

Assured Lifestyle Limited

Home Instead Senior Care

Inspection report

Plantsbrook House, 94 Gracechurch Shopping Centre
The Parade
Sutton Coldfield
West Midlands
B72 1PH

Date of inspection visit:
04 September 2019

Date of publication:
14 October 2019

Website: www.homeinstead.co.uk/suttoncoldfield

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Home Instead Senior Care is a domiciliary care agency that 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, 103 people received a service from Home Instead Senior Care, however, only 43 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

People were at the heart of the service because the service was led by a dynamic and purposeful provider who promoted a positive and inclusive culture. There was a clear dedication to providing high-quality person-centred care to people, to enable people to remain living in their own homes for offering bespoke packages of support.

People and their relatives told us the service was 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 service was actively involved in promoting community activities including local fundraising events and ran a dementia friendly café to offer support to people living with dementia and their families in the local community.

People provided positive feedback about the care and support they received from Home Instead Senior Care caregivers. They told us caregivers were very kind and caring and really understood their individual needs. Caregivers were highly motivated to deliver person centred care. Relatives told us the reliability of the service had given them peace of mind.

People had a designated set of caregivers who provided all of their calls. This meant people received personalised care because caregivers knew them well. People told us about the benefit of having calls that were at least an hour long. This included promoting people's emotional wellbeing by having companionship from caregivers who they felt really cared about them. Caregivers did not feel rushed and told us they had plenty of time to sit and talk to people. Risks to people's health and well-being had been identified, assessed and monitored to ensure people received safe care and treatment.

Training was developed around people's individual needs and included specialist training such as dementia, catheter care and patch medication awareness. People and relatives told us they felt staff were highly skilled in meeting their needs. Caregivers described the training as 'excellent'. Caregivers felt valued by the provider who had a number of initiatives which acknowledged staff's valuable contribution to their service.

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 were robust systems and processes in place to manage complaints but everyone we spoke with told us they had no cause to complain.

People and relatives told us people were safe when supported by Home Instead Senior care. The provider had robust systems and processes for safeguarding people from avoidable harm.

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 15 December 2016)

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Home Instead Senior Care

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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 03 September 2019 and ended on 18 September 2019. We visited the office location on 04 September 2019

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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 ten people who used the service and five relatives about their experience of the care provided. We also received emails from two relatives who shared their experience of the care provided. We spoke with six members of staff known as 'caregivers', the registered manager who was also the provider, the scheduler, the caregiver experience lead, the care manager and the general manager.

We reviewed a range of data and records. This included four people's care and medication records and variety of records relating to the management of the service such as quality assurance, training and recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke to one healthcare professional about their views on the service.

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 and relatives told us Home Instead Senior Care provided safe care and support. Comments included, "The carers are brilliant. I know [person] is safe" and, "The staff notice things, like if there is a blemish or a bruise that wasn't there the day before. I am always told, and its things like that that make them so good."
- Caregivers received safeguarding training and understood their responsibilities to keep people safe from avoidable harm. Caregivers told us they felt able to raise concerns and had confidence the registered manager would investigate these thoroughly. One caregiver told us, "It is our responsibility to make sure people are safe. We have a duty to report anything we feel isn't quite right. I have reported concerns in the past and they [management] listen."
- 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 to ensure people received safe care and treatment. Updates were planned to improve risk assessment records further to show how the level of risk had been identified.
- Records included guidance on how to minimise risk's to people. For example, some people had restricted mobility and information was recorded about how to support them when moving around their home.
- Caregiver's knew how to manage risks associated with people's care. One caregiver explained the risks associated with catheter care (a flexible tube used to empty the bladder and collect urine in a drainage bag). They described how they had identified a possible infection and blockage recently. The caregiver remained with the person outside of their care hours until medical assistance arrived.

Preventing and controlling infection

- Staff received infection control training and told us about the importance of following good infection control practices. One caregiver said, "Personal protective equipment (equipment that protects the user against infection control risks) is a must. We are always reminded to use it. It is important to prevent transferring germs."
- People confirmed staff followed good infection control practices such as washing their hands and personal protective equipment where necessary.

