

Hamax Ltd

Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

Summary of findings

Overall summary

We undertook an announced inspection on 28 February and 2 March 2017. At our last inspection in July 2015 we found the service was good across all the five questions.

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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Its primary focus was to provide a service to older and younger adults who were living with a dementia, who may also be living with other conditions. At this inspection we found 75 people were receiving support with personal care.

There was a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All the people spoke highly of the service provided for them. People said they would recommend the service. People we spoke with told us staff were caring and compassionate. We saw and heard a sense of fondness between people and the staff who supported them. Relatives we spoke with informed us the staff showed a high level of compassion towards their family members. All the people we spoke with explained how staff went over and above what they expected from them and they couldn't ask for anything more. People told us the support they received improved their well-being. Staff were positive about the people they supported and the service provided.

The management team focussed on feedback from people, their relatives and staff as an integral part of their quality assurance system. This was achieved through annual surveys, meetings with people, complaints, and reviews. We saw action was taken and improvements were made to improve the quality of people's lives. The management team monitored and audited the quality of care provided, and used this information to continuously improve the quality of the service provided. People, their relatives and staff spoke highly of the management team. Staff told us there was a high level of leadership which had a positive impact on staff morale. The management team participated in forums and community events to ensure best practice was maintained.

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

Staff had up to date knowledge and training to support people and told us they shared best practice to ensure they had the skills to meet people's needs. Staff always ensured people gave their consent to the support they received. People we spoke with explained they were supported to make their own decisions and felt listened to by staff. The management team regularly reviewed how people were supported to make decisions. People were supported to eat and drink well when part of their identified needs. People and their relatives told us staff would support them to access health professionals when they need to and the management team had effective links with services available in the community. People told us there was effective communication between themselves, staff and health and welfare professionals.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People benefitted from a small team of regular staff who knew their needs and managed their identified risks in a safe way. People were protected from abuse by appropriately trained staff. People were supported with their medicines to ensure they had them as prescribed.

Is the service effective?

Good ●

The service was effective

People were supported by staff who knew how to meet their needs. Staff were knowledgeable about how to meet people's needs, and their skills were regularly updated and best practice shared. People received support from staff that respected people's rights to make their own decisions where possible. People were supported to access health and welfare professionals when they needed to.

Is the service caring?

Outstanding ☆

The service was very caring

People were supported by compassionate and caring staff who listened to their preferences. The management team and staff were committed to providing the highest quality care possible. Staff respected people's dignity and supported people to achieve as much independence as possible. People were supported by staff who adapted their communication techniques to ensure they were understood.

Is the service responsive?

Good ●

The service was responsive

People were listened to by staff who adapted their support to meet their needs. People benefitted from regular reviews of their care. People, relatives, staff and other professionals worked together to recognise and respond to people's needs. People and their relatives were confident that any concerns they raised

were responded to appropriately.

Is the service well-led?

The service was very well-led.

People, relatives and staff felt supported by the management team. The management team listened to the views of people using the service, relatives and staff and made changes as a result. There were systems in place to monitor the quality of the service to aid continuous improvement. The management team used innovative methods to maintain links with the community to sustain best practice and share knowledge and skills. The management team encouraged staff to go above and beyond when supporting people.

Outstanding 

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection which took place on 28 February and 2 March 2017 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

This inspection used the standard CQC assessment and ratings framework for community adult social care services, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service.

We asked the local authority if they had any information to share with us about the services provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service. Additionally, we asked Healthwatch if they had any information to share with us. Healthwatch are an independent consumer champion, who promotes the views and experiences of people who use health and social care.

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

We spoke with ten people, and eight relatives. We spoke with ten staff and the registered manager and the provider. We also spoke to a social worker who regularly supported people at the service. We also spoke with a member of the Parkinson's society who had regular involvement with the service.

We looked at 11 records about people's care, including their medicine records. We also looked at complaint files, minutes of meetings with staff, compliments, newsletters, and minutes of management meetings as well as feedback people completed on the service they received. We also viewed records relating to the management and quality assurance of the service including monthly checks.

Is the service safe?

Our findings

All the people we spoke with said they felt safe because they were supported by staff who knew their needs and how to support them safely. One person told us, "I don't know how I would manage without them [staff]; they are really good at keeping me safe." Another person said about the staff that supported them, "We have a laugh and this helps me feel confident and safe." All the relatives we spoke with said their family member received support from staff in a safe way.

