Folkescare Limited

Caremark (Redcar & Cleveland)

Inspection report

5-6 Chaloner House, Bow Street, Guisborough TS14 6PR
Tel: 01287 634706

Date of inspection visit: 24 March 2015
Date of publication: 12/06/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We undertook an announced inspection of Caremark (DCA) on 24 March 2015. We told the provider two days before our visit that we would be inspecting. Caremark (DCA) provides personal care services to people in their own homes. At the time of our inspection 204 people were receiving a personal care service.

Caremark (Redcar & Cleveland) offer domiciliary care and support services, including 24 hour live- in to people within their own homes. Support can be provided to people living in Redcar and Cleveland, North Yorkshire and Teesside.

The service had a registered manager who had been registered with the Care Quality Commission since April 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's

Summary of findings

needs and provide a flexible service. Staff said they were able to accommodate last minute changes to appointments as requested by the person who used the service or their relatives.

The registered provider had policies and procedures in place which were there to protect people from abuse. Staff we spoke with understood the types of abuse and what the procedure was to report any such incidents. Records showed staff had received training in how to safeguard adults. A whistleblowing policy (where staff could raise concerns about the service, staff practices or provider) was also in place. Staff we spoke with again demonstrated what process to follow when raising concerns.

The registered manager and staff were aware of the requirements of the Mental Capacity Act 2005. Mental capacity was assessed by either social work or healthcare professionals and this information was shared with the registered provider who used them to develop care plans for people. Where people lacked capacity, decisions were taken in their best interests. Care plans

included instructions on how they should be supported and included their needs, likes and dislikes.

Social workers or healthcare professionals assessed the dependency level of people who used the service. They then decided the correct staffing needed to provide effective support to people. Records showed the registered provider had sufficient staff in place to meet people's needs.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. However no analysis was made of accidents and incidents to see if there were any trends or patterns, to enable them to learn from them.

We looked at the finance records for people who the service did shopping for, it was difficult to confirm the receipts due to each month not being separated or not collected from the persons home. We were told that the supervisors visit the home regularly to check on finances, but these visits were not recorded.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. To help employers make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults.

Not all staff had received the required training and only about only about 20 out of the 166 staff members had received specialist training in topics such as diabetes, pressure sores and challenging behaviour. The service had a training timetable to cover all the shortfalls. They were aware that training was needed so staff had the skills, knowledge and experience required to support people with their care and support needs.

Staff received regular supervisions and a yearly appraisal. The service also performed spot checks on staff every one or two months.

Staff we spoke with said they had access to plenty of personal protective equipment (PPE).

We found that medicines were administered safely.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People told us they liked the staff and looked forward to the staff coming to their homes.

People were supported to eat and drink. Staff encouraged people to access the community and this reduced the risk of people becoming socially isolated.

Staff were respectful of people's privacy and maintained their dignity as well as encouraging independence.

The service had a system to log complaints and an outcome to the complaint was documented. The services

Summary of findings

policy stated that Caremark will produce an annual report on complaints, this will be shared with the management team within Caremark and will be used to review the service. We asked to see this report but at the time of our inspection there were no reports to view. The registered manager said this was something they were planning on starting.

The service had a system called 'staff planner.' When staff arrived at a persons home they would log in using a freephone number from the persons home if possible, this would alert the system they had arrived. The service had a screen up in the office which provided live data of each appointment. Unfortunately the system did not recognise mobile numbers, therefore if a staff member called from a mobile it would say they had missed an appointment due to lack of recognition. The registered manager was looking into a way around this. At the time of our inspection there were no analysis of late or missed calls, the registered manager was arranging to meet up with the company who provided 'staff planner' to find out how to run reports to monitor late or missed calls.

The registered manager along with the field care supervisors regularly checked the quality of the service provided to made sure people were happy with the service they received.

The registered manager kept records including; care plans, risk assessments and staff files. These were well maintained and fit for purpose. We saw they were stored securely.

