Folkescare Limited

Caremark (Redcar & Cleveland)

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?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

The inspection took place on 1, 8, 14 and 23 June 2017. We gave 48 hours-notice to the provider as we needed to be sure someone would be available to facilitate our inspection. Caremark (Redcar & Cleveland) is a domiciliary care service that provides personal care, companionship and support to people living in their own homes. The service covers the Redcar and Cleveland areas as well as parts of North Yorkshire and Middlesbrough.

At the time of our inspection there were over 300 people using the service with 204 of these people receiving personal care.

The staff team have worked as a part of Redcar and Cleveland rapid response team (which is where staff attend a person's home if they activate their call alarm) for the last two years. Over the last three years the provider manages two extra care schemes and they are providing one-to-one support for people in supported living schemes. In addition the provider has piloted a drop-in service for people with learning disabilities, which offered relaxation activities, crafts, hobbies and IT sessions as well as having a gym and café on site.

Our last inspection of this service took place on the 24 April 2015 and we rated the service as 'Good' overall but we found improvements were needed to ensure staff received regular training. At that time we found the service to be in breach of Regulation 18 (staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our last inspection the provider sent us information, in the form of an action plan, which detailed the action they would take to make improvements at the service.

At this inspection we found that the provider and manager had spent time reflecting on the measures that could be taken to improve staff completion of training. They had developed a training department, which was based at the location. The staff within the training department operated a constant rolling programme of induction and mandatory training. Staff were provided with comprehensive training including specialist training, which was delivered both in-house, via online resources and from external trainers. Staff told us they received regular supervision and competency assessments as well as annual appraisals.

There was a registered manager in post at the time of our inspection who had worked as the manager at the service since 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.

Within this vibrant, dynamic and innovative service there was the strong sense of leadership, commitment and drive to deliver a service which improved people's lives. The culture embedded in the service was one

where all the staff were committed to deliver a service that was focused totally on each person and responsive to their needs, which relatives and people described as defining what outstanding care looked like. They were committed to providing excellent person-centred care. Person centred is when the person is central to their support and their preferences are respected.

We found that the provider and manager had encouraged staff to constantly think about improvements and how to make the care delivery more effective. The management style had led to constant constructive review of the service and continuous improvement.

We found that following comments people who used made the service about their preference for continuity of care the provider and manager organised the staff into teams who were allocated to people. The small teams provided sufficient cover for holidays and absence but meant that the same staff worked with people over each week. For emergencies they had a floating field care supervisor who could step in at short notice.

We saw that the provider had also set up a very robust system for monitoring staff attendance at calls. A log-in system was operated, which flagged up on a computer-linked board in the office when staff arrived at the calls. Designated workers monitored this and should the log-in not be activated within 10 minutes they called the staff member. Every day of the week staff were monitoring attendance for calls from 7am to 11pm. If some untoward incident occurred which delayed staff one of the floating staff was dispatched and they rang the person and explain the delay. We were told by the people who used the service that this had led to a great improvement in the service and they now were confident that their support would always be available when expected. The introduction of this system had led to the virtual eradication of missed calls.

People told us the office staff were very approachable and committed to providing an excellent service. They appreciated that staff took the time to let them know straight away if a carer was running a late. Staff found that they were given sufficient travel time, which reduced the potential for them to run late.

The manager closely monitored incidents and looked at how they reduce any errors. They treated any near misses as incidents so they could determine if any other measures could be put in place. Apart from the review of incidents leading to the development of an extensive system for monitoring of calls, it had also led to more frequent competency checks of staff medication practices. Both of these initiatives had significantly reduced incidents.

The provider was constantly looking at how the service could be improved and identified that to create an effective service that worked to benefit people there needed to be a strong workforce. Therefore they had employed a manager, deputy manager, senior care co-ordinators, care co-ordinators, field supervisors, human resources staff, training and accountancy teams as well as ensuring care staff levels were consistently above the minimum needed to meet current care packages. This had led to the provider being able to provide a very flexible and responsive service.

The provider was determined that staff working for the service promoted and encompassed their values and visions. We found the recruitment process underpinned this aim. The provider completed usual recruitment procedures such as obtaining references and Disclosure and Barring Service (DBS) checks. In addition to these checks they commenced induction training whilst awaiting the checks coming back and used this to check the attitude and competence of staff. Should any aspect of the checks or training indicate the potential staff member was not committed to delivering high quality, person-centred care they were not employed.

Staff had a comprehensive understanding of safeguarding and how to whistle blow. The service had

emergency plans in place and took action when they became aware someone was at risk. Staff safely managed medications. People's care needs were risk assessed with risk management plans in place and support for staff when they needed it.

