

Gateshead Crossroads Caring for Carers

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Gateshead Crossroads Caring for Carers is a registered charity. It provides a domiciliary care service which offers personal care to people in their own homes, with the primary aim of providing short-term respite for carers. It also provides four beds for the short-term respite

accommodation of people who need personal care. The service is available to both adults and children with a range of physical and mental health needs. At the time of this inspection 165 people were using the service.

Summary of findings

This inspection took place over three days on 2, 3 and 15 December 2014. The first visit was unannounced. This service was last inspected in November 2013, at which time we found no breaches of legal requirements.

A registered manager was in post, having been registered in June 2011. 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.

The aim of the service was to provide support to family carers by enabling them to take breaks from their full time carer responsibilities, secure in the knowledge that support workers would replicate the care they gave as closely as possible. To achieve this, the needs of people were carefully assessed before any service was started, to ensure those needs could be fully met. People using the service, their families, and any professionals already supporting the person were fully involved in this process.

Detailed plans were drawn up to meet each person's individual needs and wishes, and these were regularly evaluated to make sure they remained appropriate and effective. People told us they felt their care and welfare needs were consistently met, and that they received very good person-centred care.

The service always ensured that sufficient hours were negotiated with the commissioning agency to allow for the person's and carers' needs to be met safely and in an unrushed manner. People using the service told us both the organisation and its support workers were flexible and were accommodating in changing the support offered to fit in with their needs and preferences.

Good systems were in place to keep people using the service safe from harm. Carer support workers had been trained to recognise and report any actual or suspected abuse. They were knowledgeable about their responsibilities in this important area, and took them seriously. People using the service told us they felt very safe when their support workers were in their homes.

People being supported were offered suitable assistance with eating and drinking, where this was an agreed part

of their care package. Staff followed the written guidance of family carers regarding a person's nutrition, and were given training in any specialist techniques needed to carry this out safely.

Support workers closely monitored people's health needs, where this was required, and acted in accordance with detailed instructions from the family carers.

Support workers provided occasional support to a small number of people with their medicines. New processes were being implemented to check that staff were fully competent to provide this support safely. A recommendation is made about the auditing of medicines.

People using the service spoke very highly of the skills and knowledge of their support workers and told us they were treated with care and respect at all times. They said their privacy and dignity were protected by their workers.

People told us they were regularly asked for their views about the service they received, in the form of annual surveys, telephone calls from the office and in formal reviews of their care. People said they felt listened to and able to influence the content and organisation of their support. They told us any concerns or queries raised with the service were taken seriously and responded to pleasantly and professionally. People we spoke with told us they had ever had to make a complaint. We saw only one complaint had been logged by the service in the previous year.

The service supported people in accessing their local community and tried to match its support workers to the person requiring support, in terms of hobbies, interests and personalities, where this was possible.

The registered manager demonstrated clear leadership and ensured there was an open and positive culture in the service. The management structure was being reviewed to allow the registered manager to concentrate more on the regulated activities provided by the service.

Staff told us they were clear about their roles and were proud of the quality of care they provided. They said they were happy working in the service, and that they felt supported and respected by the management team. Health and social care professionals we spoke with commented very favourably on the quality of both the care provided and the management of the service.

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?

The service was safe.

Risks to people using the service and to staff were carefully assessed and appropriate steps taken to keep people safe from harm.

Support workers were fully aware of their responsibilities for protecting people and knew how to report any suspected abuse.

Staff were given sufficient time to meet the needs of the people they supported. Recruitment processes were robust and meant only suitable workers were employed to support vulnerable people.

Good



Is the service effective?

The service was effective.

There was a stable, skilled and well-motivated staff team, who had good knowledge of the needs and wishes of people and their carers, and who provided consistent and reliable care in the ways each individual person preferred.

Staff were given the necessary training, support and supervision to carry out their roles effectively.

People's rights were protected, and they were asked to give their consent to the ways in which their care was given.

Good



Is the service caring?

The service was caring.

People using the service and their family carers spoke very highly of the kindness of their support workers and the quality of the care and support given.

People's dignity and privacy were protected at all times and their independence was supported by their workers.

People's care was given in a consistent and person-centred way.

Good



Is the service responsive?

The service was responsive.

