

Carers Trust Thames

Carers Trust Central & South Bucks

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 ●

Summary of findings

Overall summary

We undertook an announced inspection of Carers Trust Thames on 31 May 2017.

Carers Trust Thames is a voluntary organisation which provides care and support to carers and people with personal care needs. The agency provides support and personal care to children, younger adults and older people. On the day of our inspection 50 people were using the service.

There was not a registered manager in post. However, an application was being processed at the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relative's told us they felt people were safe. Staff understood their responsibilities in relation to safeguarding people.

Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified. People received their medicine as prescribed.

People benefitted from caring relationships with the staff. One person said "They (staff) are fine on the whole, I am happy with them". People and their relatives were involved in their care and people's independence was actively promoted. Relatives and people told us their dignity was promoted.

Where risks to people had been identified, risk assessments were in place and action had been taken to manage these risks. Staff sought people's consent and involved them in their care where ever possible.

Staff knew their responsibility under the Mental Capacity Act 2005. One staff member said "It's about making a decision and recognising some people can make decisions for different things. You don't assume a person has not capacity, it's not a blanket assessment. We will work with professional teams and their relative to ensure the person's best interest is at the forefront".

There were sufficient staff to meet people's needs. The service had safe recruitment procedures and conducted background checks to ensure staff were suitable for their role.

People were supported with their nutrition and their preferences were respected. Where people had specific nutritional needs, staff were aware of these and ensured they were met.

People and relatives told us they were confident they would be listened to and action would be taken if they raised a concern. The service had systems to assess the quality of the service provided. Systems were in

place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff mainly spoke positively about the support they received from their locality manager and the senior management team. Staff supervision was regular as were annual appraisals. We saw staff meetings took place to provide good communication with staff. Staff told us the management team were approachable and there was a good level of communication within the service.

People and their relatives told us the staff and the service was very friendly, responsive and well managed. People and their relatives knew the management team and had contact details including emergency telephone numbers. The service sought people's views and opinions and acted on them. Staff comments included; "I love doing my job, the clients and staff are great" and "I am well supported, I am only a phone call away if I need to ask anything".

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to keep people safe, how to identify potential abuse and knew their responsibility to report any concerns of abuse.

Risks to people were identified and risk assessments were in place to manage these risks. Staff followed guidance relating to management of risks.

There were sufficient staff deployed to meet people's needs and keep them safe. People and their relatives told us people were safe.

People had their medicine as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

People had access to healthcare services and where people needed support with their nutrition, this was well maintained.

Is the service caring?

Good ●

The service was caring.

Staff were kind, compassionate and respectful and treated people with dignity and respect which promoted their wellbeing.

Staff gave people the time to express their wishes and respected the decisions they made. People and their relatives were involved in their care.

The provider and staff promoted people's independence.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and mainly provided clear guidance for staff on how to support people.

People and their relatives knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Is the service well-led?

Good ●

The service was well led.

Communication was very good to for people who use the service and staff were kept up to date and involved in developments. Staff felt supported by Carers Trust Thames.

There was a positive culture and the area manager shared learning and looked for continuous improvement.

The service had systems in place to monitor the quality of service. There were clear governance systems in place to report the services quality of care.

Carers Trust Central & South Bucks

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 was 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 on 31 May 2017. It was an announced inspection. We told the provider one day before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be available. This inspection was carried out by one inspector.

We spoke with six people, two by visiting their homes, two relatives and seven care staff. We also spoke with one Locality Manager, the Chief Executive Officer (CEO) and the person who was currently in the process of registering as the manager of Carers Trust Thames. We looked at seven care records, three staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which captures the experiences of a sample of people by following a person's care route through the service and obtaining their views about their care.

We reviewed any notifications we had received about the service. A notification is information about important events which the provider is required to tell us about in law.

Is the service safe?

Our findings

People told us they felt safe with the care received from Carers Trust Thames. They commented "Oh I definitely feel safe"; "I feel safe at all times"; "I feel safe and have no worries"; "Safe, oh yes (we saw this person had an alarm pendant on them to enable them to call for assistance if required); ". Relatives comments included; "All staff keep [client name] safe" and "Safe, definitely".

Staff told us how they keep people safe. They said "I always keep the clients key code numbers safe so that no one has access to the person's home that should not"; "I always ensure people use their walking aids and that I wear aprons and gloves when providing personal care to mitigate any cross infection"; "If it's a time critical call and I am going to be late, I will notify the office straight away"; "I will check the environment, look for any trip hazards or clutter which may cause an accident" and "If I have any safety concerns about a person, I always let the office know and if necessary I will stay longer to support them".