Staff were devoted to the people they supported and we heard they would go the extra mile to ensure people felt valued. Relatives explained how one of the carer's had taken Easter eggs for people and how staff used all of the time allocated so would spend time chatting with people or taking people out to do their errands. They found their relatives lives were enriched by contact with the service. It was evident that people's voice was heard. The provider told us that people had described the lack of taxi services that could ably assist them go out, so in response they were setting up a taxi provision whereby the drivers had also been trained as carers. Therefore the taxi service would not only pick and drop the person off, but provide support if needed during the trip.

People were cared for by staff who knew them well and understood how to support them and maximise their potential. The service's vision and values ensured people's rights to make choices were promoted to live a dignified and fulfilled life. They were flexible in adapting the way they provided care ensuring they were person centred. People told us that staff treated them with dignity and respect and supported them to be as independent as possible.

We found there was a culture within the organisation of striving for excellence and assisting all to reach their maximum potential. We found the service strived to value staff by promoting life-long learning and all staff were supported to obtain National Vocational qualifications to at least a level 3. Senior care staff had obtained level 5 awards in management and the manager had been supported to obtain a level 7 in strategic management and leadership. The provider routinely praised staff via thank you cards and ran carer of the month and year awards. When staff won the awards these were publicised in the local press. The director had also won awards for the operation of this franchise and completed charity events to raise monies for good causes.

The provider valued all of the staff and had introduced a wide range of incentives to ensure they retained staff such as providing interest free loans, a pool car for staff to use if their car was in the garage and a hardship fund. This, staff told us, encouraged loyalty to the company. People told us that over the last two years they had found little turnover in the carers who attended and found this level of consistency was excellent. They felt valued by the staff and were confident that the staff were able to meet their personal care needs but the retention of staff had also meant they were able to form strong therapeutic relationships with the carers and office staff.

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 remains good.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained and had a good knowledge of how to meet people's individual needs.

Staff understood the principles of the Mental Capacity Act 2005 and acted in accordance with legal requirements.

People were supported to eat and drink in sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

This service was caring.

People were well cared for and complimented the staff and the support they provided. People were treated with respect and their independence, privacy and dignity were promoted.

Staff interacted with people in a way which was particularly knowledgeable, kind, compassionate and caring.

Staff took time to speak with people and to engage positively with them.

Is the service responsive?

Outstanding

The responsiveness of the service was outstanding.

People's needs were being responded to quickly and the service was creative in the way they delivered support to people.

People received care and support that was based on their needs

and preferences.

The service demonstrated they were innovative in devising services for people who required support in their own home.

There was a system of complaints in place which were investigated and dealt with by the manager.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

People consistently told us they were extremely happy with the service they received. The vision and values of the service were person centred and made sure people were always at the heart of the service. The care people received frequently went beyond the agreed care plan to ensure people's needs were met.

There was excellent leadership of the service and staff felt their contributions to the service were highly valued. The provider demonstrated a passion to deliver excellent care and was continually striving to improve the service.

The provider worked proactively in partnership with other organisations to make sure they were following current guidance and providing a high quality service. There were effective systems for monitoring and improving the care people 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.

We carried out this inspection on 1, 8, 14 and 23 June 2017. We gave 48 hours-notice to the provider as we needed to be sure someone would be available to facilitate our inspection. The inspection was carried out by one inspector and an expert by experience who spoke with people using the service via the telephone.

The provider completed a Provider Information Return (PIR) before this inspection, which we reviewed. We also reviewed information we held about the service, including the notifications we had received from the provider. Notifications are reports about any changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted external healthcare professionals and the placing authority commissioners to gain their views of the care provided by the service. The Chief Executive Officer for Caremark and an external training provider Caremark (Redcar and Cleveland) sent us written information about their experience of working with the staff team.

Over the course of the inspection we spoke with 15 people who used the service and five relatives. We reviewed the 59 responses we received from surveys that we sent out to people who used the service, staff, relatives and community professionals, in advance of our inspection. We spoke with the provider, manager, deputy manager, two trainers, three supervisors, a member of the human resources team, 12 care staff, a local authority commissioner and people from the local authority who determine what support people need. We looked at 15 people's care records and medicine administration records (MARs). We also looked at six staff files, which included recruitment records and documents relating to the management of the service.

Good

Is the service safe?

Our findings

Without exception people told us they felt safe and secure when in receipt of care from the service and their relatives echoed this view. One person said, "I always feel safe and if, on the very odd occasion staff are running late they always ring me to let me know." Another person said, "They are perfect. This is what happens when you have the right care staff." Another person told us, "Everyone is great now and I get the same staff, which is what I asked for, previously, a year or so ago they kept sending lots of different staff. I told them I did not like it and now I have a small team of staff, which is excellent." A relative said, "[Staff member's name] has a good working relationship with [person's name]. They are patient and can't do enough for them. The service is, in my opinion outstanding." Another relative told us, "We have outstanding carer's who go the extra mile and attend to [person's name] perfectly." In response to the questionnaires we sent out in advance of this inspection, we received some very positive comments about the service. One comment from a relative read, "I trust Caremark (Redcar and Cleveland) implicitly with the care of [relative's name]."