People using the service and their family carers were fully involved in drawing up their care package. Every effort was made to give people their care and support in ways that reflected, as closely as possible, that normally given by their family carers.

People told us the service was flexible and responsive to their changing needs and wishes.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The management team displayed a clear vision and commitment to providing people with highly personalised care.

People using the service said they felt listened to by the manager and her staff, and were encouraged to give feedback about their service. Support workers said they were well supported and were treated with respect by the management.

Systems were in place to monitor the quality of the service provided, and to continually develop the service.

Gateshead Crossroads Caring for Carers

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over three days on 2, 3 and 15 December 2014. The first visit was unannounced.

This inspection was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. We reviewed the notifications of significant incidents the provider had sent us since the last

inspection. We contacted local commissioners of the service, Healthwatch, GPs and other professionals who supported some of the people who used the service to obtain their views about the delivery of care. These included a specialist nurse, an occupational therapist, a social worker and a community psychiatric nurse.

Before the inspection we had requested the provider sent us a Provider Information Return. This is a form in which we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We have used this information in this report.

During the inspection we spoke with 15 people who used the domiciliary care service; three family carers; six support workers; two care co-ordinators; the care service manager and the registered manager. We looked at the care records for seven people. We also looked at records related to the management and operation of the service. No-one was using the short-term accommodation facility at the time of our inspection.

Is the service safe?

Our findings

Family carers told us they felt the service was safe. One said, “I know he is safe when they [support workers] are here, I can get some rest.” A second carer said, “It allows me to go out and about and not worry.” A person using the service told us, “I feel safe when they [support workers] are here.”

None of the professionals we spoke with raised any safety issues about the service. An occupational therapist told us, “I have no concerns about safe practice.” A community psychiatric nurse said, “They always seek our support if met with any challenging behaviour, and take a multi-disciplinary approach.”

Support workers told us they felt they delivered a very safe service. One worker said, “People’s risk assessments are accurate, and safety issues are always included in people’s care plans.” Support workers told us they were fully aware of their responsibilities to recognise and report any abuse or suspected abuse. They also knew what they were expected to do if they observed any poor or abusive practice by another worker. None of the staff we spoke with had witnessed such practice.

The registered manager told us, and records confirmed, no safeguarding or whistle-blowing issues had been raised in the previous 12 months.

Risks to people using the service were carefully assessed. Appropriate steps were outlined in the risk assessments to minimise the potential for harm to the person. For example, a person who was prone to behaviours that might be challenging to people around them had a detailed description of the signs that might indicate such behaviours were likely, and the steps support workers needed to take to avoid escalating the situation. Risks to support workers were also assessed and addressed. For example, staff were instructed to tie back long hair and not to wear jewellery. Potential risks in the person’s home were also assessed and addressed.

Support workers were given safety equipment including personal alarms, first aid kit, disposable gloves and aprons, and hand sanitizers, to reduce any risks of cross-infection or harm to themselves and to people they gave support to.

The registered manager told us there was a 24 hour ‘on-call’ system for support workers, which meant they

could ring for advice about any emergencies or other safety issues they encountered. Support workers told us this system worked very well. Workers were also instructed to ring the emergency services if there were any doubts about the person’s immediate safety.

A record was kept of all accidents to people using the service and to staff. The registered manager analysed accidents regularly and took the necessary steps to prevent a repetition of the accident. Examples included extra staff training and the revision of the first aid procedure. The service had a policy to minimise the risks to support workers who worked alone.

The registered manager told us she would not accept any referral where she felt the package requested by the agency commissioning the care had insufficient support worker hours for care to be given safely. She gave us examples of such requests having been declined or re-negotiated. Therefore, she said she was confident that every person using the service had the appropriate amount of support at all times. Support workers we spoke with told us they always had the time necessary to carry out their care duties. One worker told us, “I don’t feel rushed. We have good packages – four hours at a time, usually.” A second worker said, “We don’t get stressed or rushed. We ring ahead if we are going to be a bit late.”

Robust systems were in place to ensure that only people suitable to work with vulnerable adults were employed. Checks included the applicant’s work history; written references from previous employers; qualifications; declaration of the applicant’s physical and mental health; and checks with the Disclosure and Barring Service (formerly the Criminal Records Bureau).

