management team, and three caregivers. This was to gain information on how the service was run and check that standards of care were being met. We reviewed the support records of 10 people who used the service, the personnel records for four staff and records relating to the management of the service.

We sent questionnaires to people who used the service, their relatives and caregivers, 43 were completed and returned to us. We made phone calls to 17 people who used the service and two relatives to get their experience of the service they received.

Is the service safe?

Our findings

People who used the service told us they felt safe and comfortable when caregivers visited them in their own homes. One person said: "Yes, I feel completely at ease and safe when the carers visit and they make sure the doors are all locked when they leave". Systems were in place to ensure people were as safe as they could be in their own homes. We saw that some people had given the caregivers permission to enter their homes via a key safe. A key safe is a secure method of externally storing the keys to a person's property. This ensured that people were safe within their homes but staff and caregivers could gain access when they arrived for the care call. Caregivers told us and we saw the provider had a lone worker policy which gave staff the information on their personal safety when at work.

Caregivers told us they had received training in safeguarding people from abuse and we saw that this was included in their induction training. One caregiver told us they had recently received refresher training and this included safeguarding adults before they were allowed to provide support to people. They explained an out of hours' on-call system was in place where caregivers could contact other senior caregivers for advice relating to any concerns during the out of hours period. The registered manager gave us examples of safeguarding issues they had raised with the Local Authority when they had suspected abuse.

Assessments were undertaken to assess any risks to people who used the service and to the caregivers supporting them. These were recorded in people's support plans. For example, some people were at risk of falling due to mobility problems. We saw clear guidance for caregivers to remind the person to use their walking stick when they wished to move around. We saw environmental risk assessments had been completed which ensured information was available for minimising risks and hazards when visiting and working in people's homes.

People without exception offered positive comments about the caregivers. One person said they were 'wonderful', another commented 'they couldn't be bettered and tip top'. Another person commented: "Overall I am very happy with the care, particularly the fact that generally they send the same person, which has allowed a good relationship to be established". The registered manager told us the allocation of caregivers to people was based on the specific support needs of people and the experience of the staff. Time allocated for each visit was based on the identified needs of the people who used the service and this was kept under review. The registered manager told us of the on-going recruitment for caregivers to ensure that sufficient numbers of caregivers remained available to provide care and support to people.

The provider had employed a recruitment coordinator who was responsible to ensure that suitable people were recruited to work at the service. We saw a robust recruitment and vetting procedure was in place. The caregiver's personnel files showed that suitable checks had been completed and their identity confirmed. In each file there were at least two personal and two previous employer references. We saw that Disclosure and Barring Service (DBS) checks had been completed. DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. These checks were required to ensure that people who used the service were supported by staff who were of good character and able to carry out the work.

Some people needed support with taking their daily medicines. Assessments had been completed which identified if the person self-medicated or if they required support to do so. People or their representative signed a service agreement in respect of medicines. Caregivers were trained to administer medicines and received an annual update, refresher training and regular competency assessments to ensure they were skilled in medication management. Medication administration records (MAR) were completed each time the caregivers gave people their medicines. In addition we saw another document was completed which recorded the remaining amount of tablets. This meant that an accurate account of the medicines was available at all times and it was easy to identify when a repeat prescription was needed.

Is the service effective?

Our findings

The service had employed a person as recruitment coordinator, this person dealt with all applications for employment, they told us: "I love being able to find caring, compassionate and hardworking individuals who will really care for our clients as they would care for their own family. One of the things that we always promote is caregiver support, as we understand that working in the community can make you feel isolated". Each newly recruited caregiver received a three day comprehensive induction programme which included moving and handling, food hygiene, medication administration, dementia awareness and safeguarding adults. The provider told us that all new staff were shown how to provide personal care to people to ensure that they were aware of the high standards of care that was expected of them.

