

Fiftytwo 7 Care Ltd

Home Instead Stourbridge

Inspection report

78 Worcester Road
Hagley
Stourbridge
DY9 0NJ

Tel: 07506617834

Website: www.homeinstead.co.uk/stourbridge

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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

About the service:

Home Instead Stourbridge is a domiciliary care agency (DCA) registered to provide personal care and support to people in their own homes. The office is located in the Stourbridge area the West Midlands. The service is owned by Fiftytwo 7 Care Ltd, a franchise of Home Instead.

Rating at last inspection:

Our last inspection of Home Instead Stourbridge was in December 2015. The overall rating at this inspection was Good, with no regulatory breaches identified. This report was published in February 2016.

We undertook this announced inspection of Home Instead Stourbridge on 28 February 2019. We also completed telephone interviews with a number of caregivers and this was on 6 March 2019.

At the time of our inspection, 68 people were using the service. Of those 68 people, 35 received personal care and the remainder received help at home, or companionship services. We only looked at the service for people receiving personal care as this is the activity that is registered with the Care Quality Commission (CQC).

People's experience of using this service at this inspection:

Staff of Home Instead Stourbridge are known as 'caregivers' and we have referred to them in this way for the purpose of this inspection report throughout.

People received an outstanding service. People who used the service and their relatives were extremely positive about the service they received.

We were told of numerous examples where caregivers had 'gone the extra mile' to ensure people received high quality, person centred care. Caregivers often went 'above and beyond' their expected job role so that people received an outstanding service.

Links within the local community were excellent and the service had won a number of awards, one of which was the 'Best employers in Care 5 Star Award 2018'. This is awarded by the company Work Buzz who are market research experts across all sectors of business. They conduct annual independent surveys and the award is only given to the top few percent of businesses which they survey in a year. The service were also passionate about ways to raise money for charity and the team had already participated in a number of local events in order to meet this goal.

There was an exceptional open and inclusive culture. The service was extremely well led by a strong and

supportive management team. All caregivers fully embraced the registered provider's visions and values to deliver a high quality person centred service, helping people to continue living in their own home, maintain their independence and lead happy and fulfilled lives. Caregivers consistently told us they felt the service leadership was outstanding. People who used the service also told us about the exceptional management within the service.

Caregivers were highly motivated, felt valued and enjoyed working at the service and the culture of the service was fully embraced by everyone. The management team actively encouraged caregivers to be involved in the continuous improvement of the service.

Positive relationships had been formed between caregivers and people using the service. Caregivers knew people well and were kind and sensitive to their needs, ensuring people's privacy and dignity was respected at all times. A 'Matching' process was used and this enabled people to receive care and support from caregivers with similar interests to themselves.

People and their relatives felt safe using the service. There were sufficient numbers of caregivers who had been safely recruited to meet people's needs. People were supported by a consistent care team and there had never been a missed visit at the service. People did not receive visits from caregivers who had not previously been introduced to them, unless there were exceptional circumstances.

Risks to people had been assessed and caregivers knew what to do to keep people safe from avoidable harm.

Where required, people were supported to take their medicines in a safe way by caregivers who had been trained and assessed as competent.

On-going training, supervision and observations of caregivers competence were undertaken to check they had the skills and knowledge to be competent in their job role and support people safely and effectively.

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

People's health was well managed. Caregivers had built positive links with professionals which promoted people's wellbeing.

More information is in detailed findings below.

Why we inspected:

This inspection was carried out to check if people using the services of Home Instead Stourbridge were still receiving a 'Good' level of care and support and to check that regulatory requirements were still being met.

Follow up:

We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for 'Outstanding' rated services, however if any information of concern is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally Caring and had improved its rating to Outstanding for this domain.

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service remained Responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally Well-led and had improved its rating to Outstanding for this domain.

Details are in our well-led findings below.

Outstanding ☆

Home Instead Stourbridge

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC) and an expert by experience. An expert by experience is someone who has personal experience of using, or caring for someone in a service similar to Home Instead Stourbridge. Their role was to undertake telephone calls with people who used the service and their relatives, to ask them about the service they received.

Service and service type:

Home Instead Stourbridge is a domiciliary care service and people receive care and support in their own homes, allowing them to retain their own independence. The service had a manager at the time of the inspection, who was appropriately registered with the CQC.