We were told that only a small number of people (10% of people using the service) required assistance with their medicines. Each person requiring the support from a support worker with their medicines had a specific care plan and risk assessment to ensure this was carried out safely. Support workers were not allowed to assist with medicines where this plan was not in place, or if they had not received the necessary training in medicines. A support worker told us, “We’ve been trained to never give any medicine unless we are sure we know what it is.” A system for monitoring the competence of support workers to support people with their medicines had recently been introduced. Records were kept of all medicines

Is the service safe?

administered. Because of the episodic nature of the support given with people's medicines, no clear system of medicines audits was in place. We recommend that the provider refers to the NICE medicines practice guidelines.

Is the service effective?

Our findings

People using the service told us they felt their support workers had been given sufficient training to meet their needs. One person said “They are very nice people, and very well trained.” A second person commented, “So well trained, I have a lot of problems, mental health as well as physical but they are so considerate, it's so much better when they are here.” A family carer said that workers were “well trained and lovely with it!” Another carer told us, “We have three girls who come regularly, they can manage his ventilator and all his needs, they are very well trained, they have even helped write out his exam work”.

People using the service said it was reliable. One relative said, “We have had this service for I think 10 years and only once did someone not turn up and that was years ago, they always ring and let you know what is happening.”

Professionals we spoke with commented very positively on the effectiveness of the service. An occupational therapist told us, “They promote a good quality of life in a safe and effective way.”

A specialist nurse told us, “This is a very effective service. It provides care in a very timely and flexible way.” A community psychiatric nurse told us, “They are absolutely excellent. I give them high praise.” Another nurse commented, “I get very positive feedback from service users about this service.”

New staff undertook an extensive induction process, in line with the common induction standards for the care sector. They had a probationary period, with performance reviews at 12 and 20 weeks. Support workers told us they had a period of time shadowing experienced workers before working on their own, and had time to get to know the people they would be caring for in advance.

The registered manager showed us the staff training matrix. This showed that all support workers had been given the training required by legislation, including moving and handling, health and safety, first aid, food hygiene and safeguarding adults. Appropriate systems were in place to update training on a regular basis. For example, all support workers had recently attended a refresher course on medicines. Support workers were also given training specific to the needs of individuals receiving care, such as the use of percutaneous endoscopic gastrostomy (PEG) feeding tubes for people who could not take food by

mouth. This training was often undertaken by other professionals involved in the care of the person, such as a specialist nurse. Plans were in place to provide ‘end of life’ training to more support workers, to increase their awareness and sensitivity, and their ability to care appropriately. All carer support workers either held a National Vocational Qualification (NVQ) in social care (or equivalent) or were working towards this qualification.

Support workers told us they were encouraged to take up training opportunities and could ask for extra training, where they felt the need. One support worker told us, “I’ve asked for extra moving and handling training in the past, and been given it.”

A system for monitoring and assessing the competence of staff to support people with their medicines had recently been introduced.

Support workers told us they received regular supervision. One support worker told us, “We get proper face to face supervision every three months.” Supervision sessions looked particularly at the effectiveness of the support worker and the care plan in meeting the needs of people being supported. Group sessions were held every three months, attended also by the registered manager, the care manager and the care co-ordinators. Issues covered included updates on people’s needs, training, and policy issues.

Records showed that staff members received an annual appraisal of their work performance. The appraisal looked at previous objectives; areas for improvement and development; and set targets for the next year, including a learning and development plan. This meant that staff skills and knowledge were improved each year.

Some staff had received training in the implications of the Mental Capacity Act 2005 (MCA), and were aware of their responsibilities. However, the service did not have a specific policy or procedure regarding the MCA. The registered manager told us she was aware of this deficit and had already contacted the Carers Trust, the national body to which the service is affiliated and which provides policy guidance. She told us a policy was being drawn up and would be put into practice as soon as possible. Currently, issues of empowerment, autonomy and independence were covered in the service’s policy on autonomy and independence.

Is the service effective?

People using the service were asked to give their written consent to their agreed plan of care, where they were able to do so. People unable to sign their agreement were asked for verbal consent, and this was recorded as such. Family members gave consent, where this was appropriate, for example, for a young person.

The registered manager told us that any support worker involvement in assisting a person with eating and drinking was agreed with and guided by the family carer. The care plan included the personal food and drink preferences of the person, any special dietary needs and any specialist techniques used to assist nutrition.