New caregivers then had the opportunity to work with more experienced staff until they were skilled and competent to work alone. The recruitment coordinator told us: "We encourage caregivers to call or phone into the office as often as they wish and always make them feel welcome". At set intervals throughout the new caregiver's probationary period one to one meetings and other contact was arranged with the registered manager or senior caregivers. This gave the new caregiver the opportunity to discuss how they were progressing with their work. The provider had recently promoted one of the seniors to caregiver support, their role was to keep in regular contact with the new starters and guide them through their first few months making sure things were running smoothly. A person who used the service told us: "This is an excellent service. The carers are very helpful; they certainly know what they are doing. We couldn't do without them". Caregivers who responded to our questionnaire confirmed they completed an induction, received regular supervision and appraisal which prepared them before working unsupervised and improved their skills and knowledge.

A relative of a person told us: "The carers are truly magic, I can't speak highly enough of the care and support provided that was provide to my relative". All people who responded to our questionnaire indicated they would recommend this service to a member of their own family. Friends and relatives responded that the care and support provided helped them to be as independent as they can be. Specialist training course were arranged for caregivers, this included the City and Guilds Alzheimer's awareness course. The registered manager told us the caregivers providing support to people who were living with dementia benefitted from this training as they had a greater insight into the condition and how it affected people. The registered manager told us this was an on-going rolling programme for all caregivers.

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. The registered manager told us that if any best interest decisions were identified these would be made in collaboration with the person's representatives and any other professionals involved with the person's care. The registered manager was well prepared for such events and had the necessary documentation in place for when this was needed. The service had up to date policies and procedures in relation to the MCA and consent. Staff and caregivers were able to access these documents for reference when needed and the registered manager told us that topics such as the MCA were included in the regular caregiver meetings.

People were supported with their daily nutritional needs when this was needed. We saw the preferences of the person were clearly set out in the support plan. Some people needed support with the preparation of meals and for some people the caregivers helped with grocery shopping. The 'Client Activity Log' was completed at the end of each visit by the caregivers and this give an account of the support with meal preparation. This offered a comprehensive log of the person's daily nutrition and provided information for the caregiver of the next care call.

One person who used the service told us their caregiver supported and escorted them with consultations with their doctor and dentist. They told us: "[the caregiver] makes sure that I am ready and in time for the appointments with the doctor and dentist. It's great to have someone I can trust and who I know will help me". Other people did not require this level of support and said they were able to get to health visits independently or their family and relatives helped them. We saw one person had a specific health condition which required specialist interventions by the district nurses. The risk assessment and support plan clearly referred to this condition and the action that was needed on a daily basis by the caregivers. The registered manager confirmed the caregivers involved with this person's care calls had received the necessary training and guidance from the district nurses. We saw that other health professionals such as the district nurse, community psychiatric nurses and social workers were involved when this was needed.

Is the service caring?

Our findings

One relative told us: "We have had excellent service, nothing is too much trouble, in fact they [the caregivers] go that bit further to make sure my relative has everything they need. The service we get couldn't be bettered". One person told us: "It's wonderful. I have had one carer for the past six years and consider her as my friend. We go out each week shopping, she helps me with the doctor and dentist. Last week we had a ride in the country and then lunch at a country pub we thoroughly enjoyed it. My carer goes that little bit extra to ensure that I get the absolute maximum out of my care calls. I cannot go out now on my own, I used to be so active but now I am housebound. I really look forward to my friend coming each week and the visit. I wish I could afford to have more visits but I can't". The quality of life for this person was greatly enhanced by the meaningful relationship and good rapport that had developed between them and the caregiver. All people who responded to our questionnaire indicated they were happy with the care and support they received from this service and the caregivers were caring and kind. The provider had a policy of never undertaking a care visit of less than one hour. This meant that caregivers had sufficient time to really get to know the person and to ensure the care and support they provided was really person centred.