Staffing and recruitment

- The provider had recently improved their recruitment process which prevented unsuitable caregivers from

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

- The registered manager told us caregivers were specifically employed to meet people's individual needs and preferences. They told us, "It is so important to match people with the right caregiver. We want to move away from the 'carer and client' relationship. They are equals. They become friends." As part of this matching process, people using the service always met their allocated caregiver before receiving care from them and were able to decide if they wanted this caregiver to continue with their support after their first visit.
- People and relatives told us caregivers were always on time and care calls were never missed. One person told us, "I don't think they have been late in the two years they have been coming."
- The provider also offered a 24 hour on-call system for caregivers to seek emergency advice when necessary.

Using medicines safely

- A medication policy was in place and had recently been updated to include best practice guidance.
- Caregivers had been trained and knew how to support people with their medicines safely. This included competency checks to ensure they were administering medication in line with the providers expectations.
- Records demonstrated people received their medications as prescribed. The service had recently appointed two designated medication champions who were responsible ensuring all medication administration charts were accurate and being complete accurately.
- The registered manager completed regular medicine audits to ensure any issues were identified and acted upon quickly.

Learning lessons when things go wrong

- There was an open culture where lessons were learned when things had gone wrong. For example, the registered manager had investigated some issues with missing signatures on medication administration records (MARS) as through auditing it appeared people had missed doses of medication. After review, it was found to be a records issue. New electronic MARS had been introduced to improve accuracy in recording.
- Caregivers told us they knew how to report and record accidents and incidents and confirmed they could contact the office at any time for advice or support.
- Records showed what immediate action had been taken to manage the situation and any further actions required to prevent the risk of re-occurrence.
- The registered manager completed an overall analysis to ensure any patterns and trends were identified and acted upon quickly. For example, a fall monitoring wrist band had been offered to a person who had recently fallen, in order for the person to get emergency assistance if they fell again.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and preferences had been thoroughly assessed before they received support from the service. This assessment enabled the registered manager to make an informed decision as to whether the service could meet each person's individual needs.
- Assessments were reflective of the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked about any religious or cultural needs. One person had requested a carer who could cook Caribbean food and who could talk about the Caribbean culture to aid their wellbeing. The registered manager matched this person with the right caregiver and had received positive feedback about the outcomes this had for the person.
- Information gathered from these assessments were used to develop individual care plans in line with current best practice guidelines. These had been regularly reviewed.

Staff support: induction, training, skills and experience

- People received effective care from competent, knowledgeable and skilled staff who had the relevant training to meet their needs.
- People and relatives told us they felt staff were highly skilled in meeting their needs. One relative told us, "[Person] receives effective and compassionate care. The staff have a real skill, wisdom and experience in supporting people with Alzheimer's." Another person told us, "Everyone who has ever looked after me really is very competent."
- 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. This showed the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.
- Records demonstrated a good level of compliance with staff training. However it wasn't always clear if this had been refreshed to ensure staff kept up to date with best practice guidelines. We discussed this with the registered manager and caregiver experience lead who explained training is continually refreshed during team meetings, supervision and e learning but is bespoke to the caregivers needs. The registered manager confirmed they would add this refresher training to their overall training programme to ensure any updates were recorded.
- Training was developed around people's individual needs and included specialist training such as dementia, catheter care and patch medication awareness.
- Staff spoke positively about the training they received. One staff member told us, "I shadowed a fantastic worker who was just excellent. It is the most comprehensive training which takes dementia seriously. I felt

like I had learned so much despite having other training and personal experience. I feel they invest heavily into the training."

- Staff told us they felt very supported in their role and had regular opportunities to talk with management and had regular supervision. The caregiver experience lead was responsible for supervision and told us, "Staff have a personal development plan and we set goals together. Some people might want a promotion, so we put steps in place to give them extra responsibilities."