Senior staff worked closely with the local authority's care brokers, who are staff that work for the local authority organising care packages, to ensure sufficient hours were provided so that people received the appropriate level of support. Caremark (Redcar and Cleveland) staff were clear that 15 minute calls would only be accepted if this was purely to support a person to take their medicines. If care staff reported they did not have sufficient time to deliver the support they would review this and where appropriate discuss this with the person's social worker.

In last two years people who used the service had identified that they would feel safer if they had the same people supporting them and knew who was to attend each call. The provider took on board people's concerns and reviewed the local area they served to determine how consistency of care could be delivered. In the last eighteen months the provider had made a number of improvements to the staff structure to ensure people received consistent support, which promoted their safety at all times. They allocated three care co-ordinators a specific geographical area to oversee. These care co-ordinators were supervised by a senior care co-ordinator. Each of the care coordinators were allocated two of the six available field care supervisors to manage. The field care supervisors completed reviews with people in receipt of care and checked that the care staff were meeting people's needs as well as organising the deployment of the care staff. Following care staff being recruited, they were allocated into specific designated teams and each staff member supported a small number of people. The field supervisors then ensured each person in their area had dedicated teams of no more than six people. These actions had led to teams having a robust understanding of how to manage any presenting risks and readily identify if people were becoming unwell.

People told us, "Over the last few years I have always had the same staff, which is so much better and really goes a long way to making me feel safe. I mean I know who will come to the house and because I know them can be really confident that they are who they say they are and are there to make sure I'm alright." This meant that people's well-being was improved as they felt more secure as a result of receiving support from a consistent staff team and familiar faces.

One relative told us that they had raised concerns that not have the consistency of having the same care staff raised the risks of people not getting safe care or support that met individual's needs. They felt the provider had really listened to them and had taken action to ensure the same carers attended their family member's calls. They found that the use of familiar staff had improved their relative's well-being and gave them peace of mind.

We found that the provider, manager and staff all welcomed feedback and people told us that they felt very comfortable around sharing their views on what was not quite working for them. They told us that they were happy to tell the office staff if they experienced a personality clash with one of the care staff and how this was listened to and acted upon. One person said, "Oh you can be very open and frank with them [the senior staff] as they would never treat you differently. In fact I get the impression that they really just want you to be truthful so they can keep making the service better."

The provider set up a very robust system for monitoring staff attendance at calls. A log-in system was operated, which flagged up on a computer-linked board in the office when staff arrived at the calls. Where people did not have or wish to use their landline for staff to log their attendance at a call, so they were at risk if a call was missed as office staff would not know, the manager had arranged for the staff member to phone the office on their mobile and the person confirmed that they were at their house. A designated worker monitored this and should the log-in not be activated within 10 minutes they called the staff member. If some untoward incident occurred which delayed the person they would dispatch another person in the area, floating staff or call the person and explain the delay. The system was monitored outside of office times by on call staff who had laptops linked into the computer. Thus every day staff were monitoring attendance for calls from 7am to 11pm.
People and staff told us the introduction of this system had led to the virtual eradication of missed calls. One person told us, "I find the dedication to providing a good service is outstanding and find it so reassuring to have someone from the office give me a call if the care staff have not logged on in time. Since they started doing that I have found none of my calls are late and I certainly never missed." The manager had closely monitored the calls and could confirm that the system had led to 99% of the calls being covered on time and none being missed.

The provider had recently employed dedicated staff within the office who managed the field supervisors diaries, completed the assessments, and created care plans. This introduction of additional support staff allowed the field staff and supervisors focus on safety and quality of the care being delivered and to respond rapidly to any issues.

We found that the staff designated to completing the assessment and those who created the care plans had ensured the information about each person's needs was extremely informative and had led to appropriate levels of support being provided to each person.

The provider, manager, deputy manager and senior care co-ordinator consistently monitored the performance of the service and used a wide range of information to determine that the care being delivered was safe. The manager closely scrutinised all of the information relating to feedback from people, accidents, incidents and near misses to determine whether lessons could be learnt and if there were gaps in care provision that may compromise people's safety. This oversight had led to constant positive developments in the way the service was operated. For example, the review of near misses around administration of medicines had led to the manager working with the training team to increase the frequency of medicine refresher training and competency checks. This had led to a significant reduction in errors and near misses.

