

Costain Care Limited

Caremark (Thanet)

Inspection report

Unit A5, (Kent Telephones Building)
Continental Approach, Westwood Industrial Estate
Margate
Kent
CT9 4JG

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Tel: 01843235910

Website: www.caremark.co.uk

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

About the service

Caremark Thanet is a domiciliary care service providing personal care to approximately 170 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People told us they received a personalised service from staff who demonstrated a caring and compassionate approach to their role. People told us they were involved in writing and reviewing their care plans. Staff told us they had enough information about people's support needs and preferences to provide them with care.

People were protected from avoidable harm and abuse by staff who knew how to identify and escalate concerns. Risks faced by people during care were identified with clear plans in place to mitigate them. We saw where people's risks changed, staff knew what to do and reported any concerns. Care plans were updated in response to changes in people's risks and circumstances.

People were supported to take medicines by trained staff. However, care plans did not contain enough information about the medicines people were prescribed to ensure staff had the information they needed. We have made a recommendation about medicines care plans. People were supported to access healthcare services and to ensure they followed the advice of healthcare professionals.

The service worked closely with local community groups to offer people additional access to community activities, social events and networks to reduce the risk of social isolation. Staff researched people's background and culture to ensure they provided sensitive and appropriate support.

People were involved in delivering training to staff about their experience of using care services. Staff were recruited locally and the values of the organisation were embedded from the early stages of recruitment. Staff received the training and support they needed to perform their roles. Staff were encouraged to become specialists and support other staff with their learning.

People told us they were confident that any concerns they raised would be listened to. The provider made adjustments where necessary to ensure information was accessible to people.

The provider had introduced electronic care plans and call monitoring systems over the summer of 2019. They were still developing systems to ensure the call monitoring information was used effectively. We have made a recommendation about this area.

There was a clear vision and plan for the future of the service. Staff and people who used the service spoke

highly of how the organisation was run. Audits were in place, but they did not always demonstrate that the quality of records had been reviewed. We have made a recommendation about this.

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

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

Rating at last inspection

The last rating for this service was Good (report published December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in a safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Caremark (Thanet)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, two assistant inspectors 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 service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because we needed to ensure that people had consented to be contacted by our Expert-by Experience.

Inspection activity started on 3 September and ended on 10 September. We visited the office location on 3 September.

What we did before the inspection

Before the inspection we reviewed information we already held about the service. This included reviewing information we had received from the provider as notifications. Notifications are information about events that providers are required by law to tell us about. We reviewed public reviews of the service and sought feedback from the local authority where the service was based.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with 40 people who used the service and seven relatives. We spoke with 15 members of staff including 10 care and support workers, the registered manager, the care manager, the quality manager, the nominated individual and the PASS system Maven. The PASS system Maven was a member of staff who was the internal expert in using the electronic care file and monitoring system, who had a lead role in monitoring and supporting staff to learn the system. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed the care files for 15 people and associated records of care and call monitoring information. We reviewed the files of ten staff including recruitment, supervision and spot checks. We reviewed training records, meeting minutes, audits, reports, complaints and compliments, incident records and other documents relevant to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff were recruited in a way that ensured they were suitable to work in a care setting. It was not clear that staff were deployed effectively to meet people's needs. People's feedback about care and support workers attendance varied. While some people told us their staff attended on time, others told us there were issues with timekeeping.
- The provider's electronic care system alerted staff in the office if a visit was not recorded within an hour of its scheduled time. Office based staff told us they would contact the staff members to find out why the visit had not been recorded.
- We reviewed the call monitoring information for 15 people. This information showed the times staff arrived and left people's home, and the length of time they stayed. These records showed some people were receiving significantly less time than had been scheduled. They also showed that some people were not receiving their visits at the times they had been scheduled.
- We shared our analysis with the provider who investigated and responded to our findings. They advised that the call monitoring system was relatively new and there were some issues with staff confidence in using the system appropriately to log their visits. The provider was assured no visits had been missed as records of care had been completed. The provider established some people had requested changes to their call times which had not been updated in the systems. Staff were given feedback and additional support in using the system and the provider has amended their feedback systems to ensure they are asking people's experience of staff punctuality.