Summary of findings

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Medicines were managed safely and appropriately.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents, although these were not analysed for learning.

There were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Requires improvement

The service required improvements to be effective.

Staff did not receive regular training to ensure they had up to date information to undertake their roles and responsibilities. The service were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good

The service required improvements to be caring.

People who used the service told us they liked the staff and they were very friendly.

Staff were respectful of people's privacy.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

Person centred care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Summary of findings

Staff supported people to access the community to an activity of their choice and this reduced the risk of people becoming socially isolated.

People who used the service and their relatives felt the staff and manager were approachable and there were regular opportunities to feedback about the service. Complaints were documented with a full outcome but a planned annual report did not take place.

Is the service well-led?

Good

The service was well-led.

Staff were supported by the registered manager and their supervisiors.

There was open communication within the staff team and staff said they felt comfortable discussing any concerns with the registered manager.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Caremark (Redcar & Cleveland)

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.

The inspection of Caremark Redcar and Cleveland took place on 24 March 2015 and was announced. We told the provider two days before our visit that we would be coming to inspect. We did this because the registered manager was sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available. Two adult social care inspectors undertook the inspection, a care quality commission pharmacist and two experts by experience spoke on the telephone to people in their homes. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a domiciliary care service.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications that had been submitted by the service.This information was reviewed and used to assist with our inspection. We also received feedback about the service from five external healthcare professionals.

During our inspection we went to the provider's head office and spoke to the director, the registered manager, care plan coordinator and five care staff. We reviewed the care records of four people that used the service, reviewed the records for three staff and records relating to the management of the service. We also looked at the medicine records of seven people who used the service. We spoke with staff about medication and reviewed the provider's medication policies.

Of the seven medication records we looked at, we visited four of the people in their own home to make sure that appropriate arrangements were in place to manage medicines safely. During and after the inspection visit we undertook phone calls to 18 people that used the service and 14 relatives of people that used the service. We asked staff to complete a questionnaire and we received six back.

Good

Is the service safe?

Our findings

People who used the service and their relatives said they felt safe and comfortable with their carers. They said that the regular carers were very good and knew what they were doing, but some of the new staff or the younger staff were not as confident in their tasks.

We asked people who used the service if they felt safe with the service, they said, "There's plenty of women, they haven't grabbed me yet. I feel safe, a good set of people, friendly," and "Yes I do, never a problem." Another said, "I feel safe with my carers, I am really very happy with them." One person said, "They take me out on occasions and I am very happy to go with them, I feel very safe with them."

Relatives of people who used the service said, "We are very pleased with the care we receive, we feel very safe and happy with them." Another said, "Absolutely safe, yes."

Staff had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff we spoke with said, "Safeguarding is to protect vulnerable adults, we must ensure the safety and protection of vulnerable adults. We must promote good working practices to prevent abuse, if I thought that one of our tenants was being abused I would report this as soon as possible." Another staff member said, "We ensure the persons wishes and choices are respected as well as ensuring the safety regarding the person. Making every effort to protect and recognise any abuse." One staff member said, "They (Caremark) are very keen on whistle blowing (raising concerns about the service, staff practices or provider), they want you to say something and speak up." One staff member said, "Yes I know about the abuse, safeguarding and whistle-blowing policies and procedures. I have a copy of them in my staff handbook. There is also a copy kept within the office. I last looked at them two months ago when completing my NVQ level 3."

At the time of our inspection the service was updating their arrangements to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service. Records were made of all financial transactions which were signed by the person using the service and the staff member, what was spent was documented in the daily care notes, and the receipt was kept. We were told that the supervisors visit the homes regularly to check on finances, but these visits were not recorded. When trying to reconcile the receipts against what was documented as spent was difficult as they were not in date order and a few months were together. The registered manager agreed to collect the receipts and documentation from the persons home at the end of every month and keep that one months information together, this would prevent one month getting mixed with another.