People were supported in their own homes in a timely manner and staff were able to spend sufficient time

with the person to meet their needs. This was achieved as the provider had fully utilised the computer software they had installed to programme sufficient travel time between calls to people's homes. This software was flexible enough to incorporate whether the staff member was in a car, walking or on a bicycle and rush hours times, which meant that the time for travel accurately reflected what was needed. The provider and manager were clear that the aim of the service was to ensure people received a safe and high quality service. They instilled in the care staff that all of the allocated time was to be used and if tasks were completed in less time they needed to use the time left to engage in social activities or running small errands. Peoples' well-being was improved as a result. One person told us, "Nothing is a problem for them and it is lovely that they will sit and have a chat with me over a cup of tea and will pop out and get me bits like milk. I know I can always rely on them to turn up and make sure I have everything I need." We found that staffing levels were sufficient to meet people's needs and have a positive impact on their lives.

The recruitment of staff was robust and appropriate vetting checks were in place to ensure that potential new staff were of suitable character to work with vulnerable people. Application forms were completed including previous work history, references were sought, identification checks made and disclosure and barring service checks carried out. We found the recruitment process underpinned this aim. The provider completed recruitment procedures such as obtaining references and Disclosure and Barring Service (DBS) checks. In addition to these checks they commenced induction training whilst awaiting the checks coming back and used this to check the attitude and competence of staff. Should any aspect of the checks or training indicate the potential staff member was not committed to delivering high quality, person-centred care, they were not employed.

The provider has also employed teams of staff who were responsible for recruitment, training and finance management. These staff, as with all the other people who worked at the service, had been selected to work in these areas because they had the necessary skills and experience to undertake the assigned tasks. We found that the teams were competent, efficient and extremely knowledgeable in their respective fields.

Safeguarding policies and procedures were in place to aid and guide staff about how to protect people from different forms of harm and abuse. Information about who to contact, and how to escalate concerns, was available for staff to use if necessary. Staff told us they would be confident to report any concerns they had. When safeguarding incidents occurred these were immediately brought to the attention of the manager who dealt with them appropriately. Measures were put in place to ensure people remained safe, which had led to constant constructive reviews of the service and continuous improvement.

Risks that people were exposed to in their daily lives were appropriately assessed and measures put in place to mitigate these risks as much as possible. Staff promoted positive risk taking and in doing so they enabled people to achieve their goals. Staff completed assessments and when writing care plans looked foremost at what skills the person had retained and ensured the documentation promoted staff to support the retention of these. We heard from the people who used the service and their relatives that staff knew how to encourage people to remain independent whilst at the same time ensuring they remained safe.

The training department had a rolling programme covering mandatory training including first aid, which ensured all of the staff received this training on an annual basis. The team also ensured staff competencies were regularly checked. We heard how this concentration on developing highly skilled workers had enabled staff to rapidly respond to emergencies. For instance, one care worker had arrived at a person's home to find them seriously unwell. They had immediately contacted the emergency services and in the intervening period needed to administer CPR, which they did until the paramedics arrived. The paramedic team had subsequently contacted the office to say if it was not for the quick thinking of the staff member the person would not have survived.

Medicines were managed safely within people's homes. People had varying levels of need around their abilities to take their own medicines and wherever possible people took their medicines independently with staff overseeing the process. Care plans and risk assessments were in place which specified what people could achieve in relation to this element of their care. This meant that people were supported to be independent and at the same time keep safe.

Good

Is the service effective?

Our findings

At our last inspection of this service in April 2015 we found that staff training was not well maintained. Training records and the service training chart showed that 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 was looking at the refresher training for carers who have been with them for a year and were aware that training was needed to ensure staff had the skills, knowledge and experience required to support people with their care and support needs.

At this inspection we found that the provider and manager had spent time reflecting on the measures that could be taken to improve uptake in staff training. They had developed a training department, which was based at the location. The staff within the training department operated a constant rolling programme of induction and mandatory training. Staff were provided with comprehensive training including specialist training, which was delivered in face-to-face in-house sessions by external training companies and on-line.

People told us they found the staff to be skilled and knowledgeable. One person said, "[Staff member's name] has great wisdom and they offer solutions for my health and safety that I hadn't thought of, for example keeping an area clear of clutter so I wouldn't trip and fall and where to keep items in my kitchen so I can reach them."
The external training provider told us that they found the staff working in the training department were passionate about ensuring staff were highly skilled and able to meet the care needs of all of the people who used the service. They found that the team were constantly striving to develop excellence and were committed to supporting staff to achieve NVQ qualifications. They worked in partnership with the external trainers and were comfortable designing with them training programmes that supported all forms of learning.

The provider required new starters to complete the Care Certificate as a part of their induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. Staff also received mandatory training in a number of areas to support people effectively. Mandatory training are courses and updates the provider thinks are necessary to support people safely. This included training in areas such as health and safety, fire safety, first aid, infection control, moving and handling and food hygiene. Additional training was also provided in areas such as working with people with learning disabilities, catheter care and epilepsy. Training was closely monitored by the manager and they ensured staff regularly attended refresher courses to ensure they followed current best practice guidance. Staff spoke positively about the training they received as well as the opportunities they had to attend new and external training. Staff told us they found all of the training was really informative.