We saw the speedy action taken by the office staff when concerns were raised by a caregiver supporting a person who had been discharged from hospital. The caregiver was offered support and advice from a senior caregiver to ensure the person was safe in their own home. The caregiver had concerns with the person's medication following the admission and discharge from hospital as the administration instructions differed. Action was quickly taken to ensure the caregivers had the correct information regarding the medicines that were to be administered. Caregivers contacted the hospital and the person's doctor to ensure they had the correct information regarding the changes and so were able to support the person with their medicines safely. During the regular care calls the caregivers continued to have concerns with the person's safety and welfare and reported to the managers that the person was in poor health and unable to manage. Office staff contacted the relevant departments and professionals to ensure the person's safety and welfare. Caregivers told us the person had been readmitted to hospital. The caring and compassionate attitudes of all the caregivers and the swift actions they took made sure the person was as safe as they could be and the risk of them coming to harm was reduced.

The provider told us of the action they and the caregivers took when they were aware people were in hospital and due for discharge. Contact would be made with the discharge coordinators at the hospital and details obtained of the timing of the discharge. Arrangements were then put in place to ensure any additional equipment or services were arranged for the person. The provider told us of an occasion where prior to a person's discharge from hospital, they had arranged with a doctor and occupational therapist for some additional equipment that the person required in order for them to maintain their own level of independence. This equipment was then available for the person to use at the point of arriving back in their own home. This meant the provider and caregivers valued people's individual needs and took action to enable people to remain independent.

Caregivers we spoke with had an in-depth knowledge of people's care and support needs. They told us that people had regular caregivers and that every effort was made to ensure people received care and support

from the caregivers they knew. One person who used the service told us of a recent occasion when a senior caregiver had phoned them as there was a change with their regular caregiver. They told us the senior caregiver asked them if they minded the change and if they could manage with the alternative caregiver. All people had a comprehensive support plan that was based on their individual needs so that caregivers had the information on the person's care and support needs. Caregivers communicated effectively with each other either verbally or through the detailed account of the care call which they recorded on the daily log. Another person told us they had a regular group of four or five caregivers, they said: "We know them and they know us, it's great".

One person told us their main caregiver was 'excellent' and 'couldn't be bettered' and went on to say how much they looked forward to their care calls. The person said the caregivers were always respectful, polite and very helpful. People who responded to our questionnaire indicated people were treated with respect and dignity by the caregivers.

Staff told us that any requests for additional support for people were arranged, for example one person was supported to attend a funeral and attendance at a surprise party was arranged another person. A caregiver told us the arrangements they had made to ensure the party remained a surprise. The person's family had spoken with the caregivers about the party and asked that the person was not informed. Care call rotas had been sent to the person with their usual planned calls so they would not be aware of anything unusual happening. Caregivers had been informed of the party but had been requested not to say anything. The actions by the caregivers and the exceptional attention to detail ensured that the person had the opportunity for a social occasion with their family. This meant people's care and support needs were met with an exceptional kindness and had a positive impact on their wellbeing.

Is the service responsive?

Our findings

Each person who used the service had a care file which included the person's social and family history, likes and dislikes, risk assessments and support needs. The plans were person centred and in sufficient detail to give a comprehensive account of their preferences and needs. People we spoke with were satisfied with the delivery of care as agreed through the care and support plan. One person told us: "Yes, I am fully involved with my support plan, I look at it very often, I have had a recent review of my care, and the manager went through it with me. I am very happy, it's great." Another person told us they had recently spoken with the manager about their care package and a 'few minor problems' they had. They said: "We had a few minor problems at the beginning but they were quickly sorted. And now everything is fine". This showed that people were involved in the planning and agreeing their own care and support. People who replied to our questionnaire all indicated they were involved in decision-making about their care and support needs.

The registered manager told us that following the agreement of the care package, regular contact was made with the person either by phone or in person to ensure the service was satisfactory. We saw that a person had received regular phone calls from either the registered manager or senior caregivers to obtain their view of the service. Comments from the person included: "Caregiver is very good, it is a big help to me".

At the end of each call care, caregivers completed a Client Activity Log which gave a clear account of the care delivered and how each person was during that visit. This ensured that accurate information was available to caregivers so that they could meet the needs of the people they supported in a consistent and reliable way. We saw regular reviews of the care plans had been undertaken by either the registered manager or senior caregivers together with the person and/or representative.