The management team and staff explained their responsibilities in identifying and reporting potential abuse under the local authority reporting procedures. All the staff we spoke with had a clear understanding of their responsibility to report any concerns and who they could report them to. They told us training on potential abuse formed part of their induction and was regularly updated. Staff also said safeguarding was regularly discussed in team meetings to support their knowledge.

People we spoke with explained they had discussed their support needs with staff and identified risks to their safety and welfare. Such as supporting people with their medicines and mobilising safely. Staff explained how they managed risks to people while maintaining people's independence as much as possible. For example, one person needed support when mobilising and it was clearly documented on their care plan with an assessment of any risks to ensure these were mitigated. Staff we spoke with understood these risks and how they needed to mitigate them. Staff said they kept up to date with people's care plans and risk assessments so they were aware of what support the person needed and what support people received.

People we spoke with told us they had regular staff and they arrived at the agreed times and stayed for the full length of their visit. They also said they were always informed if there was a delay in a member of staff arriving for any reason, which they appreciated. The registered manager explained how they had a system in place which alerted the office staff if a member of staff had not arrived at a visit. People we spoke with said they were aware of this system and this gave them peace of mind that office staff always followed up delayed visits. They went on to say how this increased their feeling of safety and well-being.

People told us they were consistently supported by staff who knew them well. All the people we spoke with explained how they were never supported by staff they had not been introduced to and this increased their feelings of safety. The registered manager explained they were now continuously recruiting to ensure they consistently had sufficient staff available. Staff said they had enough staff to meet the needs of people using the service. They told us there was a core established staff group who provided continuity for people using the service and supported new staff. One member of staff explained how they worked as a team and the registered manager and office staff would support them when needed.

New staff we spoke with explained they completed application forms and were interviewed to check their suitability before they were employed. They explained how the management team checked with their previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable

staff were employed, so people using the service were not placed at risk through their recruitment practices.

Some people told us they needed support with their medicines. They said this was discussed with them and they were included in decisions about how they were supported. One person told us, "They always know what creams I need and how to apply them. They are very professional and thorough." Staff told us people's plans guided them to support people with their medicines. They said these plans were updated when needed and they were aware of any changes. Staff said they had received training about administering medicines and their competency was assessed by the management team. One member of staff explained how they were given time to feel confident when administering medicines; they said they felt supported through the process by colleagues and the management team.

Staff told us they received regular spot checks by the management team to observe their administration practices. One member of staff explained how feedback from these spot checks increased their confidence about their practice. The registered manager told us people's medicine records were reviewed by staff and the management team. She went on to say action was always taken if there were any concerns found to ensure the records were completed correctly and people received their medicines as prescribed.

Is the service effective?

Our findings

People we spoke with said all the staff were knowledgeable about how to meet their needs. One person told us about staff, "They are all very professional and know so much I feel confident they will pick up on anything of concern." This person went on to explain how one member of staff identified a patch of sore skin and immediate action was taken. They said this action had prevented any serious condition developing and they were very reassured by this action. Relatives we spoke with told us they were confident that staff were well trained and knew how to support their family member. One relative said about staff, "They all seem very well trained and have a really good knowledge about dementia." The social worker we spoke with explained how in their experience staff were confident when supporting people with dementia and had a good knowledge base.

Staff told us they had received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing experienced staff. Staff said they met the people they were supporting before they provided their care. Experienced staff shared their knowledge of how to support people with new staff so people had continuity of care. They said the management team checked when they were ready to support people on their own and this could be varied depending on their confidence and experience.

Staff said they felt prepared and had received training in all areas of care delivery. One member of staff explained how they were encouraged to always ask questions to the management team and their colleagues, and how this improved their confidence when supporting people. Another member of staff told us how several staff had said they were not confident when cooking for people. They explained how the management team had arranged cookery lessons for those staff members that wanted them. They went on to say how much they were looking forward to these lessons. Staff told us the management team supported them to achieve their vocational training and how this supported them to feel recognised for their skills.

Staff told us they were supported by the management team and had regular supervisions and team meetings. They were encouraged to complete training to improve their skills on a regular basis. This training included Mental Capacity Act 2005 (MCA); staff had a good understanding of the principles of the act and the use of least restrictive practice. One staff member said, "We all understand about not making decisions for people and giving them time to understand so they can make their own decisions."