We recommend the service seeks and follows best practice guidance from a reputable source about the effective use of electronic call monitoring systems.

- The provider held regular recruitment events to attract potential staff from the local area. These events were used to ensure potential staff had a good understanding of the expectations of the role before they started the recruitment process. The provider collected feedback from applicants who attended these events which said they had found them useful and informative.
- The provider's recruitment process included both interviews and functional skills assessments to ensure staff had the skills needed in care work. They completed appropriate checks of staff character, right to work and employment history to ensure they were suitable to work in a care setting.

Using medicines safely

- People were supported to take their medicines by staff who had been trained in how to support them with

medicines.

- When we reviewed care files during our site visit they did not contain sufficient information about people's medicines. Although the medicines were listed in the electronic medicines record, there was no information about the purpose, side effects or contra-indications of the medicines. There was no guidance to inform staff when to offer or administer medicines prescribed on an 'as needed' basis.
- In response to this feedback the provider sent us updated care plans. However, one of these files did not include guidance on eight of the medicines staff supported the person to take. None of the 12 people who had been prescribed some of their medicines on an 'as needed' basis had guidance for staff about when to offer and administer these medicines. Two people were prescribed pain relief patches and the guidance for staff did not reflect best practice in terms of ensuring previous patches were removed before new patches were applied. None of the care plans contained sufficient detail about how people preferred to take their medicines. This meant there was a risk that staff who were less familiar with people and their needs may not know how to support people with their medicines.
- Despite the lack of guidance, staff were using the electronic system to record the support they provided to people to take their medicines. Records showed people had been supported to take medicines as prescribed.

We recommend the service seeks and follows best practice guidance from a reputable source about ensuring medicines care plans contain the information required to ensure people are supported with medicines safely.

Systems and processes to safeguard people from the risk of abuse

- There were robust systems in place to ensure people were protected from the risks of abuse and avoidable harm.
- People told us they felt safe with their care and support workers. Feedback included: "I feel as safe as houses with all the carers and using the service." "I feel totally safe at all times with the staff." And, "They [care and support workers] help me to feel safe and it's helpful to know I won't be totally alone."
- Staff knew how to identify and escalate concerns about people's safety. All staff we spoke with told us they would report any concerns to the office. One staff member described how they had raised concerns about a person's welfare and the steps that had been taken to make sure the person was safe.
- Records showed allegations of abuse or any concerns were responded to appropriately by the provider. The provider escalated concerns to the appropriate local authority and ensure people were protected from the risk of future harm.

Assessing risk, safety monitoring and management

- Risks faced by people in receipt of care were identified with plans in place to mitigate risks.
- People and relatives told us they felt staff considered their safety and supported them in a safe way. One person said, "They [care and support workers] are very aware of my safety and any safety issues."
- Staff told us, and records confirmed, they had information about what risks people faced and how to mitigate them within the care plans.
- Records showed that risks associated with people's mobility, healthcare conditions and social welfare were identified with plans in place to mitigate. There were clear details of how to support people to use equipment safely. Some people required support from specially trained staff to ensure they were supported safely with medical devices and equipment. Records confirmed only staff who were appropriately trained to support people safely worked with these people.

Preventing and controlling infection

- People were protected by measures which prevented and controlled the risk of infection.

- People told us their care and support workers took time to ensure they left their homes clean and tidy. The details for doing this were included within care plans so staff were aware of the expectations.
- Staff were provided with personal protective equipment by the provider to ensure they were able to support people in a way that minimised the risks of infection and cross contamination.