One person told us they were no longer able to go out of their home alone because of mobility problems. They said their caregiver always asked them what they wished to do for the duration of the call and this could be to go shopping or have a fish and chip lunch. People were supported to access the community and local events when they wished to do so, so avoiding the social isolation that some people may experience.

We saw a support plan which recorded the very specific needs of a person upon rising, this ensured caregivers would be responsive and understanding in the event of the person experiencing this sensation. We saw that caregivers and office staff were very responsive to the changing needs of a person who used the service. They were quick to act, worked closely and collaboratively with other agencies and services to ensure the person's well-being and safety.

People who responded to our questionnaire told us the care agency and their staff respond well to any complaints or concerns that they had. Most people we spoke with said they felt comfortable in speaking with the registered manager if they had any concerns or complaints. One person said: "I had a recent concern but it was quickly sorted by the manager, I have no concerns". However another person told us: "The carers couldn't be bettered, I am very satisfied with the calls but consider the managers at the office unhelpful". The person had occasion to call the office following a change to their regular caregiver. The provider had a complaints policy and procedure in place, which set out the process which would be

followed by the provider and included contact details of the provider, the Local Authority and the Care Quality Commission. We saw complaints were logged with the nature of the concern and the actions taken. The owner of the service told us that complaints were discussed within the staff team so that lessons could be learnt and improvements made.

Is the service well-led?

Our findings

The service was registered in January 2008 with the registered manager in post in July 2008 and had significant relevant experience in health and social care. The service had strong leadership and management at registered manager and provider level. One caregiver told us: "I can honestly say it's the best company I have ever worked for as their views on care are the same as mine. Nothing is too much trouble for the owner of the business and her door is always open should I wish to discuss something with her". There were very clear lines of management accountability, caregivers knew who they were accountable to and had an allocated senior staff as their first line of communication. The provider told us they were accessible and available for all caregivers if they wished to speak with them as well as, or instead of the allocated senior caregivers' arrangements.

The provider and registered manager were both proactive and passionate in providing a good, safe service to people. They both described how essential it was to employ suitable people; they operated a very robust recruitment procedure to vetting prospective members of staff, reducing the risk of an unsuitable person being employed to work with vulnerable people. Information gathered prior to a person being employed were comprehensive and wide ranging, to ensure people received their support from staff of suitable character. Once employed caregivers received in depth induction training, updated and refresher training this included specialist topics for example dementia awareness, and one to one supervision and annual appraisal. One person who used the service told us: "The carers support me with the highest standard possible, it is truly magic, I can't speak highly enough of the care and support provided". This ensured caregivers were fully trained, skilled and competent in providing the care and support to people.

Home Instead Senior Care offers and provides companionship and personal care services as well as home help support. People described the caregivers as their friends and really looked forward to their regular visits. One person told us the caregiver really made a difference to their life, made them feel happy and content and they appreciated the quality time they spent together. Another person told us: "I have a brilliant carer I can't find fault with anything she does". A caregiver commented: "This job has given me 'Job Satisfaction', something that I had never had before in any of my other jobs. The flexibility and the friendly atmosphere make it a great company to work for". Caregivers we spoke with had an in-depth knowledge of each person who used the service and consistently considered the safety and welfare before taking any actions. This person-centred approach was a constant feature of the values, behaviours and ethos of the service.

People who responded to our questionnaire indicated they knew who to contact in the care agency if they needed to. People told us contact with the office was 'good'. One person described contact with the office as 'exceptional, the registered manager is always polite and very helpful'. A relative of a person who used the service told us: "I can and do phone the office and find them helpful, we had a few minor problems at the beginning of the care agreement, we spoke with the registered manager and they were quickly sorted. And now everything is fine". The owner of the service told us that they operated an open door policy, so that problems or concerns could be sorted quickly. We observed caregivers on care calls contacted the office where they had concerns or wanted support and guidance if there were any issues during their visits. For

example, one person was ill and was unable to move about as they had previously been able to do so. Action was taken by the caregivers to obtain the healthcare support the person required. The service operated an on call out of hour's service so that senior caregivers were contactable out of usual office hours. The office was well organised and structured; senior caregivers had well-defined roles and worked well together. We saw that good, effective working relationships had been developed and maintained between the provider, managers and caregivers.