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

People told us staff always checked they agreed with what support was offered to them. Relatives we spoke with said they always heard staff checking their family member consented to what they were doing. Staff we spoke with told us they were aware of a person's right to refuse their support and they explained how they managed this with the support of family and the management team. One relative explained how staff would

come back if their family member did not want support when they visited. Staff explained they always ensured people were in agreement with any support they provided.

Staff told us some people needed support with bigger decisions they needed to make. They explained how the care plan and the management team guided them with who they could involve with best interests decisions. The registered manager and the management team had an understanding of the MCA and was aware of their responsibility to ensure decisions were made within this legislation. We discussed how capacity assessments were completed and spoke with the social worker who often completed them with the management team. The social worker confirmed that the main principles of the MCA were followed by the management team during the assessment process. The management team were in the process of completing new documentation to ensure the service were compliant with the legislation.

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

Some people we spoke with had help with shopping, cooking and meal preparation as part of their identified support needs. They told us they chose what they wanted to eat, and how this was prepared. One person explained how they were supported by staff to cook a meal at lunchtime because they preferred a hot meal at this time of day. They went on to say how staff listened to them, knew their preferences and they had meals they enjoyed. Relatives we spoke with said their family member was supported to make their own choices about what they ate. Staff knew people well because they supported them regularly; therefore they were aware of what level of support each person needed.

People we spoke with said staff helped them if they needed support for any aspect of their health care. One person explained how their regular member of staff frequently spoke with the district nurse team on their behalf to arrange their support. They said they were confident with how staff supported them and they appreciated the assistance. Relatives told us staff supported their family member to arrange and attend health care appointments when needed. One relative said, "They [staff] always call for any help needed, keep me in the loop every time." Staff had involved other health agencies as they were needed in response to the person's needs, such as opticians and dentist. For example, one person explained how the occupational therapist had visited them to support them with equipment to improve their safety.

Is the service caring?

Our findings

All the people we spoke with said they found all the staff were caring and showed compassion. One person told us, "I have regular [staff] who are amazing, really genuinely kind and supportive." Another person said, "My [staff] is brilliant, they know me really well and my life is good with their help." All the people we spoke with said they felt their needs and wishes were the focus for staff who supported them and the staff at the office. People we spoke with frequently said staff went over and above their role to support them. For example one person told us, "My carer [staff] always folds my nightie like you would find in a hotel, it really makes me feel special." Another person explained how the owner arranged a social evening for people using the service to attend. They went on to say, how much they enjoyed the event and how this improved their feeling of well-being. A further person said, "They do everything I want and more, they are so helpful and will do more than they should."

One person explained how when they needed extra support this was arranged easily and quickly as they wanted. Another person told us how they had been in hospital and decided to return home quickly, they said one call to the office and their support was arranged straight away. Relatives we spoke with explained how they were reassured extra support was available if their family member needed it. One relative told us how all staff went above and beyond when they needed to. For example, staff had regularly checked their family member was well after a period of illness. This was to ensure they were able to support their family member and did not require further assistance from staff.

Relatives we spoke with all said staff were part of the family and supported them too. One relative explained how staff would come back later in the day if their family member wasn't ready to get up at the time allocated. Another relative told us how staff thought of them when they had been ill, and their support had helped their recovery and well-being. A further relative explained how the relationship between one member of staff and their family member had improved their well-being. The relative said, "I have such confidence in the staff, they really care about [family member] and will always take the time to make the visit enjoyable." Relatives said staff kept them involved and up to date as agreed by their family member. A further relative told us that supporting their family member was team work between them and staff and communication was always effective. Relatives said staff supported their family member's well-being as a whole and spent time rather than only completing set tasks. One relative explained how reassuring it was to know familiar staff would always arrive as they should and support their family member. People who used the service and their relatives said they would recommend the service to others.

We saw positive interactions between staff and people using the service. When people spoke about staff they did so with fondness. Staff we spoke with said they proud to work for the service. One member of staff said, "I love working here, we deliver excellent care, and all the team really care about the people we support." Staff told us they knew people well and were always introduced before they supported people. They said this was really important because people needed to have confidence with them before they supported them. This was an example of how the management team guided staff to understand people living with a dementia and the additional impact this could have with people's confidence around people they did not know. All the people we spoke with said staff were introduced to them before they provided

their care. When a new member of staff was introduced to their team of staff, the existing members of staff spent time ensuring the team member was well briefed. One person explained how this was really important to them, so staff would always know, "All my little ways, how I like things done." Staff understood the importance of continuity of care for people living with a dementia.