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

- Peoples nutritional needs had been assessed and training was provided about how to encourage people to maintain a healthy diet. The caregiver experience lead told us, "I am always promoting nutrition and hydration in supervision and meetings. We do role plays which include scenarios like how it might feel to be given a yoghurt without a spoon. It reminds caregivers about attention to detail."
- Some people received support to prepare their meals and staff understood the importance of offering choice and nutritious meals. One person told us, "The girls get me what I fancy from my stock in the freezer."
- One relative told us, "The carers have certainly put my mind at ease. [Person] didn't always remember to eat but now they have the carers they do."

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

- Records showed referrals had been made to other healthcare professionals to ensure people remained well. One person had recently had a change in their mobility and caregivers had supported the person to make a referral to the occupational health team.
- Staff understood their responsibilities to ensure people received timely care and reported any changes in a person's health to the office or on call manager. One person told us, "The caregivers always know if I am a bit off colour."
- Records showed emergency healthcare had been sourced in a timely way where needed.

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.

- People and caregivers told us people were always given choices and people's consent was sought before delivering care. One caregiver told us, "We have to adhere to people's choices. We don't take away their freedom." Another caregiver told us, "It is so important to gain consent."
- Where a person's capacity to make a specific decision was in doubt, mental capacity assessments were undertaken and best interest meetings were held to ensure people had the right support to make decisions. Where people had a lasting power of attorney (LPA) appointed to assist them in making decisions, copies of these legal agreements were obtained to ensure care was delivered in accordance with any specific instructions or limitations.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care. However, the provider was working towards an outstanding rating in this key question.

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

- Each person we spoke to told us they were very happy with the support they received from caring, kind and understanding caregivers. Comments included, "I cannot fault anything about the caregivers", "They are so lovely, I feel they really care about me", "From the minute the caregivers come, it's as though I am the only person they have to look after" and, "I count the caregivers as good friends, not just my caregivers."
- Relatives also gave highly positive feedback about the care their loved one received. One relative told us, "Simply put, [person] would not manage without the care, professionalism and kindness of Home Instead Senior Care. The quality of care is exceptional. There is a very high standard of professional attention to detail, all done with respect and discretion." Other comments included, "I cannot believe how much everyone care about [person]" and, "They are by far the best carers we have ever used."
- Relatives told us the reliability of the service made a difference to their lives. One relative said told us, "They have never, ever let us down. They are incredibly prompt and reliable which gives us complete peace of mind."
- Caregivers were compassionate to people's individual needs. One caregiver told us how they would sing to a person who lived with advanced dementia. This increased the person's mobility as it provided them a rhythm to walk to. This person's relative commented, "It made such a difference." Because of the positive impact this had on the person's life the caregiver was asked to sing at the person's funeral. The caregiver told us, "It was a complete honour to be asked and of course I said yes."
- Staff were highly motivated and enjoyed working at the service. One caregiver told us, "I absolutely love my job. Helping people to live their life well, and in their own home is just an absolute privilege. It is so rewarding." Another caregiver told us, "I feel so privileged to be able to help them. It feels good being able to make them feel good about themselves. We have a laugh together and these people have become my friends".
- The provider really cared about the caregivers they employed. The registered manager explained, "People working in health and social care need to be looked after. We wanted to create a culture of real quality carers and retain them." The provider had employed a 'caregiver experience lead' with the sole purpose of enhancing the caregiver's wellbeing. A number of initiatives had been introduced such as regular praise, thank you cards and gifts for achieving excellent outcomes for people. One caregiver told us, "It is so important and we all feel valued. So many people move jobs because of lack of appreciation, but that doesn't happen here. I feel cared for by the organisation."
- A healthcare professional told us, "From what I saw, the care was exemplary. The fact they directly employ staff to work with specific individuals means the people benefit from the familiarity of the same staff members visiting them."