We asked people who used the service if they had any problems with providing money to care staff, no one we spoke with expressed concerns. People we spoke with said, "They do my shopping on a Wednesday. I give them a list and money. They give me a receipt and change and put it in the book." Another said, "Every Mon and Thurs we go shopping together. I pay for it myself."

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. For example, one persons knee could give way and if out walking you should link arms and only walk a short distance.

Staff were aware of the reporting process for any accidents or incidents that occurred. We looked at the accident and incident file. Documents included the details of the incident, short term action, long term action and stated to be discussed at next meeting. We could not find any analysis of the accidents and incidents to allow Caremark to learn from what happened. The registered manager said they would rectify this straight away.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased or decreased if required. Ten seven staff we spoke to said there were enough staff, although one staff member said, "Yes there are enough staff in general, though not always in difficult times such as late sickness notifications."

Good

Is the service safe?

We looked at the visit records for the people we case tracked and saw that there was the correct amount of staff for each call.

We looked at the recruitment records for three staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised in peoples homes. We saw evidence to show they had attended an interview, had given reference information and confirmed a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers to make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults.

Staff we spoke with said they had access to plenty of personal protective equipment (PPE).

The provider had a detailed medication policy in place which stated the different levels of medication support that was provided for individual people. People were supported where possible to self- administer their own medicines if they wanted to when this was safe. The level of support identified in the risk assessment matched the level of support given for all four people we visited. This was also the same level of support recorded on the Medicine Administration Chart (MAR) by staff.

Care plans we reviewed contained information about where people kept the medicines, how they should be administered and what time they should be taken. However we found in the seven care files we looked at, there was no information on the current medication that people were prescribed. All of the assessments referred to 'medication' but did not specify what this was.

All of the people we visited had medicines in blister packs supplied by the pharmacy. The pharmacy labels had the instructions to ensure staff administered the medicines to people appropriately. Staff recorded administration of these medicines on the Medicine Administration Record (MAR) as 'medipack' and there was information listing the individual medicines administered at each dose. For one person who had other medicines administered from the original boxes supplied by the pharmacy. The medicines were accurately recorded on a handwritten MAR.

Where care staff helped with the application of creams records were made, however for one person it was not clear from the records which cream had been applied.

We were told that care staff were given medication training. We also saw that care staff we assessed by a supervisor to make sure that they were following medicines guidance.

The manager completed an audit of the records made on the MAR when they were returned to the office to ensure that MARs were completed each time medicines were administered.

Arrangements were in place to ensure that medicines incidents were reported and fully investigated. However, we saw that analysis of this information was not always routinely shared with staff to help improve practice.

We asked people who used the service and their relatives if they received support with their medicines and if they were happy with this support. People said, "They do it every day. They always stand over me and watch me take them." Another person said, "They always wait while I take them. Quite straight forward." And another said, "Yes, they stay with me, I'm happy with it".

Relatives we spoke with said, "She gets them in a medipack. They put them into her hand. They stay while she takes them."

Staff we spoke with said, "Caremark believe that every client has the right to manage and administer their own medicines if they wish or give support, assistance or prompt."

Requires improvement

Is the service effective?

Our findings

We asked relatives and people who used the service if they thought the staff had the skills and the knowledge required. One person who used the service said, "They know exactly what to do." Another person said, "Some staff lack training." We have fed the comments back to the registered manager who was aware that some staff needed training and a timetable was set up to rectify this.

One relative we spoke with said, "I think so. Some are a bit naïve; I have to instruct some of them what to do. They are very willing and eager to learn".

Staff were aware of the Mental Capacity Act (MCA) 2005. The registered manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the social worker to ensure appropriate capacity assessments were undertaken. They said, "If we do have people who lack capacity, we would need to follow guidance from the social worker as a best interest decision." The staff we spoke with understood the impact a lack of capacity had on people and described how important it was to enable people to make decisions for themselves. For example, helping people decide what to wear or where to go on an outing. Records showed that where people lacked capacity this had been assessed fully by social work or healthcare professionals. We saw this had been recorded in people's care plans.