Is the service caring?

Our findings

People using the service said they felt their workers were very caring. One person said, “They have been really outstanding. I go out twice a week with them, I couldn't go out otherwise. So kind, they are real friends to you” Another person told us, “They sit and talk to you, I wouldn't know what to do without them, they are so good. I feel so much better when they are here.” A third person said, “I am good friends with my carer now. He comes and takes me out in the car, we do all sorts.” Many other people supported these feelings, with comments such as “marvellous”; “wonderful”; “so kind”; and, “such polite caring staff.”

A family carer said, “We have been so touched by the kindness of staff.” Another family carer commented, “I would like to express my heartfelt thanks for all the wonderful care, help and attention which was given to my wife and myself during her recent illness. They really helped at a most difficult time.”

Staff told us they felt it was a very caring service and that they took pride in their work. One worker told us, “It's very important to care, and to be there for someone to talk to.” This support worker gave us an example of caring for a person with dementia, who was frequently tearful. The support worker had shown the person their family photographs, which had calmed them down, and the person said, “That's the first time anyone has done that.” Another support worker said, “We all care about the people.” A third said, “We give emotional support to people and their carers. We help them live as normal a life as possible.” A support worker told us of an occasion where a family carer was rushed to hospital and the support worker rang round to arrange for emergency respite care and accompanied the person being supported to the respite care address.

A local authority commissioner of care services told us, “They have always been professional yet very caring in their approach.” A specialist nurse told us, “It's a very caring and very sensitive service.” A community psychiatric nurse told us, “This is a caring service, very much so.” An occupational therapist said, “I have only had positive feedback from carers about the service, even the hard to engage groups.”

The aim of the service, the registered manager told us, is to “step into the shoes of the carer for the time our workers are in the home and do exactly what the carer would do.”

The registered manager told us she appointed only people who appeared to be “genuinely caring”, and whose references supported this. Many of the support workers employed had personal experience of having given care within their own families, and they therefore appreciated the need for caring attitudes. There was an emphasis in induction training on the need to respect people's privacy and dignity, and to promote the person's self-esteem.

The registered manager said the service always tried to match the support worker to the person receiving support, with regard to personality and interests, where possible. For example, a young man with learning disabilities asked for a young male support worker to take him out for the afternoon, and this was provided. An introductory visit was arranged, where possible, to see if the person and support worker ‘gelled’. People using the service were encouraged to speak up if they did not feel comfortable with a particular worker, and a replacement worker would be provided. Once a relationship was established, the same support worker(s) would be allocated for each call, to ensure consistency of care. Support workers covered for each other's holidays and any sick leave. No agency staff were used. One family carer told us, “We usually have the same girls, but even the replacements are good, very flexible and accommodating, I could not do without them.”

The service had a policy on ‘autonomy and independence’, which was aimed at assisting people to make their own decisions, control their own lives and support them to maximise their independence and personal autonomy. Support workers had also been given training in recognising issues of equality and diversity, and responding appropriately. The service provided advocacy, in the form of signposting people to external advocacy services and raising concerns on carers' behalf with appropriate organisations.

Support workers told us that maintaining people's privacy, dignity and confidentiality was essential to their work. One support worker told us, “It's so important to protect people's privacy. We re-assure them, and if we are giving personal care we don't make a big deal of it.” Another worker gave the example of supporting people's dignity by helping them do things themselves, such as moving a chair to the wash basin so they could wash themselves.

We noted that, although risks to people using the service were assessed, care was taken not to ‘over-protect’ people in ways that might unnecessarily limit their independence.

Is the service caring?

For example, one person who was judged to be at some risk in using public transport was given the extra support necessary to ensure their safety, rather than prevented from travelling on grounds of risk. We saw, in another person's care plan, "X to be included in all discussions and encouraged to make safe choices."

The service had a contract with the local clinical commissioning group to provide services to people with life-threatening conditions and to work with people at the end of their lives. The registered manager told us support workers were well-versed in how to treat people with

dignity and give privacy and respect to people and their families in these situations. This was confirmed by a palliative care specialist nurse, who told us, "This is a really good service. There is huge satisfaction from carers and service users about the service."