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

- Every effort was made to ensure people were supported to express their views so their preferences, wishes and choices were heard. One caregiver told us, "We have all been brought up in a certain way and like things in a different way. We have to adhere to their choices and allow them to make their own choices. We always ask."
- Regular individual meetings were held with people to seek their views on what the service could do to improve. This included a formal meeting after the first call to ensure the service has met the person's expectations

Respecting and promoting people's privacy, dignity and independence

- People and relatives confirmed there was a culture which promoted dignity and respect. Comments included, "I know [person] is treated with respect at all times" and, "When the girls help me with my personal care, they don't make me feel at all uncomfortable."
- Respecting people's privacy and dignity is at the heart of the services culture and values. One staff member told us, "It is vital each person has their dignity maintained at all times. Each person is treated with total respect."
- The caregiver experience lead had recently promoted dignity with people's nutritional needs. They told us, "Dignity isn't just about personal care. It is the whole approach. We do not serve anything to anyone that we wouldn't eat ourselves. There is a difference between serving a person a plain thoughtless sandwich and what we consider to be a 5-star sandwich. It shows people we really care."
- One caregiver had recently been recognised for recognising and responding to a person's distress and discomfort. The person had a rapid decline in health and the caregiver stayed with the person beyond their allocated call time and kept client calm as well as seeking immediate help.
- Staff understood the value to increasing and maintaining people's independence. One relative told us, "They [caregivers] have made such a huge difference to [person's] quality of life. They have given [person] the independence to stay in their own home."

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care because caregivers were matched to people based on their individual needs and preferences.
- People's care plans were personalised and provided information to staff on how to support people in the way they preferred. The views of people and their relatives had been considered when plans for people's care had been put in place.
- Care plans were reviewed regularly, and caregivers told us they contained enough information for them to be able to support people in the way they wished. One caregiver referred to the care plans as, "Excellent."
- Every person cared for by Home Instead Senior Care had a designated team of caregivers who covered all of their daily calls. One person told us, "I have a couple of ladies who come, and they really know how to look after me." Another person told us, "I have the same carer all the time except when she is on holiday then I have another carer who I know."
- People and relatives told us the service was flexible and responsive to people's needs. One person told us, "If the carers notice I am running low on anything, they offer to call at the shop and get it for me if I want them to. They don't have to do this."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People, relatives and staff told us about the benefits of having the minimum of hour-long calls. One caregiver told us, "I don't know how people do morning calls with anything less than an hour. You have to go at the person's pace. You are there to help them. We are never rushed. Having time to have a natter helps keep them well."

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.

- At the time of our inspection visit, nobody had any special requirements relating to the way in which information was presented. However, the registered manager understood their responsibilities and explained records could be made available in different formats such as easy to read or large print when required.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and was given to people when they started to use the service. The policy gave people information about other organisations people could escalate their complaints to if they were not resolved to their satisfaction.
- People told us they knew how to complain but told us they had no reason too.
- There was a robust system in place to manage complaints. The provider had received three complaints in the twelve months prior to our inspection visit. These had all be fully investigated and action taken to resolve any issues identified to the complainants satisfaction.

End of life care and support

- At the time of our inspection visit there was no end of life care being delivered. However, the registered manager explained if this was required, the service would liaise with other healthcare professionals to ensure people received the right care and support.
- Positive feedback had been received from a relative about the end of life care their loved one had previously received. The letter read, "I wanted to thank you for the care and kindness you showed [person] for the last few weeks of their life."
- However, we found further improvements were required to explore and record people's end of life preferences in their care plans. The registered manager assured us this would be done following our inspection visit.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. However, the provider was working towards an outstanding rating.