People were supported by staff who could explain how they would recognise and report potential abuse. Staff told us they would report concerns immediately to their manager or senior person on duty. Staff were also aware they could report externally if needed. Staff comments included; "It's about recognising abuse, we have had meetings about how to keep people safe, for example managing their money if we do shopping for them"; "It's protecting people from harm, I would look for any bruising for example"; "It's about protecting vulnerable people, it's linked to the Health and Social Care Act, Human Rights act and the Data Protection Act". All staff we spoke with told us they would be happy to report anything of concern to their manager, the local authority, the police or the Care Quality Commission"; "I would definitely report anything if someone was at risk" and "It's about protecting the safety of clients and staff". We were told by the area manager that there had been no safeguarding incidents in the last three months. This was confirmed by the local authority and we checked our records which also confirmed this.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. Risks were assessed as high, medium or low. For example, we saw one person was allergic to mushrooms and cheese. This was clearly recorded and the risk to the person assessed in their care plan.

We discussed with staff how they managed accidents and incidents. They told us they would phone the office for advice and record the details of the incident on an incident form. Comments included; "I would complete the form including a diagram of any injuries. I would let my supervisor know, both verbally and in writing". We saw details were also recorded on a spread sheet of incidents or accidents. One staff member told us of a medication incident and how this was managed appropriately to keep the person safe. We saw this incident had been documented along with the actions taken, when it was notified to external bodies and when it had been reported to the board of Carers Trust Thames. One locality manager told us they review all the accident and incident forms, check actions had been taken were appropriate and update people's care plans accordingly. We saw systems were in place to monitor accidents and incidents and staff were notified of any incidents regarding the people they looked after.

Overall staff were effectively deployed to meet people's needs. People told us staff mainly arrived on time unless there was a problem and then they usually received a call to inform them the care worker was going to be late. People said "I am very happy; I have a regular lady most of the time which is very useful. I have a list and work with them (staff)"; "I cannot think of anytime when they were late. On the whole they are usually two minutes early!"; "I can change my call time, it's difficult sometimes to arrange a time, but we work it out between us (the office)"; "They don't always notify me when they are going to be late, so I have to chase the office. This is not very often though"; "They generally arrive on time, traffic is the problem"; "They arrive on time and stay for the full time they are supposed to. I am never rushed"; "They arrive 99% on time"; "They (staff) are on time always, no complaints" and "Yes there is the odd time they are delayed, but that's due to the traffic". Staff confirmed if they were delayed, they would contact the office who in would then contact the person to let them know of the delay.

Staff felt there were enough staff to support people. Comments included; "There is enough staff to cover the calls most of the time. Sickness can be a problem. We are all one company, so we work together" and "I always have enough time to support people as they wish".

Some staff told us at times they struggled to get to their next call as there was not enough travel time between calls. One staff member told us "We have raised this again at the last staff meeting". We discussed this with the area manager and CEO. They told us that they were aware some staff struggled to get to their next call in time. They said they were now rostering centrally from the office, taking into consideration geographical areas and where staff live. One locality manager we spoke with told us they always gave a minimum of 15 minutes between calls, even if they are close by. They said they also took into consideration geographical locations of the care packages in their area. However most of the staff we spoke with said that this was not a problem for them. One staff member said "One gripe, not enough travel time, but this has now been remedied".

People and staff told us no one had come to any harm as a result in the delay in their call.

People, their relatives and staff told us that a weekly rota was sent out to people's homes. This enabled people who received care to know which care worker they would receive their support from. These rotas were also adapted to ensure people who had specific health needs were met. For example, people who had sight problems were able to read them. Staff would use white boards or transfer the details to another piece of paper in larger print. The CEO told us how they were planning to provide these rotas directly from the office in different formats for people with specific needs. One person told us they had not received their rota for five weeks. We discussed this with the CEO and they told us they were aware there had been some problems and that they were now going to change the delivery of rotas. In the future, copies would be given to the care worker so that they could be passed to the person a week in advance. This would ensure people received their rota timely. One relative told us how the office staff ensured their family member's rota was changed to exclude some information to help reduce their relative's anxiety.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised with people. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the area manager to make safer recruitment decisions. We spoke with the area manager and the CEO about staffing. They told us they conducted a telephone interview with staff prior to inviting them in for the formal interview. Records showed as part of the interview, staff were asked specific questions and tests were conducted to ascertain the applicant's abilities and suitability for their role. For example, numeracy skills and medication scenarios. This was confirmed by the staff we spoke with. Staff told us they shadowed other care staff before being allowed to work on their own. This ensured the staff

members competence and confidence was measured before working alone with people. One staff member said "I was not allowed to work on my own until my DBS was received". In the three care worker files we looked at, we saw that each staff member had not started work until after their DBS had been received. This meant the provider ensured people were suitable to work with vulnerable people.