People were given information about the wide range of other services offered by the organisation, which included benefits advice, a day centre, and practical assistance with housework, shopping and paperwork. This information was available in the form of pamphlets and an accessible website.

Is the service responsive?

Our findings

People using the service told us the service responded to requests for changes to their support. One person said, “I can change things if I want, it’s up to me.” Another person said, “They just do whatever I want. The supervisor comes about every six weeks and they ring me from time to time.”

Family carers also said the service was responsive to their changing needs. One relative told us, “I can change things if I need to, there is never any problem.” Another family carer told us, “The office checks in with me, and I can change things if I want.”

The registered manager told us the overall ethos of the service was to treat people in a person-centred way that acknowledged and emphasised their uniqueness as individuals. This was evident in the records of individual and group supervision sessions seen. There was a flexible approach to service delivery, with carers able to request changes in the days and times of the booked calls. The registered manager told us the service had excellent relationships with other organisations and agencies and was able to signpost people and their carers to other forms of support, where appropriate.

We looked at the ‘comments and compliments’ log held by the service. Feedback from families being supported by the service was very positive. One family carer said, “I can’t thank you enough. You have helped myself and my family lead a much better way of life. Thank you so much.” A second carer said, “Caring can be a difficult and tiring duty and I have found that Crossroads have been a great help.”

A local authority commissioner of care services told us, “I have found them to use a person-centred approach when supporting service users, and service users have always been happy with the staff who visit them.” An occupational therapist said, “I have always found them to be responsive, flexible and willing to work with us and implement any recommendations in a client-centred way. What particularly impresses me is they have the common sense to contact us to clarify issues.” A social worker us, “Management from Crossroads have always been proactive in contacting the case manager when service users’ needs change.” A community psychiatric nurse told us, “They seek support for working with challenging behaviour and take a multi-disciplinary approach to people’s care.”

The aim of the service was to give the family carers breaks from caring, in the knowledge that support workers would be giving care in ways as close as possible to those used by the family carers. The family member(s) who normally provided the person’s care were fully involved in the assessment of their needs and were asked for very detailed information about the person’s usual daily and/or nightly routines as part of that assessment. This enabled support workers to provide the person’s care as much as possible in the same way as family members did. Examples seen were very specific (for example, “X prefers the shower setting at 6”). Support workers told us the care plans were very helpful in making sure they gave care in the ways the person and their family wanted. One support worker told us, “I don’t think we could cope without the care plans. They’re good and they are kept up to date.” Support workers were given the responsibility to personalise care plans further, as they got to know the person, for example, adding the number of spoons of sugar a person preferred in their tea.

Support workers confirmed they were involved in the assessment and care planning process, as it was essential they were briefed directly by the family carers in all aspects of the support to be given. Support workers also told us they had a responsibility to report any changes in people’s needs or wishes to the office, for action. One worker said, “We are told, ‘you are there, so if you see anything needs changing, tell us.’”

People and their family carers told us they were integral to the regular reviews held of the support given, and were encouraged to contribute their views and comments. A family carer said, “We have a full review once a year and they [the office] check in with me.” For most people using the service, support workers formed part of a multi-disciplinary team of health and social care professionals, all of whom had input into the review of the person’s care needs.

None of the 15 people using the service or the three family carers we spoke with said they had ever had a complaint about the service. Nobody had ever had a missed call. They told us that they were always contacted if there were any problems with getting to them on time. We looked at the records of complaints and saw only one complaint had been logged in the previous 12 months. This had been properly recorded and investigated. The registered

Is the service responsive?

manager told us she was working to capture any negative comments that did not constitute formal complaints, and would be feeding them into the quality management log for consideration.

The service facilitated people to access the local community. Appropriate arrangements were included in

people's care plans and guided by the wishes of the person being supported. Family carers told us this was particularly important for younger adults to feel independent and fully part of their local communities.

Is the service well-led?

Our findings

All the people we spoke with told us they had regular phone contact from the office or visits from supervisors. One person told us, “The office rings me from time to time to check everything is alright.” A second said, “I have never had to complain, the supervisor comes from time to time to see me.” Another person said, “They [office] ring me to see if everything is alright.”

A specialist nurse told us, “The service is well-organised. Everything runs smoothly.” A CPN told us, “Yes, it is a well-managed service.” Other professionals commented, “They give feedback on what is working well, which helps so much with implementing care services” and, “The service works in partnership with us.”