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us they received supervision on a

monthly basis and they received annual appraisals. They found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had.

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and operation of Deprivation of Liberty Safeguards DoLS. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations and as the people live in their own home this would be via an application to the Court of Protection.

Where people lacked capacity, we found that the care records clearly detailed how staff were to work with people and who had the legal right to make decisions on behalf of the individuals. The care records clearly detailed the staff responsibilities for supporting people to manage any associated risks, for example, activating telecare provision when leaving the property and using key safes. Staff regularly attended several MCA and DoLS training courses. They had used their learning in this area to inform the way they worked with people who may lack capacity to make decisions. The staff were very clear that even when people had memory loss or a learning disability, this did not automatically mean they lacked capacity and all of the records reviewed showed they used all available mechanisms to enable individuals to make their own decisions.

We saw evidence that people had provided consent in care plans, For example consent to receive medicines or holding information about the person. We saw evidence in care files to show that staff regularly checked with the people who used the service that they were still happy with the support being provided. People told us that they were fully involved in the development of their care plans and their agreement was always sought before any changes to the plans were made.

When appropriate people were supported to make meals and supported to access external professionals to monitor and promote their health. Care records contained evidence of the involvement of professionals such as community nurses, GPs and consultants.

Good

Is the service caring?

Our findings

At our inspection in April 2015 we found that action was needed to ensure staff used people's preferred names and they were appropriately dressed. At this inspection we found that work had been completed in these areas to ensure people were visited by competent and thoughtful staff.

People were complimentary about the support provided by staff at the service, describing them as respectful, kind and caring. One person said "They are very good and say if my relative has to rush off they will ring the doctor for me. They are excellent." Another person said. "I am very happy with the care, very satisfied. They are excellent and are brilliant. I have no complaints about the girls and they do work extremely hard." Another person said, "Never heard a rough word from them and they are always cheerful." Another person told us, "The staff are fantastic and deserve recognition for their dedication." Another person said, "[Staff member's name] is extremely helpful and very polite. they anticipate what's needed before I even ask."

All of the relatives we spoke with told us they were satisfied with the care being provided. One relative told us, "We are very happy and we seem to get on very well with the care workers. My relative has a good laugh and natter with the care workers. The staff are very good, caring and sensitive." Another relative said, "I think they do very well when looking after [name of relative] well. I find they have good attitudes and good personalities. It is an invaluable service we get from the care workers."

The provider was committed to delivering a compassionate service and had therefore instructed the staff to treat social engagement as being as important as completing care tasks. People told us how staff chatted to them over their lunch, made them cups of tea and generally worked to make each individual feel valued.

People were supported by highly motivated staff who reflected pride in their work. When we spoke with staff they talked about people in a way which demonstrated they were fully committed to supporting people in any way they could, in order for them to achieve as much independence as possible. Staff told us they sought to provide the best standards of care for each individual.

Staff knew the people they were supporting well, and throughout our inspection we saw staff having friendly and meaningful conversations with people. Staff showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. People were encouraged to remain as independent as possible.

Staff treated people with dignity and respect. We were told that staff now always addressed people by their preferred names and spoke with them in a friendly but professional way at all times. We were told that staff always dressed appropriately, were clean and referred to people in their preferred manner. The manager outlined how they had taken action to ensure staff always dressed appropriately and would, when appropriate, discuss dress code with staff. The training programme we found also covered customer care, dignity and respect. All of these course, as well as the presentation the provider delivered highlighted the

need to treat people with respect.

If people had any difficulties working with particular staff, however small or large this was, we found that the manager and field supervisors tried in all cases to find alternative staff to cover calls. On rare occasions this could not be facilitated immediately, the senior staff would treat this as a priority and as soon as possible would swap the care staff. They had spent time with all of the people at the beginning of their care package to work out who would be compatible and work well with people. This had led to a very high level of satisfaction with the care and rarely did they find people experienced personality clashes with the care staff.

Staff knew how to access advocacy services but at the time of the inspection people did not need this support. Advocates help to ensure that people's views and preferences are heard.

People were cared for by staff who respected confidentiality and discretion. People told us their privacy was respected and they were supported in a way that promoted their dignity. People's records were stored securely and only accessed by staff when required for the purpose of delivering care. There was a secure email system in operation and all electronic information was password protected. The agencies office was secure and protected by a close circuit television system.

People were supported sensitively at the end of their life. Staff treated people with compassion and worked closely with the local hospice to enable them to have a comfortable, dignified and pain free death. Care records contained evidence of discussions with people about end of life care so that people could be supported to stay in their own homes if they wished.

Outstanding ☆

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs and provided an exceptionally person centred service. A person's relative told us, "Staff always do more than expected and go the extra mile. It was a lovely surprise when one of the carer's bought [person's name] an Easter Egg." One person said, "They always listen to me and do what I ask." Another person told us, "I have been with the company for a while and I have no complaints." The provider told us they were always looking at how they could make the service as person-centred as possible and in response to people's requests they were setting up a taxi service which would be operated by care staff. The service would then take people to their chosen venue and the staff member would stay with the person and then return them home.