Learning lessons when things go wrong

- The provider acted in a transparent and open way when things went wrong, and took steps to ensure incidents were not repeated.
- Records showed that incidents were investigated in a fair and transparent way. Staff were confident to raise incidents and some staff told us how they had found the investigation process helpful to their learning. One staff member described how they had attended additional training after being involved in an incident which helped them to develop in their role.
- If incidents revealed a training need, or that a change in a person's care plan was required this was completed promptly. Where the investigation found a mistake had been made the provider was quick to offer apologies and in some cases they had sent people flowers or chocolates as a gesture of their apology.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care planned for in a holistic and outcome focussed way.
- People told us their choices were respected. One person said, "We [person receiving care and their relative] are both consulted and kept abreast of any changes." A relative said they had been fully involved with assessing their family member's needs ahead of them receiving a service.
- People's needs were assessed in relation to their desired outcomes in key areas of wellbeing. These included maintaining health, independence, emotional and psychological wellbeing, managing medical conditions, mobility, continence, dignity and dietary and fluid intake.
- The assessment process included asking people about their religious beliefs and after the inspection the provider sent us copies of care plans which showed how support was adapted to take into consideration people's religious beliefs.
- Although people were asked about their sexual and gender identity as part of their needs assessment, the impact of this on people's experience of care was not fully explored. The care manager recognised this was a work in progress for the service.
- People's care plans were completed on the provider's electronic system. Staff confirmed they were able to access people's care plans on their mobile phones via the secure application. This meant they had clear information about people's needs and choices before starting work with them. Relatives told us they liked this system as it meant they could also access the care plans and check that everything was as they felt it needed to be.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to perform their roles.
- Most people told us they felt staff who supported them were skilled to perform their roles. One person said, "Without exception the staff are wonderful." Another person said, "I think the staff are outstanding at their jobs." However, several people told us they felt staff required more training. One person said, "I'd say that the staff definitely need more training. The young ones they send are a bit slap dash." Another person said, "I think the staff get minimal training, but they are good at their jobs despite this." Records showed the provider had a comprehensive programme of training in place for staff.
- Staff told us they received training and found it useful. One staff member described how they had applied the knowledge from their safeguarding training to raise concerns.
- Records showed staff were supported to complete the Care Certificate if they were new to care worker. The Care Certificate is a nationally recognised set of training to give staff the foundation knowledge required

to work in a care setting. Staff were given additional training in areas related to people's particular needs. This included dementia care and the use of specialist health equipment.

- The provider had introduced the role of Maven for particular areas of training and development. Maven means expert in Hebrew and the role included providing additional support and guidance to colleagues in a particular area. We spent a lot of time with the Maven who led on the electronic care records system and it was clear they had embraced this role. They had confidence and expertise in using and explaining the system.
- The provider involved people who used the service in delivering training to staff. One person said it made them feel valued by the provider because their lived experience of receiving care was being used to inform future staff.
- The provider had facilitated a dementia awareness conference and had plans to facilitate a sepsis awareness conference later in the year.
- The provider had formed a partnership with a local college and supported staff to pursue professional qualifications in care.

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

- People were supported to eat and drink in line with their needs and preferences.
- People and relatives confirmed staff supported them to prepare and consume food and drink as they needed.
- Records included details of what types of meals people wished to be supported with, and the role of staff in preparing meals and supporting people to eat.
- Records of care showed what people had eaten. The provider took a risk based approach to the level of detail in the recording of food and fluid. Where staff had identified concerns about people's nutrition and hydration they made more detailed records of what they ate and drank to ensure their intake was adequate.
- Staff told us they supported and encouraged people to eat and drink. Staff told us they had been encouraging people to drink plenty of fluids during the recent heatwave.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Staff worked effectively with healthcare services and community groups to provide care and support to people.
- Records showed where other professionals and agencies were involved in providing care to people. The provider had established strong links with local community and voluntary sector organisations who also provided services to people. This meant staff were able to inform people of different options and support them be involved with other services.
- Care files contained details about people's health conditions and the support they needed to maintain their health.
- People and relatives were confident that staff would respond appropriately to any changes in people's health. One relative said, "I have no doubt that they would be straight onto his doctor if he felt unwell or they were worried about him." Another relative said, "They phone me up straight away if anything is out of the usual."
- Records showed that staff liaised closely with visiting healthcare professionals, including nurses, and dietitians. Any concerns were escalated appropriately and the advice of healthcare professionals was incorporated into care plans and followed by staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People's capacity to consent to their care and treatment was considered as part of the initial assessment process. Where people were assessed as lacking capacity the provision of care was in their best interests.
- People told us care workers offered them choices and respected their decisions. One person said, "They [staff] do ask what support I would like and ask permission and let me know what they are doing with personal care and the such"
- Staff demonstrated they understood the principles of the MCA, including that people's capacity could fluctuate. The provider had recently refreshed their MCA training after an incident review showed some staff had not understood fluctuating capacity. Staff responses showed this training had been effective.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated kindly by staff who respected them as individuals.
- The provider ensured that information about protected characteristics, including religious belief, sexual and gender identity, cultural background and disability was collected during the assessment process. This helped to ensure that staff respected people's diverse characteristics.
- Staff told us how they had researched one person's culture and background and produced guidance for their colleagues about the person's cultural heritage. They told us how this had helped other staff to understand certain behaviours and attitudes displayed by the person and their family which previously staff had struggled to understand.
- People and relatives told us staff treated them with respect. One person said, "The staff all make sure they get to know me first and sit take time to have a chat if we haven't met before, so it doesn't feel like a stranger is caring for me."