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

- People were at the heart of the service because the service was led by a dynamic and purposeful provider who promoted a positive and inclusive culture. There was a clear dedication by the service helping people to remain at home in familiar surroundings, enjoying a stimulating and enhanced quality of life.
- There was a strong passion and enthusiasm by the provider, all office staff and caregivers to make a difference to people's lives. One person told us, "Everyone in the company cares no matter who I speak to, they all show genuine concern for me."
- The provider was 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 provider spoke passionately about 'Home Instead Senior Care' and said, "What attracted me the most was the quality of service delivery. They want to do this properly and deliver the personal service people deserve. We all have a responsibility to deliver a message to our community about what great care looks like. Loneliness itself can have serious effects on a person's health and that is why companionship is so important."
- People and relatives told us the service was well led. Comments included, "From my point of view there are no improvements with the service. It's first class, "I can't think of any negatives. The company does what it says it will do all the time" and, "I would recommend the company. They have never let me down"
- Relatives told us the service had made a big difference to their lives. One relative told us, "Without the help and support of the manager, I don't know where I would be. Another relative said, "It was difficult for us to make the decision to have carers for mum but it's the best thing we could have done.
- Caregivers were motivated and proud of the service and there was a high level of satisfaction across the workforce. Comments included, "You really feel part of something worth being a part of" and, "My personal experience it is a very, very good company. They genuinely they look after their staff. I wouldn't leave to go anywhere else."
- The registered manager recognised the importance of having a team of enthusiastic and dedicated frontline staff. A number of initiatives had been introduced to acknowledge staff contribution and promote staff wellbeing. Staff received regular praise, thank you cards and gifts for achieving excellent outcomes for people. One caregiver had recently won a 'Star of The Month' award for recognising a decline in a person's health and reacting immediately to seek medical assistance. One caregiver commented, "I had to go to the office to get the award. I got quite emotional to be honest." Success was also celebrated with above and beyond awards and celebrations were held to celebrate achievements such as completing the care certificate.

- Retaining caregivers was also given great priority to the provider and had recognised better outcomes were achieved with people when caregivers that knew them well. Caregivers were given rewards for their length of service such as certificates, badges and a monetary incentive. Caregivers also had access to 24/7 independent, confidential counselling if they needed it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager was committed to engaging with people. They had actively sought to create stronger links with the community to benefit people using their service. For example, in partnership with a local church, the provider had set up a 'Memory Café' which had been endorsed by The Alzheimer's Society. The registered manager explained they wanted to promote dementia within the local community as Sutton Coldfield has the highest levels of dementia in Birmingham, as well as to reduce isolation, stimulate memory and slow down cognitive impairment for people living with dementia. The café offers support to people living with dementia and their families, as well as weekly singing and music groups which greatly improves wellbeing.
- One relative explained the difference the memory café had made to their lives. They said, "I've been coming since the group started. I bring my dad who has Alzheimer's and the group has been a lifeline and helped me through some extremely hard times. The staff are amazing and go above and beyond. I would be lost without our memory café."
- A healthcare professional had provided feedback about the memory café to Home Instead Senior Care. They said, "The registered manager is a powerhouse of commitment and enthusiasm, and the Home Instead Senior Care team who ensures it all runs smoothly. The dementia café showed the real value of partnership working to make everyday living better for people affected by dementia."
- The service was actively involved in promoting community activities including local fundraising events. The service had recently raised money to support another local church with food donations. The church recognised their contribution and sent a letter of thanks that read, "We are truly blessed to have such kind and caring people as yourselves who care about those in the community less fortunate than ourselves."
- Caregivers told us the registered manager had an open door and listened to any suggestions, requests or concerns. They said they had regular newsletters, team and individual meetings and other opportunities to share ideas and updates on changes in people's care needs.
- The provider regularly sought feedback from people about the quality of care they received. Comments included, "The carers are angels in disguise" and, "I cannot recommend this company enough. The carers were exceptional."
- A relative told us, "The most wonderful aspect is that they are so quietly cheery and appropriately affectionate in improving [person's] quality of life. They are so very intelligent and communicative. Everything they do is safe, effective, caring, responsive and well led."
- Where required, relatives were kept up to date with any changes to their loved one's health. One relative told us, "If there are any concerns about [person], I get a phone call to let me know. As I live quite a distance away this is exactly what I need."

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 a good understanding of duty of candour and promoted an open and honest service and led by example. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements; Continuous learning and improving care

- The registered manager ensured regular and robust checks to ensure the service was working in line with the regulations. These checks included regular 'support visits' where caregivers are observed to ensure people receive high quality compassionate care that is respectful of the person's beliefs, culture and preferences. One caregiver commented, "They do spot checks as they want to make sure we are doing everything properly."
- The provider had robust systems and process to monitor and improve the serve. There was a planned approach to continuous improvement and improvements were made gradually to ensure they were embedded before making further changes. For example, an electronic care planning system was planned to improve efficiency in writing and monitoring people's care needs.
- The registered manager kept up to date with the latest good practice guidelines by attending local provider forums and care related conferences.