Notice of inspection:

The inspection was announced. We provided 48 hours' notice (done on 26 February 2019) of the inspection to ensure it could be facilitated on this day. We spent a second day carrying out telephone calls with caregivers and this took place on 6 March 2019. This was to ask them about their experiences of working for the service.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the service, which had

been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and other professionals who worked closely with the service.

During the inspection we spoke with 10 people who used the service, five relatives and 12 caregivers. We also spoke with both directors of the service, one of whom was the registered manager and the care manager.

We reviewed three care plans, three caregiver personnel files, three medicine administration records (MAR) and other records about the management of the service to help inform our inspection judgements about the service.

Is the service safe?

Our findings

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

Good: People continued to be safe and protected from avoidable harm. People told us that they felt safe and relatives trusted caregivers to do the right thing by their relatives when they were not there. There were systems and training in place that caregivers felt confident in using. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- There were systems and processes in place to protect people from the risk of harm and abuse. Caregivers had received training in how to safeguard people from abuse and understood their responsibilities to report any concerns.
- People, and their relatives, told us they felt safe using the service. A person using the service said, "I most certainly do feel safe. I have trouble with bending and stretching so they safely help me with putting my clothes on, so I cannot fall over and get in a mess." A relative we spoke with also added, "Yes as they help my wife get up in a safe manner and wash or shower her. I can't manage to do this myself anymore and it is a great comfort knowing she is being seen to safely and be made nice and clean and tidy."
- A central log was maintained of any safeguarding incidents which had occurred and detailed any actions taken to help keep people safe. Meeting minutes from any case conferences/strategy meetings were available and a safeguarding policy and procedure was available. All caregivers had received safeguarding training and were able to tell us about the different types of abuse that could occur and signs to look out for.

Assessing risk, safety monitoring and management:

- Accidents and incidents were recorded and reported by caregivers to the office. These were discussed at management meetings to identify any actions required to ensure the safety of people and caregivers.
- Systems were in place to identify risks to people. Where appropriate, management plans had been put in place which were regularly reviewed. People had a range of risk assessments in their care plans about how to keep them safe and covered areas such as medication moving and handling, the environment, skin and nutrition/hydration. Where any potential risks were identified, control measures were detailed to keep people safe.

Staffing and recruitment:

- There were sufficient numbers of caregivers, with approximately 55 being employed at the time of the inspection. A call monitoring system was in use which enabled management to check that care calls were being completed at the correct times, with enough caregivers. For example, where two Caregivers were needed to complete a care call, this could be checked on the system that two had attended. We were

informed during the inspection that no missed visits had ever taken place and this was confirmed by people we spoke with. One relative said, "The only time she has a double up call is on a Wednesday to shower her, the rest of the time a single carer call. They never fail to send two on a Wednesday."

- People told us they were supported by a consistent team of caregivers. One person said, "We have group of five that come to us so we know who is coming and also get a rota weekly telling us." Another person added, "I get between four to five regular ones coming, so yes. I do." A relative also added, "We have a regular team who have been with him for over 12 months now."

- We looked at three caregiver files during the inspection and found recruitment practices were safe. This included carrying out disclosure barring service (DBS) checks, seeking references from previous employers and holding interviews for potential new recruits.

Using medicines safely:

- There were systems in place for the safe administration of medicines. We looked at three people's medication administration records (MAR) during the inspection, all of which were completed accurately with no gaps in recording noted. All of people's medicines were listed, with details provided about the dosage and frequency they needed to be taken.

- Both people who used the service and relatives said they received their medicines safely. One person said, "One of the main reasons they come is to make sure I have taken them. If I have forgotten they will get them for me to take." A relative added, "Yes they do all her medicines and she takes her tablets with a drink regularly when they call. Gloves are worn all the time."

Preventing and controlling infection:

- People were protected from the risk associated with infection control. Caregivers had received training and were provided with personal protective equipment (PPE). The people we spoke with during the inspection said PPE was always worn when delivering care.

Learning lessons when things go wrong:

- No significant incidents had happened since our last inspection. The registered manager informed us all incidents were looked at by the management team and lessons learned shared with caregivers to help improve the service provided.