People were mainly supported by their family member to take their medicine or self-medicated themselves. Those who received assistance with their medication told us they had their medication when they needed it. One person told us; "I always get my medication when I need it" and another said "They help me to a degree, they pass the medication to me".

One relative told us "My father has lots of medication and he always gets them when needed". We saw in people's care files that medication was recorded and the care worker had signed to confirm the medicine had been administered.

Is the service effective?

Our findings

People told us staff had the training and skills they needed to care for people. Comments included "Yes, the staff have sufficient training to look after me" and "They (staff) seem to have enough training". Relatives said "Staff are competent at doing their job" and "Yes the training is good, some staff are more confident than others with people with dementia, but overall they are fine".

Staff told us "All my training is up to date and there is opportunity to progress at Cares Support Thames. I have been successfully promoted to a senior care worker"; "There is lots of training for staff"; "I had training for five days at the beginning and I have just recently had moving and handling training"; "I have enough training and can have more if I wish, I am now studying for my NVQ3 (national vocational qualification in care)"; "The new manager is hot on the training, mine is all done and definitely enough training"; "Training is fantastic" and "Training is good, if you want more, you can ask for it. I feel competent as I have done my NVQ 3 and NVQ 4". Staff also told us they received specialist training, for example, PEG feed. Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.

Staff comments were supported by the records we saw of staff training. The training matrix showed all training done by individual care workers, date of expiry and the date when training had been booked. Staff told us and we saw they were monitored in the work place by senior staff who observed staff providing support. We saw in care workers files that their manager would visit the care worker to observe their practice when delivering care. This included specific practices, for example medicine administration. This enabled the manager to identify areas for development to ensure care workers were up to date with care practices and their training.

Care workers told us they felt their induction programme prepared them well to look after people. They said the training was for four days and they also shadowed care workers before supporting people on their own. One locality manager told us they shadowed another manager in the office for the first week, received a full handover from the previous staff member. They also said they sent an introductory letter to all the people in their area, spoke with them over the telephone or visited them personally as part of their induction. A care worker told us they shadowed for four to five weeks before working along with people. This enabled them to get to know the people and their individual needs.

Staff told us, and records confirmed, they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. We spoke with staff about the support they received. Comments included; "It's a two way conversation and I feel I am listened to"; "I am completely supported, I can swap my shift and it's more like a little family than work"; "I have a supervision every three months, we talk quite openly and discussions are documented"; "I am supported well, especially by [name], she is a lovely person. We talk about how I am getting on and talk about the clients I look after"; "I have had a couple of supervisions since I started. They make sure I am

happy and allow me to raise any concerns" and "[name] calls me regularly to check I am ok".

Staff we spoke with had a good understanding of the Mental Capacity Act (MCA) 2005. The MCA is the legal framework to ensure people's right to make decisions for themselves was adhered to. We also observed references to capacity in people's support files regarding supporting their choices. We saw some people had Lasting Power of Attorney (LPA) arrangements in place. A copy was present on the person's file and was appropriately signed and it was clear which authority the LPA had, for example financial or personal care. Staff said "It's about being aware of what people can and cannot do. I give them time to make their own decisions"; "Understanding what the person can do, I will monitor and when I think they are at the stage they need support, a Mental Capacity assessment will be arranged"; "We treat people as individuals when assessing their mental capacity needs"; "MCA is to protect people who may not be able to make a decision, we cannot assume just because they are elderly that they cannot make a decision. You always assume capacity" and "It's about having the capacity to make a decision on their own. If not a LPA may be put in place so that decisions can be made in people's best interest".

People and their relatives told us staff always asked people for their consent before assisting them with care. Staff told us it was really important and respectful to ask people first. People who were supported with their meals told us they were happy with how they were prepared. One relative commented "They cook small meals for [name] and I provide ready meals. Staff also ensure [name] receives their food supplement".