People told us that the staff were very good at responding to requests and providing flexible care. One person told us, "They are flexible and give all the support we need rather than a standard package. I can ring up on the day and ask for a later call, which so far has never been a problem." A person's relative said, "Staff are very responsive and caring they notice the smallest changes and make [person's name] feel at ease." Another person said, "They are all so reliable." A health care professional told us, "They are timely and responsive." A health care professional said, "The care is certainly client focused."

We observed the staff working in the office readily take requests for changes in time, which they immediately arranged. The service was flexible and responsive to people's changing needs and wishes. We found changes to people's call times and call duration could be easily accommodated. The manager told us, "We are flexible as we have recruited enough staff so that their calls are not back to back and pressured. This means we can easily makes changes to calls to accommodate people's requests."

All the staff, including the manager and provider, had an excellent understanding of the things that were important to people. The provider told us, "I speak every week to new staff during their induction to outline that the culture of the service is based on being person-centred and that the people are our highest priority."

The provider told us how a team of six field care supervisors worked in teams of two in designated geographical areas and each looked after a team of care workers. The provider explained that each field care supervisor was assigned a group of people who used the service as this aided continuity. The field care supervisor team was available to offer support, guidance and advice to people, their relatives and care workers across the service, 24 hours a day, every day. The manager told us that the field care supervisors do not have a care rota and are not office based, working 95% of the time in the field, as this allowed them to respond quickly to any issues.

The provider told us that care staff's rotas were sent out in advance, not only to the staff and people who used the service but also to over 50% of people's relatives. The provider told us this practice helped to ensure continuity of care and gave people peace of mind as they knew who to expect for every care and support visit. The provider, manager and office staff told us they are constantly are in contact with relatives as this assisted all to work together and ensured the smooth running of the care package.

Following feedback from people who used the service and those in the local community last year Caremark (Redcar & Cleveland) identified there was a need for a taxi service which was staffed by care staff. They now run a community transport with care private hire service, which uses a vehicle that is fully wheel chair accessible and is available exclusively for vulnerable people in the area. The driver is a fully trained, qualified and experienced care worker with a private hire licence. This meant the service is much more than a taxi service and included a companionship service if required, which helped to reduce the social isolation for people who cannot get out and about currently.

The provider consistently listened to the views of people and considered unmet need in the local community. This proactive approach had also inspired the provider's decision to open a drop-in centre for people who have a learning disability. The centre they had opened offered people access to a variety of courses, meeting places and a little café. We heard the drop-in centre was very popular and well-used.

People had a care plan written based on information gathered through an assessment of their needs. Designated staff were employed to complete the assessments and to write the care plans. We found that the care records were extremely comprehensive and easy to follow. They clearly set out people's needs and what Caremark (Redcar and Cleveland) staff were expected to do at each visit. Mechanisms were in place to manage all risks and there was a discreet system in place to alert staff to potential risk factors such as relatives who may challenge staff when they are performing their duties. This system we found had effectively enabled staff to deliver care in the most challenging environments.

People's care plans ensured they received personalised care that reflected their likes, dislikes and preferences. They detailed their preferred routines and things that were important to them. For example, one person was particular about the way things were done so the care plan carefully detailed the actions staff were to take. People's care and support was planned in partnership with them and they were asked for their views about their needs and how they would like their care to be delivered. The assessment took account of all areas of their life including their mobility, nutrition, physical needs, social needs, cultural and emotional needs.

The service was responsive to people's needs and requests in relation to the staff that supported them. The staff told us they had travel time between their calls, which allowed them to ensure that they could reach people on time and spend the agreed time with each person. The service had matched staff with the people they supported in terms of their personality, skills and experiences. For example, one person had requested not to be cared for by male care workers and was provided a team that consisted of female staff members only.

People we spoke with knew about the service's complaints policy and procedure which was included in the brochure for the service. They told us they were confident that any complaints would be promptly addressed in line with the policy. The provider's complaints records were clear and showed that appropriate action had been taken to investigate and respond to complaints.

We heard that last year some of the people who used the service had raised concerns about the volume of different staff going to support them. These concerns were raised in both quality questionnaires and via the complaints system. In response to this the provider had employed teams of care staff who were responsible a particular group of people. A person's relative told us, "Last year we raised a concern that [person's name] was getting too many carers and could see a different one at each visit. They get four calls a day and this was making them confused. Since raising this problem they have had a dedicated team and other than occasional changes because a carer has left, this has worked very well." Other people told us about the impact the change to the deployment of staff. One person said, "I have always had the same staff, which is

fantastic as they have gotten to know me well, including all my little idiosyncrasies. We have developed a great relationship and I know they will always be able to meet my needs. What is better is even during carers holidays the staff who turn up are people I know so again I know the care will be good."