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

- People told us they felt involved in decisions about their care and their views and interests were considered by the provider.
- People and their relatives were asked their views about care and their feedback was collected regularly through telephone monitoring and surveys. Records of care showed people's preferences were respected.
- People emphasised in their feedback that staff spoke to them and chatted with them at each visit and that this meant they felt valued by the staff. As one person explained, "They chat and really get to know me which I enjoy. I would say they do actually care about me and my well-being."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their independence was promoted.
- People told us staff treated them with respect and supported them in a way that upheld their dignity. For example, one person said, "They are very discreet, and treat me with such dignity." A relative also told us, "[My family member] is most certainly treated with dignity at all times and I have witnessed that."
- Care plans contained information about what people could do for themselves which ensured people were supported to maintain their skills and independence. The provider had developed flexible packages of care for couples where they provided a small amount of support to one member of the couple which facilitated the couple staying in their own home and maintaining their independence.

- Staff sent people Christmas cards, birthday cards and Easter eggs. The provider showed us people had felt valued by being sent these.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had comprehensive care plans which reflected their needs and preferences.
- People and their relatives told us they were involved in writing and reviewing their care plans. One person said, "I do have a care plan and it says what I need, and I make sure of that." Another person told us, "Good idea these care plans are, and they're spot on."
- People and their relatives also confirmed they had regular meetings to review their care plans to ensure they remained up to date.
- The level of detail in care plans ensured staff had enough information that they could provide people with the care they needed when they visited. Staff confirmed the information was easily accessible to them and they had time to read them before visiting people for the first time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had systems in place to ensure people received information in a format that was accessible to them. People, and relatives where appropriate, were offered paper copies of their records, as well as access to the online versions.
- One person who used the service had very complex communication needs and used specialist technology to communicate. The provider had trained staff in the use of this technology which ensured they facilitated this person's communication.
- Where requested, policies were available in alternative formats for people who needed this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- While the provider was not specifically contracted to provide additional social support to people they provided care to, they took significant steps to support people to be actively involved in their local communities.
- The provider had developed strong relationships with local voluntary sector groups who supported older adults in the community. People were given information about different events in the local community they could attend. For example, a local lunch group had been established and the provider had advertised this to

people and had supported people to attend if they wished.

- People and relatives we spoke with told us they were aware of all the different local initiatives the provider was involved with. They also told us that they were not pressured to be involved if this was not their wish. One relative said, "[My family member] isn't really interested in that kind of thing, they much prefer their own company. They [the provider] make sure we know what's out there, but don't keep pushing it. It's a good balance."
- Care plans and records of care included details of people's interests and hobbies. Where people wished, staff supported them to maintain their interests. We saw examples where staff had spent their own time researching people's interests so they could actively share with the people they supported.