People were supported to have access to health professionals. Staff told us "I will call the GP for them and make an appointment. That's what we do, I will also accompany people to their appointments" and "I would contact the GP for people, for example if there was a medicine issue". People's comments included "If I am not well, they will take me to the surgery" and "They are really good and they will call the GP for me".

Is the service caring?

Our findings

People who use the service and relatives gave us many examples of how care workers were caring towards them. People told us care workers are always friendly, considerate, polite and try to be helpful. Comments included "Care workers, they are the best I can have"; "Very nice staff, they chat with me and I get on with them very well. We have a good laugh"; "All the staff are extremely caring"; "Staff are always nice and speak to me nicely"; "[care worker name] is a 'little gem'. I have no problems at all as they are excellent"; "They are always polite, I have no problems with the care workers"; "Nice and friendly, chat away to me and my husband"; "Perfectly happy, 100%, could not wish for nicer people. Staff vary in character, which is rather nice really"; "The care workers are lovely, most definitely. They come in, get me up and hoist me into my wheel chair" and "The care staff are super-duper!". One relative said "All the staff very caring, they keep him safe".

Staff demonstrated a really caring attitude toward the people they assisted. They told us it was nice to sometimes have enough time to talk to people and have a chat as people have a minimum of an hour call. Comments included "I am caring as I listen to the people. I do what I can for people and I am always happy to do more for them. I will take them out for coffee"; "I love working with people, I am always conscious of people's loneliness"; "I am kind and considerate with people. I enjoy looking after people"; "I am a good care worker as I listen, try and understand and show empathy. If I was in that situation, I would want the best I can have, so I give them the best they can have"; "I love my work, I wish I had done this years ago" and "It's the people out there which make the job worthwhile, that's the fun bit".

People and their relatives felt involved in decisions about the care and were consulted if things change. People said "They involve me in my care. They are very friendly, caring and help me a lot"; "I choose my support, if I ask them (staff) something, they help me"; "The staff are very knowledgeable about my needs and always ready to help. I cannot fault them in any way"; "They look after me well. Polite and always ask me before helping me with anything. I cannot complain about any of them" and "I am happy with my care, everything is going swimmingly". One relative said "That is why I chose Carers Trust Thames. They give people choice. My father prefers male care workers".

Staff commented about the way people would like their support. They said, "The way they (people) want things done, they come first and I recognise that is who they are"; "It's what they want, it all revolves around them, they can have porridge with beetroot if they wish or have a black or white towel"; "I always talk to people to ensure they feel involved in their care" and "I always run through with people what I am about to do. It's like giving blood. You are not allowed to take someone's arm, they have to offer it. You need to think before you act" and "I ask what they would like, I don't assume, it's their choice".

People's consent was obtained before providing personal care. This included consent to share information with professionals. We saw this was documented in people's care records.

People's dignity and respect was upheld. People told us "Oh yes, definitely they respect me" and "They always promote my independence. I have not been able to go out on my own recently, they helped me, but

now I am feeling better they encourage me to go out on my own again". Relatives said "They take their time, they don't rush him" and "They always show dignity and respect and promote [name] independence".

Staff told us they would always close doors and cover people up to protect their dignity. Comments included; "I would always make sure people are covered up to protect their dignity"; "I always talk to people in a civil way. I promote independence as I will ask them what they would like to wear and helping them as they wish. Let them make their own decisions, allowing them choice" and "I would always put a towel over them if walking from the bathroom to their bedroom. I would reassure them if they have had an accident"

People were supported by staff to retain their independence. They said "I try to be independent and they encourage me". Staff said "I always promote independence; I will let them do things themselves and keep checking every ten minutes to make sure they are ok". One relative told us "Staff do promote his independence as they will let him do things himself if he wants".

Staff recognised the importance of maintaining people's confidentiality. Comments included "I am fully aware of social media and the importance not to discuss the people I am looking after"; "What is said at work, stays at work. I ensure the key codes to people's houses are kept confidential so that no one will know which key code belongs to a particular person"; "I know I must not discuss people with other care workers" and "I don't 'name drop' or use social media".

Is the service responsive?

Our findings

People's needs were assessed prior to receiving a service to ensure their needs could be met. Meetings were held with people to confirm the support needed. There was also an easy read/pictorial version of the assessment process for people known as 'You're in control (how you can get the service you want)'. People and their families had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included their preferred names, interests and hobbies. For example, the way in which they liked to be supported with their personal care and specific types of food. The care files we looked at all contained daily logs of the care provided to people. People confirmed staff wrote in these on a daily basis.