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

People said staff supported them to make their own decisions about their daily lives. One person told us about staff, "They are willing to do absolutely anything I ask, they always check if I need anything else doing." Another person said, "They know what I like, and how I like things done." People we spoke with explained how they chose what time they received their visits and what staff supported them with. One person explained how they had not got on well with one member of staff, and they had discussed this with the management team and the member of staff no longer supported them. Another person said, "I don't know how they match the staff, but it really works, they are like my friends." One relative told us about staff, "They are all hand-picked, sociable, caring people who actually listen to you and want to do things to make your life better." The management team demonstrated an understanding of people living with dementia by ensuring staff were chosen who had experiences in common with the people they supported to build a rapport with people.

Staff we spoke with explained how important it was people who used the service were listened to and had influence over how their care was provided. One member of staff explained how they used different methods of communication to ensure people were able to understand them. They told us they learnt ideas from their dementia specific training and from the management team guidance to ensure they adapted their communication to each person as an individual. For example, one relative explained how one member of staff used an electronic hand held computer with their family member. They used this to display pictures and information about the past to discuss with the person. The relative explained how this seemed to break through communication barriers for their family member and how much they enjoyed their time with the member of staff. We spoke with the owner and they explained this was a new initiative for staff to use this technology with people to improve communication and people's well-being. He explained how his dementia degree had facilitated ideas to improve communication methods to improve the quality of life for people receiving a service. They went onto explain how the technology could be used for pictures and music which triggered memories and conversation.

It was evident from speaking with people that staff worked hard to connect with people they supported. For example, one member of staff explained how they had taken vinyl records to play for one person because they had told the member of staff how much they liked this music medium. They explained how by listening to the records had evoked memories for the person and encouraged engagement with them. Another member of staff told us how the registered manager had set a secure information link for one family who lived abroad. They said the family had said how much they appreciated the regular updates. These demonstrated the ingrained best practice of staff supported by the management team.

People, relatives and staff told us the management team regularly consulted with them on ways to improve

the service. For example, after discussion with people using the service and staff, the owner had actioned "Random act of care," days where office staff visited a person who they felt may need cheering up. For example if the person had not been well. We spoke with one person who had received a pot plant, which they said they really appreciated and it was important to them when staff had recognised they had not been well.

People we spoke with said staff encouraged them to be as independent as possible. One person explained how staff adapted their support on a daily basis to encourage independence so the person did not lose their skills. They said some days they would cook their own meal with staff providing minimal support. On other days they would, "Supervise staff from the kitchen table," to prepare their meal. This person told us how important it was to them that they remained independent when they could, and how this had a positive impact on their well-being. Another person explained how a member of staff spent time building their confidence when supporting them with a shower. They went on to say how this had improved their well-being and independence. This also demonstrated staff best practice to encourage people to be as independent as possible to remain in their own home.

People said staff respected their dignity. One person told us about staff, "They do things without being told, like closing the door, or holding the towel up, it's natural for them to respect my dignity." Another person explained how staff always took time to build their confidence and respect their concerns. They went onto explain how their confidence had increased with staff support and they had become more independent as a result of this. Relatives said staff always treated them and their family member with dignity and respect. One relative told us about staff, "They speak like [family member] is a proper person; they show real respect for [family member's] views and opinions."

Staff we spoke with showed a good awareness of people's human rights, explaining how they treated people as individuals and supported people to have as much choice as possible. They told us this came from the management team and the provider who worked with staff to share their ethos about the importance of each person they supported. One member of staff said, "I just have to imagine how I would feel and that makes it easy to really focus on the person."

We spoke with a social worker who was regularly involved with people receiving a service. They said people were happy with the service and they saw staff had built relationships with people. This was because staff had ingrained best practice when supporting people living with a dementia to enable people to remain in their home for as long as possible. They also told us that staff were not task focussed, and were creative at supporting people effectively. For example, spending time with people who were initially resistant to receiving support, to give them time to get to know the member of staff and build a rapport to trust them.

We saw the management team had built links with the community to ensure they could offer people advice and support about other services when they needed them. For example, one relative told us they had received support from the management team about dementia specific support within the community. They said their family member had accessed the support in the form of sessions attended with staff support, which their family member had enjoyed. We also saw advocacy services information was available for people who needed support with making decisions about their well-being.

Is the service responsive?