We observed caregivers had a good value base they showed compassion, respect and a caring attitude when dealing with day to day issues within the service provision. We saw caregivers were very quick to identify significant changes in people's support needs. Caregivers were aware of how to obtain medical assistance when this was needed and ensured people received the necessary healthcare support in a timely way, when they needed it. We saw caregivers acted swiftly in the event of a medical emergency. Caregivers put people first and were committed to continually improving each person's quality of life.

The provider discussed the importance of motivating and supporting staff to promote and maintain the necessary values and behaviours of the care provision, through training, supervision and strong leadership. The provider told us they recognised the quality, safety and effectiveness of the support provided to people by the caregivers and rewarded caregivers with bonuses and incentives. To recognise this caregivers were given incentives as an appreciation for the way they had improved the quality of life for people they cared for. Recognition of the length of time caregivers had been employed at the services was also recognised. This showed the provider's ethos for valuing and supporting the caregivers.

Effective systems were in place to monitor the quality of the service that people received. There were regular care plan reviews undertaken by the registered manager or senior caregivers which involved all interested parties which were signed and agreed. A number of audits were routinely undertaken; these included a quality audit review of care files, review of handover sheets, daily logs (to monitor accidents and incidents) and medicines records. The manager told us the levels of scrutiny and the robust quality assurance and auditing system, ensured that any trends or themes were easily and quickly identified. Action was taken in a timely way to ensure a continuity of the high standards of care.

Satisfaction questionnaires were also available to obtain feedback from people who used the service. Each year the provider commissioned an external agency to undertake an anonymous PEAQ survey (Pursuing Excellence by Advancing Quality) for people and caregivers. We saw the results of the recent survey of people who used the service to be for the most part 'Very Favourable' regarding all the overall quality of the service. Comments included 'Excellent professional caring service', 'I love my present carers, she is the epitome of that work in the very best sense', 'The carer we have most goes beyond what she has to do.' The provider explained the survey and was keen to improve on areas where the responses were less than 'Very Favourable'. In response to the findings of the survey the provider had produced an action plan. The report was discussed and shared with staff at the caregiver's meetings. The provider found this survey useful and explained the action they had taken to identify any learning and improve the service. The registered manager told us: 'We are aiming for continuous improvement, involving all staff members in our decision making processes and hold regular senior meetings to oversee and review our services. We are also appointing another senior to work in the Stafford area supporting a team of caregivers'. This meant the provider was committed to improving and developing the service to further enhance the quality and effectiveness of the service provision.

The provider told us Home Instead Senior Care has been awarded The Queens Award for Enterprise 2016 in the area of innovation. It has been awarded for delivering a quality service, through care visits that last a minimum of 45 minutes or longer. A focus on companionship and trips out together with practical help for

example personal hygiene and meal preparation. The Queen's Award is hugely prestigious and is a model of care that delivers dignified, quality care in the home for older people. All staff we spoke with were motivated to provide high quality care and to achieve positive outcomes for the people they cared for.

Links with the local community had been developed and maintained. The registered manager told us that many caregivers had registered as Dementia Friends. Dementia Friends is about giving more people an understanding of dementia and the small things that could make a difference to people living in their community. The provider was actively involved with the local Alzheimer's support group and was the chair of Staffordshire provider network. A senior caregiver had recently been involved with a presentation for promoting care services to providers. The provider and caregivers attended community events and have used social media to raise awareness of dementia and associated conditions, safeguarding adults, and dignity and best practice in social care and health. This meant the provider and staff worked in partnership with other organisations and acted as ambassadors to share best practice, research and information and to promote the caring philosophies of the service.

The provider and registered manager were meeting their legal responsibilities with us. For example they submitted statutory notifications when certain events, such as injury to a person occurred. They notified us as required and provided additional information promptly when it was requested.