We looked at the training records and training chart, 32 out of 166 staff named on the training chart were overdue their refresher mandatory training which included moving and handling, safeguarding, food hygiene, medication management, infection control, fire safety, health and safety and first aid. Only about 20 out of the 166 staff members had received specialist training in topics such as diabetes, pressure sores and challenging behaviour. The service were looking at the refresher training for carers who have been with them for a year. They were aware that training was needed so staff had the skills, knowledge and experience required to support people with their care and support needs.

We asked staff if they felt they had received enough training and had the required skills to carry out their role. Staff we spoke with said, "I recently did an on-line course on Alzheimer's Disease. The course reinforced the knowledge I already had about the specialist care needed for clients with this illness. I found the course very useful," and "Yes, I feel completely qualified to care for the people assigned to me." Another staff member said, "I feel I could be trained more."

We saw evidence that supervisions and spot checks took place every other month or more regularly if needed. There was a system in place for annual appraisals, this showed that there were still some staff overdue but they were aware of this and working on it.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or delivered and staff were required to reheat and ensure meals were accessible to people who used the service. All food eaten was documented in the daily notes. Staff had received training in food safety and were aware of safe food handling practices.

We asked relatives and people who used the service if they were happy with this support. The people who used the service said, "Yes, no problem. It's delivered every day, they microwave it." Another said, "They do my meals. They put them in the oven. I'm eating much better since they've been here". And another person said," "They do. I'm quite happy, they microwave it. They do a bit of baking cakes as well on Monday and Thursday."

Relatives we spoke with said, "They do breakfast; they always ask him what he wants. I do the main meal. I'm happy with it. They are adventuress with the sandwiches".

We were told by people who used the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. We did see evidence of staff supporting people to GP appointments in care files.

People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. We saw that where staff had more immediate concerns about a person's health they called for an ambulance to support the person and support their healthcare needs.

Requires improvement

Is the service effective?

Staff were matched to the people they supported according to the needs of the person. During the initial assessment the registered manager found out about people's interests and hobbies so that care workers that shared similar interests were allocated when possible. For example one person enjoyed outdoor activities, therefore they made sure their carer also enjoyed outdoor activities.

An external healthcare professional, a senior practitioner said, "Caremark are very good at communicating with me, they respond to requests in a timely manner. They attend meetings when requested. Caremark are particularly good with very complex and challenging cases, giving frequent updates and expressing any concerns. The support in extra care housing schemes works very well and documentation is of a good standard and care plans up-to-date. As a senior practitioner undertaking safeguarding strategies and investigations I have found them very cooperative and take immediate action if required."

Good

Is the service caring?

Our findings

People who used the service said they were happy with the staff and they got on well with them. One person who used the service said, “They are very good, very caring.” Another said, “They are mostly. I had one who wasn’t. He was very young, younger than my grandchildren, you don’t want that. I told them and they changed it back to my old carer.”

Relatives of people who used the service told us, “They are brilliant, when they come his face lights up. I hear him laughing with them. I can relax while they are here.” Another relative said, “They are very respectful. He likes a bit of banter. I’ve never known him so happy. He looks forward to them coming.” And another said, “Yes, very. They give her more attention because she can’t see. They always say who it is when they come.” One relative did say, “I find some of the carers are dirty, and smell of cigarettes. Also they have piercings and jewellery which are not appropriate”. We were told that on occasions a carer would get their friend a job, and then they work together. A relative said “They include my son in some conversations, but sometimes they just talk over him.”

One relative we spoke with said, “My husband and I would prefer that the carers would call him by his title of Mr X and not by his first name,” she said that some had complied with this but some were still using his first name, she felt that this was less respectful for him. This information is clearly documented in this persons care plan, “I wish to be called Mr X.” The registered manager is going to discuss this with the care workers as a matter of urgency.

Staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care. One staff member said, “I always tell them what I am doing before I do it.” And another said, “It is important to gain the person’s confidence and build up a relationship with them. My clients value the quality of care that I give them and are able to put their trust in me.”

People who used the service said, "I tell them I want a shower. I do myself waist down and dry myself. They leave the bathroom while I do it.” Another said, “They give me a bath Monday and Thursday; they encourage me to wash parts myself. They are careful how they manage me.”

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was provided by the individual social worker. The registered manager said that so far they had never had the need to use this service.

The registered manager told us staff were asked to read people’s care plans and learn their needs before starting any care. Staff confirmed this and explained that when a new client comes to Caremark or is a new client for that particular member of staff, the supervisor arranged a day the week before their first planned visit, to meet the client. Staff said, “I always get introduced to clients before my first call, I then check their preferences, likes and dislikes, so I can get a general picture.”

We discussed end of life care with a staff member. They explained exactly what their role was at this stage of a persons life, they said, “We work closely with the relatives at this time and are only involved when the relative wants us to be.”

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Staff supported people to access the community and minimise the risk of them becoming socially isolated. One person told us the service gave them "someone to chat to."

We looked at four people's care records. We saw assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We noted that care plans were reviewed monthly and updated as and when needed. However we did find the original care plan at the front of the file, still documented the old information which could be confusing. The care plans were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person.

The care plans also contained information on the persons background, personal history, interests and their goals and aspirations.

We saw peoples daily notes and found these were very detailed with descriptions of care given. They were dated, timed and signed.

People who used the service said, "They sat down with me in December and agreed my care. I had a review recently. The plan is in my folder." Another person said, "A lady came to review my care the other week. There were no changes. I don't have a care plan."

Relatives we spoke with said, "Yes I have seen the care plan. It was reviewed last week and regularly since last March. The supervisor took the new plan away to be copied. She will bring it back to us." And another said, "When Caremark started they came and we planned it with me, we agreed it. Once a week we review it with Caremark. The plan is in his folder."

We saw that the service's complaints process was included in information given to people when they started receiving care. The policy detailed steps that were to be taken if a complaint was made. We saw the service had received six complaints in the last year, these were dealt with appropriately, with full recordings of what the complaint was, what the service did about it and the outcome. The service's policy stated that Caremark would produce an annual report on complaints, shared with the management team within Caremark and will be used to review the service. We asked to see this report but at the time of our inspection there were no reports to view. The registered manager said this was something they were planning on starting.

People who used the service and their relatives knew how to make a complaint, comments made were, "I would phone the head woman, the numbers in the ledger." "Basically, the supervisor, I have a direct number, " and "I haven't needed to but I would speak to the office."

We asked people who used the service and their relatives if they had every had to make a complaint. People who used the service said, "No, no reason to." Another person said, "I did complain about a carer. He was very young, younger than my grandchildren, you don't want that. I told them and they changed it back to my old carer." A relative followed this comment up saying, "He has spoken to the team leader about the younger ones. Caremark said they had spoken to the members of staff and said it won't happen again, then it does." We have passed this onto the registered manager.

Other relatives we spoke with said, "Only one occasion when they were very late. They had changed the time but didn't let me know. They are usually very prompt. They apologised, never happened since." Another relative said, "No complaints at all on our side."

One external healthcare professional raised an issue with regards to placements breaking down and felt the service did not communicate well when this happened. We passed these comments onto the provider who responded by stating that they did communicate and provided an update on a situation, they believed the response they sent was satisfactory due to receiving no further contact from them.

Good

Is the service well-led?

Our findings

There was a registered manager at the agency.

External healthcare professionals said, "When receiving referrals the service is very good – they are prompt and efficient, and provide a response within a short space of time, and can also put the services in reasonably quickly." Another said, "I have found them willing & enthusiastic to get involved in new projects and to take part in pilot working. They are currently one of three providers who are supporting us in a pilot around Rapid Response & Reablement provided by the independent sector."