Our findings

People we spoke with told us about how their individual needs were met. One person explained how they were supported to manage their daily life with support from staff. They said they were more in control of their life because of the support they received. They were able to go out into the community if they wanted to and this supported their wellbeing to be in control. Another person told us, "I don't know how I would manage without them, they are so patient." People we spoke with told us staff involved them with decisions about how they were supported. Relatives said staff kept them involved and up to date as agreed by their family member.

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

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

Relatives said they could contact the management team at any time and they would listen and support them. For example, one relative said when they raised a particular concern they were listened to and the situation was resolved satisfactorily. Another relative told us, "They [staff] provide a flexible service; they will accommodate my [family member's] wishes." Staff told us plans were updated quickly if there were any changes to people's needs, and the information was communicated to all staff effectively.

All the people we spoke with said they felt comfortable to raise any concerns, and knew who to speak to, either care staff or office staff. One person said, "They are always asking if everything is okay for me, I can easily say if I had a problem." Most people we spoke with said they had not had cause to complain about anything and they were happy with the care provided. Relatives said they were confident to speak to the management team if they had any concerns.

The management team investigated any concerns raised and actioned them appropriately. For example, we saw one complaint had been investigated and the outcome had been discussed and agreed. There were clear arrangements in place for recording complaints and any actions taken. Staff told us learning from complaints was shared with them at their team meetings. We saw in staff meeting minutes that any

complaint learning was shared with the staff team. The provider regularly reviewed any complaints and discussed with the management team any learning from them.

Staff we spoke with said any feedback received from people was shared with them to ensure they knew when they were doing a good job. Staff told us this was motivating and used learning from complaints as part of their personal development to provide a better service for the future.

Is the service well-led?

Our findings

All the people we spoke with said the service was very well managed and they had confidence in the management team. The registered manager had been in post for a year and had developed strong links with people using the service, relatives and staff. All the people we spoke with mentioned the registered manager and how approachable she was with them. Staff all spoke positively about the management team and the owner. The management team demonstrated a commitment to provide a high level of service for people. They also ensured staff were well supported and always focussed on providing an excellent service for people through their leadership strategy. Staff told us they could discuss anything with the management team or the owner. They said they were approachable and easy to work with, and really listened to people using the service. One member of staff explained how the management team were consistent about, "Always putting people who used the service at the heart of everything they do."

People we spoke with all said they were very pleased with their support and knew the management team well. One person told us, the service was, "Managed well, they always listen." Another person said, "I can talk to the office staff about anything, and they will sort it." A further person explained how the registered manager always took the time to speak with them and checked they had all the support they needed. Relatives we spoke with said they felt the service was managed effectively. One relative told us, "They are brilliant at the office, always open to ideas and practical support." Relatives said they could speak with the management team at any time, and they would listen and take the appropriate action. The social worker we spoke with told us the management team had demonstrated good leadership skills, and offered a lot of support for their staff.

Staff we spoke with said staff morale was high because of the support they received from the management team. They said this was because of the good leadership from the management team and the owner. One member of staff said, "It's like a family here, I love working with them." Another member of staff explained how they had regular meetings in locations close to their home, which enabled them to attend regularly. These meetings kept them in touch with the staff team they worked with and shared good practice. One senior care assistant explained how the small team of staff would meet together to discuss best practice for a particular person when they needed to share information to improve how the person was supported. One relative told us how effective the communication was between staff who supported their family member which impacted positively on their well-being. They explained how staff shared ideas with each other and them so they constantly felt included with how their family member was supported. They said their family member was supported with a flexible and innovative approach which enabled their family member to stay living in their own home. A further member of staff told us the support they had was outstanding, they said the management team, "Really cared," about them and were very family orientated.

Staff told us they were encouraged to share ideas to improve people's well-being and how the service was delivered. This was reinforced by the management team to encourage innovation through their 'great little ideas' scheme, which encouraged staff to share ideas and inspirational practice. For example, staff told us about how they had raised with the management team that they would like additional knowledge about how they supported people with meal preparation and encouraging people to eat. The owner showed us

how he had listened to staff and researched what was needed and arranged "Senior suppers" to meet their request. This was training for staff to improve their cooking skills and nutritional knowledge around the specific needs of people they supported. One member of staff said this would improve how they supported people with their meals, and would give them more confidence. The owner explained how he had trialled the training to ensure it gave staff the knowledge they requested. Staff told us dates were arranged and scheduled in for them to complete this training.