We asked people and their relatives about their assessments. People told us how the assessments played an important part in their care. Relatives told us "My husband's needs can change from day to day due to his health condition and how he is feeling. These are always recorded so that staff know what help he needs" and "The care staff always respond to my husband's changing needs. The care team have worked well with me to ensure continuity of care staff. They are very responsive to any changes and any requests are actioned". One relative told us that their priority was continuity of care for their father and this was respected. All the people told us how much they appreciated having a regular care worker meant to them.

People told us they had reviews of their care and were involved in these reviews. They said these reviews were regular and were usually done by senior care workers or locality manager from Carers Trust Thames. Comments from people included; "I am involved in my care decisions, I had an initial interview and my care plan says it all"; "The senior care worker will come over and go through my care plan with me" and "I am involved in the decisions about my care, I have a review at least every year". Relatives told us "The care plan is reviewed regularly; any changes are done to the file in the home. The team send me a copy so that I can agree and sign off the review"; "Changes are being made for my father and the staff are working well with me" and "They review my husband's care regularly and I am involved if necessary".

Staff told us how they ensured any changes were recorded in people's care plans. They said they would also inform the office so that the copy held there could also be updated. One staff member said "If there are any changes, I will record them. For example I have one person whose thickener quantity changed (thickeners are used in people's drinks to help them swallow safely); I informed the office and updated the care plan in the person's home". Staff said they will read the care plan when they go to the person's home to ensure they are up to date with the individual care needs of people. They confirmed that the care plans are usually up to date and if not, they are changed very quickly by senior staff.

In some cases we found care files difficult to find information about people. We discussed this with the area manager. They told us "I will be working with my locality managers in the coming weeks to cleanse the client folders to ensure that they all have the same content and are easy to navigate when looking through them". We saw some had already been updated. We saw one person's care plan which was not up to date with their current behaviours which may pose a risk to staff. We discussed this with the area manager and on the day of our inspection they confirmed that they had arranged to meet the family member and complete a full

review.

When we spoke with care workers they knew people's needs in detail. One care worker told us about specific needs of a person they looked after. For example their specific health conditions, their preferences and the technology they used. This was confirmed when we viewed this person's care records. This showed care staff had an in-depth knowledge of people which enabled them to care for them safely.

There were systems in place to record and manage complaints. Records showed complaints had been investigated and people were responded to timely. Details of the complaint, actions taken, date resolved and date reported to the board were all recorded. There was an easy read version for people with communication difficulties to enable them to make a complaint.

People we spoke with knew how to raise concerns and felt able to phone the office if they have any worries. They told us "Yes I would contact the office and I feel listened to" and "Any queries or concerns, they are dealt with". Relatives told us "I had a small complaint about the staff being late and it was addressed straight away"; "Any problems with care workers I would complain" and "If I have any concerns I will speak to the manager. I have confidence in them to sort anything out".

We asked staff what they would do if someone wanted to raise a complaint or a concern. They said initially they would try and resolve the concern themselves. But if the person wanted to make a complaint they would notify the office and record the details on a form. All the staff we spoke with were aware of the complaints policy and how to manage complaints. Some staff knew the timescales of when a response should be made.

Providers are required to comply with the duty of candour regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity.

At the time of the inspection, the service had an appropriate duty of candour policy. The document provided clear steps for the management to follow if the duty of candour requirement was triggered. The CEO and area manager demonstrated a good understanding of the Duty of Candour.

Is the service well-led?

Our findings

People felt the service was transparent and open and harboured good relationships. Comments included; "Quite satisfied with the service, they are very good and listen": "They are good at notifying me when something cannot be done"; "They have always done their best to accommodate me"; "I would recommend them to other people. I did look at moving, but things have improved"; "They are very good and means my wife can have a break"; "It's ok, I don't think they can do anything better"; "Communication is good, I can get hold of [name], she is very good, no qualms with her, a lovely girl"; "They are doing a good job and I have felt the benefit"; "Nothing they could do better, if someone cannot come (not very often), they always apologise"; "They are a good organisation, they work well"; "How is it managed? To the best of my knowledge it is well managed and it works for me".

People we spoke with and their families felt the service was well led. Comments included; "They are absolutely fine, I would definitely recommend them"; "They are well managed, they work as a team" and "Really, really good, nine out of ten for sure".