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

Good: 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 were assessed when they first began using the service. The assessments were completed face to face prior to referrals being accepted so that people's care needs could be agreed. The people we spoke with told us they were involved in these meetings and could contribute their views.

Staff support: induction, training, skills and experience:

- Caregivers spoke positively of their induction to the service. The induction was based around the care certificate and is used to provide Caregivers with a thorough understanding of working in a care setting if they had not done so previously.

- Caregivers received on-going training, support, supervision and appraisal to ensure the individual care and support needs of people were effectively met. A training matrix was used, detailing all the training caregivers had undertaken. Records of supervision and appraisal sessions were also held within caregiver files and were being completed within the required timescales. One caregiver said, "The training is good and enough is provided definitely. If you need anymore, all you need to do is ask. Supervision takes place roughly every three months too." Another caregiver added, "They provide enough and it is always ongoing. Supervisions and appraisals take place on a regular basis."

- People and relatives told us they considered the caregivers to be well trained. One person said, "Yes wonderful, all of them and I can't fault any of them at all for anything." Another person added, "Their skills and training displayed are all fine to both me and my husband."

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

- Where required, people were supported to eat and drink enough. People's dietary likes and dislikes were clearly recorded in their care plans. Records showed caregivers had worked with health care professionals to ensure people's nutritional needs were met. One person said, "If we haven't eaten they will do breakfast for us and definitely do on a Wednesday when they do a lovely poached egg on toast which we really look forward to." Another person said, "When they come for my morning call they will prepare a proper lunch for me to have at lunch time. This is a great help to me as then I put it on at about 11.15am so nicely cooked for 12.30pm."

Supporting people to live healthier lives, access healthcare services and support:

- The service worked in partnership with other professionals; for example occupational therapists, palliative nurses, GP, hospital consultants and social workers to achieve good outcomes for people.
- Where people required support to manage their health, information was recorded in their care plan. This helped caregivers to understand what they needed to do to help people maintain their health and wellbeing. Where required, people were supported to attend any healthcare appointments with caregivers.

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. We checked whether the service was working within the principles of the MCA.

- Caregivers had received training and had a good understanding of the MCA. People reported to us their choices were always respected by the caregivers. Where any potential restrictive practices had been identified and people lacked capacity, these had been agreed with family members who had lasting power of attorney (LPOA) to ensure consent could be given for their use.

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.

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported:

- People received outstanding care. Without exception, people were extremely complimentary about the caring attitude of all the caregivers who supported them. One person said, "The carers are all very good and I cannot fault any of them. All wonderful to be honest, so caring and kind." Another person said, "Excellent they are. Can't speak highly enough about any of them. They will do anything for me and are so nice and caring in the way they do things." A third person added, "Whoever comes. I can't fault any of them even the new younger girls. Very caring and polite all of them and nice and helpful."
- Similarly, people's relatives spoke highly about the level of care provided by the service. One person said, "They all care and are very kind and considerate. In my opinion and my wife will agree with me, the care is excellent, absolutely fantastic." Another relative added, "Oh yes very kind and considerate. They will do whatever we ask of them."
- The service promoted a strong person-centred culture and was committed to making a positive difference to people's lives. Caregivers were recruited based on values and did not necessarily need to have previous experience of working in health and social care. They received training to gain the skills and knowledge they needed to help care for people in their own homes, including how to provide care with dignity and respect. Call visits were a minimum of one hour, with some as long as four hours depending on the care needs of the person. This approach provided plenty of time to deliver high quality care and allowed people and caregivers to build up trusting and meaningful relationships.
- The service always strived to ensure people who used the service received care from caregivers with whom they had things in common and shared similar interests. This was known as the 'Matching process' and was carried out as part of the initial assessment.
- For example, one person who used the service had previously lived in a different country and since returning home had enjoyed practicing speaking the language and reminiscing about their time there. The person was then matched with a caregiver who spoke the language and they often spoke together which gave the person stimulation and pleasure.
- Another person had a passion for books and music. They and one of their caregivers both liked the author Jane Austen and the book *Pride and Prejudice*. As such, they liked to speak in great detail with each other about the films. Due to this, the caregiver had helped arrange for some of these books to be converted to

DVD so that they could enjoy them in a different format.