We found a number of systems were in place to check that people were happy with the performance of the staff. Field supervisors regularly telephoned people to check that staff were meeting their needs. Also on at least a quarterly basis they would go and visit the person to complete a quality review. Significant others such as key family members were invited to these meetings and we found that action was promptly taken if areas for improvement were identified.

The provider also shared with us their commitment to wider society and how they were involved in raising money for charity. Last year they completed a bike ride from John O'Groats to Land's End and the Caremark group raised £50,000 for the Alzheimer's Society. We found that this had encouraged other members of staff to work together to raise funds for other good causes and saw thank you letters from these organisations had been sent to the Caremark staff. For example, this year the local hospital Children's ward thanked staff for raising monies to make improvements on their ward.

The provider and manager explained that Caremark (Redcar and Cleveland) sent out birthday cards to all of the people who use the service and staff members because this helped them demonstrate that they valued the team and people. In the office we saw there was a memory board, which held a card and ribbon in memory of each of the people who had used the service and passed away. Staff told us this assisted in keeping people's memories alive and ensured they maintained a focus on people and treating everyone as unique.

Outstanding ☆

Is the service well-led?

Our findings

Without exception we found people were routinely engaged with the running of the service and their opinions taken on board. We found people spoke very highly of the service, the staff and the manager. They thought the service was well run and completely met their needs. They found staff recognised any changes to their needs and took action straight away to look at what could be done differently. One relative said, "Care companies have to ensure that the care workers who deal with dementia are the regular care workers, which is the case here, for my relative. The company has a good reputation and that is why we are with them." One person said, "Outstanding care that goes the extra mile. The staff are very supportive and attend to my needs perfectly." Another person told us, "I think that having these excellent carer's has really helped me stay on top of things and I don't think I would be here without them."

The structure of staffing within the company meant people and staff developed good relationships and there was consistency of care. Within the office the provider regularly considered how best to operate an efficient and effective service. In recent months they had employed staff dedicated to monitoring staff attendance at calls, care plan writers, assessors and planners who all worked with the supervisors and staff to ensure people received the best possible care and support.
Staff told us they could not be better supported. One staff member said, "I think the company is fantastic. You can speak to (name of provider) every day. I asked for a particular training once and I got it". Another member of staff said, "I can't speak highly enough of Caremark (Redcar and Cleveland). I never feel I cannot approach (manager and provider's names).

Staff said they were confident to question practice and this would be welcomed and discussed. They told us they received appropriate training, supervision, appraisal and they were encouraged to develop their skills and attributes as much as they wanted to. Competency assessments were carried out in relation to the administration of medicines and also observations of the care delivered. These ensured staff remained competent in their roles and their skills were up to date. Staff knew exactly what was expected of them in their roles and told us that where they had wanted to complete any additional training relevant to their role or other elements of personal development, this was always arranged for them. One member of staff said, "I love this job" and another told us, "They are a lovely company to work for; all about the people they support and staff."

The provider told us, "Our ethos and vision is that we believe everyone has the right to expect high quality service. I am here to ensure that this is the case and for us here at Caremark (Redcar and Cleveland) we are in the business for the people and not the money." Correspondence from the Chief Executive Officer of the brand Caremark informed us that they found this franchise to be very effective and person-centred. They said that despite increasing overheads Caremark (Redcar and Cleveland) did not deviate from working to provide a high quality service. They stated, "Despite these enormous pressures, [Name of director] and his team maintained very high standards and have constantly re-invested in the business." The local commissioners confirmed that this was the case and the service was highly regarded in the area.

We found that the staff were committed to working in partnership with others in order to develop a

responsive and effective community service for people. Over the years the provider had developed a drop-in service, including a centre for people with learning disabilities; they had formed part of the local authority's rapid response team and managed extra care facilities, which are flats with 24 hour access to care staff. All of these were developed following feedback from people in the local community from the provider's quality surveys. The most recent initiative the provider was the development of the community transport service, whereby trained care staff would provide a taxi service that included them supporting people to undertake their tasks in the community. The provider also told us that they were heavily involved in the consultation the local authority completed when producing the 2015 Care At Home Framework, which is the tool the local authority use to decide if the care being provided in people's homes is effective and meets people's needs. The local authority representatives contacted the provider to thank them for the contribution they made to the development of this framework.

The evidence we gathered at this inspection including the feedback we gathered from people, staff, relatives and healthcare professionals confirmed that the providers delivered on their mission statement and the promises they made to people. Their vision and ethos were to deliver the highest possible standard of care and support; put people before profit; values and support the staff; be honest and transparent; invest in people and create a happy family atmosphere. We found that these were wholeheartedly adopted by staff in their roles and underpinned their practice. This resulted in extremely positive outcomes for people and fulfilling lives. For example, one care staff member had taken the initiative to give each of the people they worked with Easter eggs, which they purchased themselves. Another care staff member took people magazines, when they found articles in them that they thought they would enjoy.