The owner and the management team explained their ethos about supporting people living with dementia. The owner had undertaken a foundation degree science in dementia studies and shared the skills gained with staff and people using the service. For example, how the management team ensured staff had received dementia specific training to increase their understanding. Staff told us they had a good understanding and the owner and the management team were always available to offer guidance when they needed it. Relatives we spoke with said staff were knowledgeable about supporting people with dementia. One relative we spoke with reported how the whole experience of their family member being supported by the service had been positive. They said from the assessment to the delivery of the service staff had shown a good understanding of dementia, and shared tips and ideas which had improved their family member's well-being.

The owner explained how the training team offered free educational workshops for relatives of people with dementia. He went on to say how these had been taken up by some relatives and he was looking to promote the idea to other relatives of people currently using the service. Other initiatives to promote people's well-being were the use of different communication methods such as electronic hand held computers. These gave staff the resources to engage people with a wide range of experiences to improve communication.

The management team supported an open and inclusive culture. We saw the owner used an independent company to request feedback through questionnaires from people using the service and staff. People we spoke with all told us they felt listened to. We saw the results for people using the service were very positive, with 91 percent of people surveyed stating their staff members go the extra mile to make a positive difference to their lives. People we spoke with all said they were regularly invited to share their opinions about the service and any suggestions for improvements. One person told us about a suggestion they had made about how the service met their needs. They said this was listened to, and the suggestion they made was implemented, they told us they were very happy with the service they received. All the people we spoke with told us there were no improvements needed with the support they received.

We were also shown staff surveys where staff gave very positive feedback regarding the management of the service. Staff told us the management team shared the results of the surveys and shared a clear plan where they were going to make improvements, for example pay rates. The management team explained how staff were recommended by people using the service for monthly and yearly awards. Staff told us they felt appreciated by the management team and these awards acknowledged their hard work directly from the people they supported. One person told us how they had recommended a member of their staff team for an award and it was recorded in their regular newsletter from the management team. They said it was really important to them that they could reward this member of staff's compassionate support publically to show how much they appreciated the member of staff.

Staff told us how any compliments were shared with them. One member of staff explained the management team shared a compliment received from one person they regularly supported. We saw compliments were displayed at the office for staff to see when they visited. For example we saw one compliment from a relative, "[Staff member's name] is an excellent carer, [staff member] carries out their duties in an excellent

manner which is very reassuring." Staff also said they received a regular newsletter which kept them up to date with local and national initiatives. They said they felt valued and appreciated. Staff described the provider's whistleblowing policy and how this would support them to raise any concerns if they needed to.

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

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

The owner attended various meetings and forums to keep up to date with service developments and best practice. This included meetings with care provider forums and the local authority. The owner demonstrated a passion for acquiring and sharing knowledge and understanding of people living with dementia. The management team told us how these ideas and information sharing were then fed back through weekly meetings to ensure the management team were up to date with best practice ideas. The owner said they were passionate about the continued development of this service and ensuring people had the best support possible.

The owner contributed to community awareness of dementia by providing dementia care training for local community groups such as Age UK, and the Alzheimer's society. They informed us how this had enabled them to build stronger relationships with people they supported as well as local services which support people with dementia. We saw evidence of feedback which the owner had received about how appreciated and effective the dementia training had been. The owner explained how these groups enabled them to share their knowledge and learn from other people's experiences. This was reflected in people and their relatives comments about staff as, "Knowledgeable," "Excellent," and, "Highly motivated." The owner went on to say how this supported staff with their understanding from talks at team meetings from professionals within the community groups. We spoke with a member of the Parkinson's society and they explained how they linked with staff to support with specific training and best practice. Staff we spoke with said this additional training was useful because it was specific to a particular condition and gave them a better perspective of how the person's well-being could be supported.

We saw the management team worked with a wide range of organisations such as the Worcestershire Dementia Advice Service, Alzheimer's Society, Age UK and the Parkinson's Society. The owner explained how they networked with these organisations. This was to ensure they maintained skills and knowledge and developed links to share with people and their families where appropriate. Relatives we spoke with said they had been advised of different community services available to their family member. One relative told us with the support of staff their family member attended some of these services which they had enjoyed.

The social worker we spoke with explained how staff worked well with other agencies, by sharing information effectively and providing a flexible service.

The management team were involved with the home office and Worcestershire Police 'scams awareness' program which involved sharing information with the community and people who were supported by the service. This initiative supports people to remain safer in their homes by raising awareness and understanding to prevent scams. Other initiatives such as 'falls prevention' and 'active aging festivals' involving Age UK also involved members of the management team, either for sharing information and building community links to develop and improve the quality of services provided.