- Another person who used the service had previously been very reluctant to have any support from a caregiver with personal care, however they also took great pride in their appearance and loved a 'pamper session'. They were then matched with a caregiver who also took pride in their appearance and had previously worked in the hair and beauty industry. Following this the person then let the caregiver wash their hair, help them change their clothes and also paint their nails in different colours which we were told the person really enjoyed.
- The morale of caregivers was high. They were passionate and committed to providing exceptional care and support and enhancing people's lives. This included supporting people in their own time and 'going the extra mile' to enable people to have meaningful lives and reduce the risk of social isolation. They knew the things which really mattered to people and gave consideration to this as part of the support they provided.
- We saw many examples of where caregivers had facilitated special requests for people and made extra effort to make people happy. For instance, one person had been keen to engage with other people and make new friends. In their own time, their caregiver had researched a local bowls club and then arranged for the person to attend. This enabled the person to take up a new hobby and engage themselves in a stimulating activity. A sporting event had caused major disruption to local roads in the area. As part of their weekly routine, one person liked to go to a pub in the area for Sunday lunch, although due to the event being on, there was a chance they might not be able to get to the pub and take part in their Sunday tradition. To ensure this did not happen, caregivers contacted the pub and made arrangements with the staff (from the pub) to meet them close by and help the person to cross the road so that they could have their lunch as planned.
- Another person had wanted to attend the funeral of a lifelong friend, although had been unable to attend because nobody could take them. Without hesitation, a caregiver had supported the person to go to the funeral, to which the person had been very appreciative. Caregivers had also supported a person to maintain their wife's grave, as this was something they had struggled doing in recent years due to a decline in their health. Whilst on the way to the grave, caregivers took the person to the florist shop so that they could buy their wife's favourite white roses and then maintain it to the standard it had always been kept.
- One caregiver knew that a person who used the service was a big West Bromwich Albion football fan. As such, they arranged for them to attend a local derby match against Wolverhampton Wanderers. We were told the person had been very touched by this gesture and felt valued by their caregiver.
- Caregivers had also recognised that one person had become increasingly attached to a neighbourhood cat which used to go around to their house, although was later sadly run over by a car. The caregiver had taken many pictures of the two together and printed some of them off for the person so the cat could be remembered.
- The service made use of assistive technology. In conjunction with one person's family, they provided the person with a 'Pebble device', which was placed in their handbag and enabled their family to locate where they were and give them peace of mind that they were safe whilst out and about. This had enabled the person to continue doing what they had always loved to do, which was going out alone into the community independently. Home Instead Stourbridge then provided extra care visits, enabling them to attend their granddaughter's wedding, which had been in doubt previously due to the person's decline in health.
- There were lots of examples where caregivers had gone 'above and beyond' their normal job role,

demonstrating their caring nature and positive culture within the service. One caregiver found out that one person who used the service was a 'Bevin boy' during the war, but never received their medal. The caregiver researched this and made an application to the relevant authorities about how the medal could be obtained. We were told the person was 'Over the moon' to receive it. They then subsequently had their picture published in the local newspaper.

- During another person's care visit, the caregiver had noticed the person was very upset, as none of their best trousers fitted properly anymore, as they had lost weight. They were also about to go on an outing with some friends. However, the caregiver was able to find one pair which were too long, but did fit the waist. Using the sewing kit, the caregiver cut them to size and turned them up enabling them to be worn as intended. The person was said to be very happy and they were then able to have an enjoyable day out with friends as planned.

- Another caregiver travelled in an ambulance to hospital with a person who used the service because they were distressed after being taken ill. The caregiver stayed with the person until 12.30am, outside of their working hours, when their daughter was able to meet and take over. Other examples of the caring and thoughtful nature of caregivers included collecting fish and chips from the chip shop, helping people to decorate their house, assisting people to clear out recycling as it was being hoarded and keeping a log of people's birthdays so cards could be sent.

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

- The service promoted an inclusive and open culture. Significant emphasis was placed on ensuring people and relatives were at the heart of care planning.