We found that the provider consistently invested in creating an effective staff team and life-long learning. They actively encouraged all the staff to obtain qualifications and the training team ensured every care staff member was supported to obtain NVQ's and they were encouraged to gain level 3 in care. The manager had obtained a BTEC level 7 in strategic management and leadership whilst working for the organisation. The deputy manager, senior care co-ordinator and three other care co-ordinators have gained level 5 qualifications in the management of care services.

The provider also sought to inspire people new to care to work in care at home services by introducing an apprentice scheme at the service. This scheme had led to a number of apprentices gaining permanent employment at the service. They had worked with the local job club to set this scheme up and one of the staff members told us, "Starting as an apprentice was a great way to find out if you would take to the job and to gain the skills. It's been great and did get me a full-time job."

The provider's commitment to staff also extended to looking at how to alleviate everyday pressures for employees. They had introduced interest free loans so that staff who needed a little extra money did not need to pay exuberant interest fees. The staff could also access a hardship fund and the provider had bought a pool car so if staff needed to get their car repaired they had access to a vehicle. Staff were also paid for their travel time irrespective of what mode of transport they used, for example, staff who walked were paid for their time. This the provider found assisted them to maintain a stable workforce and in turn promote consistency in the care being delivered. At the time of our inspection we heard the office staff respond to requests from staff to use the provider's pool car and saw the provider deal with loan requests in a very efficient manner.

There was a strong emphasis on continual improvement and the service being 'The best it could be'. The staff were completely open to adopting whatever practice and approach was necessary to support people completely. This had led to a very dynamic system of review whereby the manager reviewed all of the available information from feedback from people at their reviews, quality surveys and information about

incidents to determine if there were gaps in practice. This oversight had led to the creation of a number of bespoke posts such as the field supervisors, care plan co-ordinators and an initial needs assessment co-ordinator. The manager had reviewed the impact these changes had made and found that this was leading to staff being provided with clear information about people's needs and the ability to provide dedicated teams for each person. We also found this to be the case. There was an open, vibrant culture which resulted in the provider being fully aware of any issues or concerns within the service as they arose. People, staff, and relatives engaged with them constantly to achieve a common goal of positive outcomes for people in receipt of care.

Auditing was carried out regularly and field co-ordinators regularly visited each person's home to ensure that the service was running smoothly and staff were supporting people appropriately. The care coordinators completed quarterly face-to-face reviews with people as well as having telephone conversations with the people in the intervening period. People were also encouraged to raise any concerns and compliments either with the co-ordinators or by phoning the office staff. People told us about these processes and how their views of staff really counted. We found that the provider used the compliments to form the basis of the monthly and annual carer's award they presented. The provider also presented at these ceremonies awards for special achievement, outstanding achievement and learner of the year.

The manager and deputy manager also sent thank you cards to staff each time their work was praised by one of the people who used the service. They also immediately raised with staff members any negative feedback to determine what action could be taken to resolve the issues.

The provider produced a quarterly newsletter, which was sent to all of the people who used the service and the staff. This outlined developments in practice, legislation changes such as the introduction of the Care Act 2014 and who had won carer's awards. The provider had developed a good working relationship with the local press and ensured that the staff who won the carer of the month and year award were featured in the local paper. Each year the provider paid for all of the staff to attend an annual presentation award and Christmas party plus arranged a 'Day at the Races' as a means of thanking the staff for all of their hard work.

The provider operated as a franchise of the Caremark brand and this organisation also operated an awards programme. The Chief Executive officer informed us that Caremark (Redcar and Cleveland) is frequently nominated for the Franchise of the Month Award and had on two occasions won the Franchise of year award. They told us that this had led to the director of Caremark (Redcar and Cleveland) being 'hand-picked' from a select group of franchises to join the senior management 'think tank', which meets twice a year. This group share their ideas around ways to improve the brand and contribute innovative ideas for the improvement of the network as a whole.

The provider has also been nominated twice for the 'HSBC Olderpreneur of the Year Award', which is an award for entrepreneurs and was a finalist in the Great British Care awards. The provider shared with us that they had won a Caremark Achievement award and been nominated for the franchise of the month award on seven occasions since 2012. They confirmed that they were a 'Caremark North East Regional Finalist' for the franchise award, plus in autumn of 2016, they were shortlisted for the Franchise of the Quarter Award.

The registration requirements of this service were met. The providers were fully aware of the responsibilities they had taken on in establishing and running their organisation and they understood the legal requirements of meeting relevant regulations. We found that all incidents and other matters that needed to be notified to the Commission in line with Regulations 16 and 18 of the Care Quality Commission (Registration) Regulations 2009, had been.