Improving care quality in response to complaints or concerns

- The provider had a clear policy for complaints and every person who received a service was given a copy of the policy when they started to receive care.
- Records showed the provider investigated and responded to complaints in line with the policy. Where changes were required, or a training need for staff identified as part of the complaints process, records showed this was completed.
- People told us they knew how to make complaints, or raise issues. They told us they were confident their views would be listened to. Where people and relatives made comments on telephone monitoring we saw these were followed up on by the provider.

End of life care and support

- The service was not providing end of life care and support to anyone at the time of our inspection. However, they had the personalised systems in place to ensure they would be able to do so if people wished to continue to receive care from them in their last days.
- The provider had established strong links with the local hospice and had donated money to them raised through community events.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had a clear values base focussed on their community links and local development.
- The community driven culture was embedded from the recruitment days through the whole of delivery. This included the use of local suppliers and ensuring positive links with local community groups.
- The provider focussed on ensuring a person-centred culture and included people who used the service in the development of the service. This was shown through the involvement of people in the recruitment and training of new staff.
- There were various systems in place to recognise and value where staff had demonstrated positive impact on people's support. For example, the provider ran a system they called "Moments of Truth" where they rewarded staff who went the extra mile for people. Recent awards had been given for supporting a person to contact a relative who lived abroad, and looking after a person's dog while they were temporarily unable to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had clear processes about communication with people and statutory agencies about incidents and events that took place within the service.
- The provider communicated clearly with people when incidents occurred and submitted notifications as required.

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

- The provider had made changes to the structure of the organisation since our last inspection. They had introduced new management roles to ensure there was a clear structure for management and quality issues. The provider was in the process of establishing a new branch where the current care manager would apply to become the registered manager. The current registered manager was planning on applying to manage another new branch which the provider was planning to register in 2020.
- The operations and compliance manager had a system of quality checks and audits in place. The audit records showed that they checked the content of care plans, risk assessments and records of care. They also audited staff files to ensure they were completed.
- The provider had introduced electronic care records and call monitoring systems over the summer of

2019. During the inspection we identified gaps in the call monitoring data, as described in the safe domain. The provider's response was thorough and robust. However, they had not yet established processes to use the information from the systems in place to monitor and improve the quality and safety of the service they provided.

- The level of detail in the audit records meant it was only possible to tell that the audit had been completed. There was no detail about the findings of the check, just the date it had been completed. While the records reviewed were sufficient, the current systems would not show if improvements had been identified.

We recommend the service seeks and follows best practice guidance from a reputable source about ensuring quality monitoring is in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The provider was committed to working with people and the local community to develop the service.
- The provider used regular telephone monitoring and surveys to hear from people who used the service. In addition, people told us the provider was receptive to feedback at any time.
- The provider had investigated and responded to any comments in the customer survey that were not positive. They were able to demonstrate people were happy with solutions put in place. Where people were not able to complete the form, staff attended and completed the surveys in person.
- The provider had established strong links with local voluntary sector organisations and had raised funds for them as part of their community commitment. We saw correspondence from local groups saying how much they valued the support and involvement of Caremark Thanet.
- The provider had decided that staff meetings were not an effective mechanism for staff involvement. They had tried various incentives to support staff to attend, but found attendance remained low. Rather than persist with this, they engaged with staff through newsletters and the survey.
- The provider had established strong working relationships with people's healthcare providers as well as social groups that provided care to people. Through their close working relationship with the voluntary sector they were able to ensure people were aware of all the opportunities that were open to them.
- The provider was accredited by the Job Centre Plus as a Disability Confident employer and had been nominated for an award for how they supported their staff with disabilities. They made reasonable adjustments to ensure staff were able to work

Continuous learning and improving care

- The provider had systems in place to develop and grow the organisation.
- The provider had a comprehensive business plan in place. This considered the local demographics and care market in detail. The provider had completed an analysis of threats and opportunities for growth. There were plans in place for developing a sustainable level of growth in the services delivered.
- The provider is part of a wider franchise of care providers. The provider worked with the franchisee to develop policies and procedures in response to developments in the field. Caremark Thanet was awarded Franchise of the Year in recognition of the quality of the work they completed for the franchise.