- Care plans were detailed and contained information about people, their life history, as well as clear information about their specific needs, personal preferences, routines and how caregivers should best support them to live happy, contented lives. People's care plans were regularly reviewed and, where appropriate, updated to reflect their changing needs. The registered manager told us that people's personal history and preferences were purposely placed at the front of people's care plans, so that caregivers had instant access to this important information.

- People and where appropriate relatives, were involved in decisions around their care and support. This was during the initial assessment and at reviews of their care. The registered manager said it imperative that they got to know people using the service as 'people' and not just a list of documents in their care plan. People's views and opinions were also sought through the use of satisfaction questionnaires, with the feedback then used to improve service delivery.

- One person who used the service had also been invited to attend caregiver meetings and induction days. This had allowed the person to express what was important to them and help caregivers understand the care people wanted to receive. Caregiver supervisions were also used to discuss people who used the service and if they felt there were any changing needs which may need to be acted upon.

- People who used the service were also given choices if their preferred caregiver was off sick, or unavailable. This included giving them the choice to either cancel their call, or re-arrange it for when the caregiver was next available. This was as opposed to sending new caregivers to people's houses who they were not familiar with.

Respecting and promoting people's privacy, dignity and independence:

- People told us caregivers treated them with dignity and gave them privacy if they needed it. People told us they felt well treated and were never made to feel uncomfortable or embarrassed. One person said, "Very good with this. They take things to the shower room for me and assist with me. They close the door and put a mat down to avoid slipping as well and will only do as I require of them."
- Caregivers were knowledgeable about the importance of promoting independence. Caregivers told us they gave people as much independence as was required, although provided assistance as needed to ensure people's care was provided as needed.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Personalised care:

- People received person centred support. Care plans were reviewed regularly and reflected people's current care and support needs. People and, where appropriate, their relatives were actively encouraged with the planning and review of their care.
- People's care plans contained detailed information about their life history, including details about their likes, dislikes, person preferences and daily routines.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet.
- The service had taken steps to meet the AIS requirements, with people's communication needs met as required. Caregivers had noticed one person was wearing an old pair of glasses and therefore arranged for them to have an appointment with the opticians. Photographs of caregivers were also used as visual aids which are displayed in people's houses to remind and reassure people about who would be visiting to deliver their care.
- Caregivers had also participated in a number of training sessions to help them understand what it was like for people living with communication difficulties. For example, wearing special glasses to mimic what it was like for a person a sight impairment. Also wearing gloves to open boxes of medication, to gain insight about what it was like for people who may struggle to open the packaging with their hands and handling the different tablets.

Improving care quality in response to complaints or concerns:

- The service was committed to providing high quality care service where people were happy with the service they received. Complaints were seen as positive to help drive improvements to the service.
- Systems were in place to respond to complaints and concerns. People were provided with a service user guide which included information on how to make a complaint. Records showed any complaints had been dealt with in a timely manner in line with the registered provider's policy. Investigation notes were also available, to help inform any responses that needed to be sent to people.

End of life care and support:

- People were supported with end of life care. The service worked closely with the palliative nursing team to ensure people's needs were met if this was something people required. Although at the time of our inspection, there was nobody directly receiving end of life care.
- People were supported with the grieving process following the loss of family or friends. The service had also been involved with 'Dying matters week' which aims to help people talk more openly about dying, death, bereavement and to make general plans regarding end of life care.

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

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Working in partnership with others:

- The service was consistently well managed and well-led. Management and the culture they created, promoted an exceptional person-centred service which was open, inclusive and empowering. There was a values-based culture within the service. Senior management were visible and operated an 'open door' policy. Their leadership motivated and inspired caregivers to deliver positive outcomes for people.
- Caregivers told us they felt management and leadership was 'Outstanding'. One caregiver told us, "This is one of the best companies I have ever worked for. The management is definitely outstanding and the rest of the caregivers are all great to work with." Another caregiver said, "Management here is Outstanding. It is very inclusive and informative. You are never kept in the dark about anything and the support for us is brilliant." A third caregiver added, "It's outstanding in my opinion. You are kept up to date with what is going on and all the caregivers are really well looked after too in their roles."
- Caregivers repeatedly told us they felt well supported in their roles and all spoke about the service being an excellent place to work. One caregiver said, "It's going great and I love it. I love caring for people and I get along with them all so well." Another caregiver said, "It took me nearly 18 months to find the right care company to work for, but I have definitely found that now with Home Instead. They are brilliant to work for."
- People who used the service were also extremely complimentary about the management and leadership within the service. One person said, "I certainly do. Compared to the last company we had that were awful, this one knocks spots off them. They are known to be the best company around here." Another person said, "Yes I would say the management is superb. They certainly seem to know what they are doing and seems to run very smoothly for me." A relative added, "Absolutely. Excellent service and brilliantly well led and managed."
- Links within the local community were excellent and there were a number of ongoing initiatives taking place in the area. For example, Home Instead Stourbridge were working closely retailers on Hagley High Street (a street within the local area) to deliver 'Dementia friends' training to their staff. This included the local Tesco branch and at the time of the inspection, three sessions had already been delivered, with more planned to look at how retailers could improve their customer experience for people living with dementia. Tesco had also asked Home Instead Stourbridge to run an event for 'Older People's Day' where they would deliver leaflets about avoiding hospital admissions, avoiding falls, improved nutrition and making their

home a safer place to live.

- Home Instead Stourbridge also delivered a number of 'Scam Awareness' at various businesses and locations within the local area. This included a local over 50's forum, churches, banks, sheltered housing accommodation and Age UK centres. The aim of this initiative was to make people more aware, give them confidence and improve their knowledge and safety about how older people can be targeted. 'Social Cafes' were also run within the local community (by Home Instead Stourbridge), with the aim being to combat loneliness and isolation for people in the area. At the café people could meet each other and have a chat, do crocheting, or play activities of their choice.
- The service and the team of caregivers often worked tirelessly to raise funds for certain charity's. One of these included the Mary Stevens Hospice in Stourbridge and plans were already in place to support them at local events in the area such Summer fest and Summer Fete. Caregivers and people who used the service made hats at the companionship café to sell them and raise funds. The office team and several caregivers has also taken part in the Alzheimer's Society Memory Walk and Cancer Research Race for Life. This had enabled money to be raised for chosen charity's and to develop working relationships amongst the team.
- The service had won several awards, one of which was the "Best Employers in Care 5 Star Award 2018". This is awarded by the company Work Buzz who are market research experts across all sectors of business and conduct the annual independent caregiver survey. The 5 Star Award is only given to the top few percent of businesses which they survey in a year.
- Employee recognition awards had been introduced which recognised caregivers who had 'gone the extra mile' and were known internally as the GEM awards. This was used by management to recognise the achievements of caregivers and show them their appreciation for their hard work. These were usually presented at caregiver meetings and could also be nominated by other caregivers if they felt recognition needed to be given for something they had done.

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

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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.

- Caregivers were clear on their roles and responsibilities, felt valued and supported and were provided with the resources they needed to enable them to effectively fulfil their roles.
- A number of quality assurance systems were in place within the service. This included audits of areas such as care plans, recruitment files and medication. A monthly 'Scorecard' was also completed and this was submitted to head office (of Home Instead) by the registered manager and was used as an overall sensor check of how the service was performing. Other quality assurance systems included competency assessment of moving and handling and medication, as well as spot checks and observations of caregivers undertaking their work. This enabled managers to their performance and offer feedback about ways to improve.
- The registered provider recognised the importance of having a stable and happy workforce. Equal emphasis was placed on the well-being of caregivers as were on the people using the service. For example, during the winter months of 2017/18 when there was heavy snow fall throughout the country, special

contingency plans were put in place to ensure the weather did not cause any disruption to the care people needed to receive. This included adding snow tyres to cars and providing caregivers with additional ice scrapers and de-icer to ensure they were able to drive safely.

- The registered manager had a good understanding of the regulatory requirements and we found any statutory notification were submitted to CQC as required.

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

- Feedback was actively encouraged to drive improvements. We saw the outcome of surveys completed in 2018 had been very positive and complimentary about the service. Surveys were sent to people who used the service, Caregivers and relatives to seek feedback.

Continuous learning and improving care:

- There was a strong drive towards continually improving the service. The registered manager and provider provided outstanding leadership and since our last inspection, had improved the overall rating of the service from 'Good' to 'Outstanding'. Both management and caregivers demonstrated a shared responsibility for promoting people's wellbeing, safety and security.