Relative's comments included; "I am really happy with all the staff that go to dad. I chose them (Carers Trust Thames) because I felt they were professional and they provide what is needed. Its good communication, I was really happy with how the locality manager dealt with my request"; "The office contact is ideal and very helpful"; "There is always regular contact from them (office)"; "They are very caring, professional, responsive and flexible" and "It's a good service, good management and I have recommended them to people".

We spoke to staff about communication they said "What's good? Good communication and rapport with staff"; "Communication is improving, when I first started there was a gap in communication, but it's now improved"; "Communication is good, but I understand that it's not so good in Aylesbury" and "They ring me to see how I am getting on".

Staff were positive about the culture and support. They said "It's really good to work here, good vibes and nice care workers"; "Nothing they could do better, on the whole well run"; "I have confidence in the area manager, she will get things sorted"; "Care workers have been here a long time, speaks for itself"; "They are flexible, very understanding and try to accommodate us all"; "There have been positive changes since the area manager has been in post"; "They are flexible as I can work around the needs of my family"; "We are well supported by the office, get 'group' texts to notify us of any changes"; "We are more like a little family than work colleagues"; "I am left to get on with my job, they know if there is a problem, I would contact them. They trust me to do my job"; "The service is well managed and I get a rota every week, which is better as it shows my hours, it's the best arrangement I could have"; "It's a good place to work", really nice culture"; "They care about the employees, there is a good pension scheme and they are generous when paying our mileage"; "They listen and want to know if there are any problems, very supportive"; "It's a nice small company, I love doing my job as a care worker, they are friendly, the staff and my boss, but the travel time does need looking at"; "Cannot complain, zero hours contract and it suits me, very flexible"; "Yes, as well managed as they could be"; "Great organisation and do their best and the clients are happy" and "Management most of the time is works quite well".

Staff told us they had regular meetings which enabled them to voice their opinions. We saw minutes of meetings in April and May 2017 which confirmed this. Topics included training, updates on new clients, those that had left the service and updates of current clients from care staff. Staff were complemented on the feedback received from clients and their families. We also saw that staff were reminded of their conduct, for example, confidentiality. We saw a weekly newsletter was also sent out to staff with updates similar to the staff meetings. This ensured that staff who were unable to attend the staff meeting were kept up to date by email. There was a generic email address to enable staff to raise any queries or concerns with the area manager. Staff told us; "There have been two meetings since I started in 2016 and I feel I am listened to and changes are made".

Locality manager meetings took place regularly and discussions included recruitment. We also saw that people who use the service were invited to a 'tea party' on a monthly basis. These were organised by the locality manager and invitations were sent to people individually. This meant that Carers Trust Thames ensured people were involved in their care individually and as a group and community links were encouraged as local centres were used as meeting places for people.

We found processes were in place to monitor the quality of service delivery. Audits were regularly carried out on a monthly basis by the CEO and the locality managers to ensure care files were up to date. Locality managers would peer audit other teams in the service to ensure quality and transparency of service delivery. This included audits on the administration of people's medicine, risk assessments, people's reviews and daily logs. Where any improvements were needed, we saw these were recorded and individual locality managers were responsible for the actions. The quality of service was regularly reported to the board at Carers Trust Thames. We saw topics included, actions to improve client satisfaction; complaints and compliments; staff survey and changes to the information technology system used by staff.

Surveys were undertaken to obtain feedback from people and care staff at Carers Trust Thames on an annual basis. We saw the results for 2016 which showed overall client satisfaction had increased in 2015 from 71% to 76% in 2016. People rated staff quality and satisfaction between 96% and 98% for staff honesty, understanding of people's needs and a caring attitude toward the people they look after. Staff told us and some people confirmed that they were contacted by telephone to obtain their opinion of their care and if anything had changed. This was confirmed by people we spoke. One person said, "They phone me to check on how things are going, that's for sure".

Staff were asked their opinion of the service of Carers Trust Thames. We saw the results from December 2016. There was an increase in the number of staff wishing to continue to work at the service. Staff were also supported by the service as there were incentive schemes, for example, discount scheme for staff and an employee assistance programme which provided general advice and free counselling for staff on a 24 hour basis.

Feedback from staff and people's surveys were actioned to make improvements. For example, they had improved call procedures and expectations by implementing a weekly staff newsletter and the provider had made available the service's database to staff and people so they could log on to look at rotas. For people, the provider had adapted their care times and rota and used external funding to improve the person's experience, for example, a free gardening service for people.