We asked staff if they felt supported by management, they said, "I feel very supported, there is always someone to get hold of." Another said, "This is a good company to work for, you get full support." One staff member said, "I feel I am treated very well by management if I raise a concern. My manager is a great care manager and I feel I can talk to her about anything, if she is unavailable then my deputy manager is also very efficient when dealing with concerns. No problem is too small and they always deal with situations."

Staff received regular support and advice from their supervisor via observations and one to one chats about work and any difficulties. Staff felt the registered manager and supervisors were available if they had any concerns. They told us, "I can raise issues and I feel I am listened to." And "I have never had any problems, you can ring on call at the weekend and get a good response and advise." Another staff member said, "I receive fantastic support from my supervisors they are always at the end of the phone 24/7 and again no problem is too small. Throughout the day I am able to speak to the office if I need to, depending on the issue I can speak to my co-ordinator or my manager, even the director of Caremark will speak to us should we request to."

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The field care supervisors undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. This feedback was used to facilitate further improvements and share with staff teams how best to do this. We asked the registered manager how they used this feedback, they said, "We look at all client reviews that are done every three months along with any feedback on annual surveys. We discuss any compliments immediately with the relevant carers and any changes that are brought up regarding times of calls or carer complaints etc. are given directly to the coordinators so they can implement the changes straight away. Any carer concerns from client reviews will be initially discussed on carer supervisions but then where needed it will be escalated into a disciplinary. "

The spot checks also included a staff monitoring form which looked at files, MARs, risk assessments are in files, professional approach and appearance, observation of work practice, staff comments and any required actions.

One person who used the service told us, "Yes, the supervisor does a review operation." Another said, "The supervisor sat down with me three weeks ago and reviewed."

The service had a system called 'staff planner', when staff arrived at a persons home they would log in using a Freephone number from the persons home if possible, this would alert the system they had arrived. The service had a screen up in the office which provided live data of each appointment. Unfortunately the system did not recognise mobile numbers, therefore if a staff member called from a mobile it would say they had missed an appointment due to lack of recognition. The registered manager was looking into a way around this.

We asked people that used the service and their relatives if staff turned up on time. People who used the service said, "Normally yes, remarkably well. They do everything and ask if there is anything else to do". Another person said, "Yes, I have the times written down, they are named, I know in advance. The first girl brings the list in. They stay as long as they should." And one person said, "It varies; if they get caught it delays them, usually on time."

Relatives we spoke with said, "Predominantly, usually on time 15 minutes late occasionally. They always do everything, I let them go if they've finished. They don't change carers very much." Another said, "No they don't. A lot of times he rings the cord which goes to Caremark. They

Good

Is the service well-led?

are a bit quick in and out. They don't always do what they are supposed to." Another relative said, "Yes they do. They always stay the full time. I'm lucky I get the same carer, a man."

The registered manager explained that they have a culture of promoting staff within the organisation and this ensures they do not lose quality staff and their key skills and experiences. The registered manager said, "The culture has proven successful for our organisation as staff who we promote have already shown commitment and dedication to our company values, aims and objectives."

We saw evidence of regular staff meetings taking place. They had separate meetings for supervisors and care staff. Topics discussed were record keeping, uniform and identification, training and team working.

The service had not recently done a full survey for people who used the service and their relatives. They do a mini survey each month which temperature checks how each person is feeling about the service they received. The registered manager said they are due to send out another full survey in May 2015. At the time of our inspection there were no staff surveys taking place.

We asked the director of Caremark about the culture of the service they said, "Setting the culture is the most important part of my role, it is essential to have a healthy and spirited culture . Setting the culture and getting your team to buy into your aspirations means different things to different people, for me it is about, honesty, integrity, putting people before profit, leadership, being clear about what you expect, listening to people, trust, passion and shared values and goals."