Support workers said they felt well-supported by the management of the service. One worker said, “Yes, I think we are well-managed. There’s always someone to go to if we have any difficulties. The management is approachable.” Other comments included, “We are well-managed. There are no problems. We get good support, both personal and professional” and, “the management are genuinely caring.” We were told that workers’ travel time was factored into the staff rosters. One worker said, “I get extra time for bus use.” Another worker commented, “[The management] are great. They treat you with respect. Any problems are listened to and responded to. This is one of the better companies.”

The organisation is a registered charity. It is governed by a board of directors, made up of suitably qualified and experienced people, which meets eight times a year to ensure the service meets its aims and objectives. The registered manager is the chief executive of the organisation. She is supported by a care manager and two co-ordinators, all of whom hold NVQ level 4 in health and social care.

A system for the regular auditing of the service was in place. Internal audits were carried out by six staff members, specifically trained to carry out this responsibility. Areas covered included financial systems, data protection, staff recruitment processes and complaints. Detailed action plans were in put in place to address any shortcomings identified. For example, improvements had been made in the medicines administration records, risk assessments and care plans. The service also held the quality mark ISO:

9001. This is a certified quality management system designed to help organisations ensure they meet the needs of people using their services as well as meeting statutory and regulatory requirements.

We saw minutes of management review meetings which were held quarterly to examine and drive up quality in the service. Issues identified were entered into an action log. Recent examples included the need to give senior staff further training in the recruitment of new staff; training in new IT systems; and improvements to the quality manual used in the service. We noted that a recent management review meeting had identified that the audit system itself needed to be made more robust, and that actions had been taken to achieve this. We were told the board was currently reviewing the management structure of the service, as its range of registered and other services expanded. The aim of this review was to make the service as flexible and responsive as possible, and to increase the time available to monitor the quality of the service.

The registered manager told us the service will be signing up to the Social Care Commitment. This is a voluntary agreement between employers and employees to provide people who need care and support with high quality services. The commitments include recruiting only staff who care; helping staff develop their skills; and providing proper staff supervision. This demonstrated a commitment to improving the quality of care and support offered. It also gives access to a range of free resources to help with workforce development, and will enable the service to identify areas where training and support can benefit employers and workers.

Systems were in place for the good management and smooth running of the service. These included computer systems that, for example, co-ordinated the rostering of support workers over 365 days a year, and flagged up the need for the annual review of each person’s care. These systems were robust. For example, we were able to check the records of missed calls: we found none of the 781 calls booked for the previous 28 day period had been missed. The registered manager told us there was a member of the management team on call 24 hours a day, to give support and advice.

We noted the service had received awards, including a ‘Shining a light on excellence’ from the local NHS mental health trust, and the North East Youth Work award (2012-3)

Is the service well-led?

for services to young people. The service was also a member of a range of accredited schemes and initiatives, including Carers Trust, Carers UK, local authority Provider Forum and the Tyne and Wear Care Alliance.

The registered manager told us she was working to familiarise herself and her team on the 'duty of candour' regulations which are applicable to the provision of social services under the Health and Social Care Act 2008.

The registered manager told us that any negative comments about the service which were not deemed or intended to be complaints would be fed into the service's quality management log. This information would be used to identify any trends or issues that could be used to draw up an action plan to improve the service. Positive feedback was also captured in the quality log, and used similarly. Compliments were displayed on a white board in the office to give positive feedback to staff and boost morale. The registered manager said she was aware that complaints were more useful than compliments for developing the

service. However, wherever possible, the service tried to pick up issues before they developed into formal complaints, and that the co-ordinators would ring a person back if they thought there was a chance things weren't completely right.

An annual survey of the views of people using the service was carried out. The results were collated and published, and the most recent survey (July 2014: sent to 850 carers, with a 35% response) were very positive. They showed, for example, that 61% of family carers felt better about themselves as a result of the support given by the service; 57% felt their life had improved; and 45% reported an increased ability to manage their caring responsibilities. The survey also identified improvements that needed to be made to the service, such as the introduction of a care manager to support the registered manager; the introduction of 'spot checks' by care co-ordinators; and an annual quality visit to each person using the service.