

Raynet Recruitment Agency Ltd

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Good 

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

About the service

Raynet Recruitment Agency Ltd is a domiciliary care agency providing personal care and support to 11 people living in their own homes 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. Six people using the service were receiving personal care.

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

The agency provided a service that was safe for people to use and staff to work for. People received their medicine on time and as prescribed, although some improvements in medicine management recording was needed.

We have made a recommendation about the management of some medicines records.

The support people received, enabled them to live safely and enjoy their lives. This was because risks to people were assessed and monitored. The agency reported, investigated and recorded accidents and incidents and safeguarding concerns. Suitable numbers of appropriately recruited and trained staff were available to meet people's needs.

The agency understood and carried out its responsibility to ensure people or their representatives consent to care and treatment in line with law and guidance.

People and their relatives were very complimentary about the way staff provided them with care and support with attention to small details making all the difference. People's rights to privacy, dignity and confidentiality were respected by staff. They were encouraged and supported to be independent and do the things, they could, for themselves. This promoted their self-worth and improved their quality of life. The agency provided staff who were very friendly, caring, and compassionate. They were also passionate about the people they provided a service for and the way they provided it.

People received person centred care and had individualised care plans that detailed their assessed needs, which were reviewed. People and their relatives were supported to decide how and when their needs were met. People were provided with suitable information to make their own decisions and end of life wishes were identified, if appropriate and adhered to. People's communication needs were met. Complaints were

recorded, investigated and learnt from.

The agency culture was very open, honest and positive with transparent leadership and management. Its vision and values were clearly defined, understood by staff and followed. Areas of responsibility and accountability were identified, staff understood them and were prepared to accept responsibility on the ground and report any concerns they may have to the management, in a timely way. Service quality was constantly reviewed, and the agency made real changes to continually improve the care and support people received. This was in a way that best suited people and included IT systems that enabled the agency to run smoothly and improve people's experience of it. Audits were carried out, records kept up to date and performance shortfalls identified and acted upon except some medicine documents. The agency had well-established working partnerships that promoted a seamless service through co-operation with other healthcare professionals, people's participation and minimised social isolation. Registration requirements were met.

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 (published 22 August 2017).

Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

Is the service caring?

The service was caring.

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Inspected but not rated

Is the service responsive?

The service was responsive.

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Inspected but not rated

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Raynet Recruitment Agency Ltd

Detailed findings

Background to this inspection

The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 29 October 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team

This inspection was carried out by one inspector and a member of the Care Quality Commission (CQC) medicines team.

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 the service over 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity began on 29 October 2020 and ended on 12 November 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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

We spoke in person with the registered manager. We contacted six people and their relatives, eight staff and two health care professionals, to get their experience and views about the care provided. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included training information, and audits. We received the information which was used as part of our inspection.



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 deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People did not always receive their medicines safely.
- People's needs were assessed for the support they required to take their medicines. However, the full care plans were not always complete with people's allergies documented as not known or not applicable (NA). The registered manager stated that the allergies were communicated to staff in the key task plan at people's homes.
- Staff completed medicines administration record (MAR) charts when they administered medicines, but charts contained errors and it wasn't always clear when they had been administered. One person received a medicine at a different time to other medicines. The prescription on the medicine container stated take at least 30 minutes before first food, drink or medication of the day. There were no timings on the MAR sheets provided to show this had taken place.
- Managers checked that MARs had been completed correctly. However, the audit system had not identified some of the minor issues we found.
- Staff received appropriate medicines training and followed a medicines policy that reflected national guidance. People and their relatives told us they always received their medicine when they needed it.
- When shortfalls were pointed out, the provider responded positively and promptly.

We recommend the provider ensures the full care plans include people's allergies and details on the MAR charts are correct and include relevant details such as medicine administration timings.

Systems and processes to safeguard people from the risk of abuse

- People were safe using the service. Their relatives also thought the service was safe. One relative said, "They [person using the service] are in very good hands." Another relative said, "Staff deal so well with [person using the service] who has dementia."
- Staff had training which equipped them to identify abuse and the action to take if required. They were aware of how to raise a safeguarding alert and when to do so. There was no current safeguarding activity. The provider had policies and procedures regarding safeguarding and prevention and protection of people from abuse that was available to staff.
- Staff informed people how to keep safe and specific concerns about people were recorded in their care plans.
- There was a health and safety manual provided for staff that included general responsibilities, safety in people's homes and travel and transport. People's hoist and falls risk assessments and body maps were up to date.

Assessing risk, safety monitoring and management

- People's risk assessments enabled them to take acceptable risks and enjoy their lives safely. They included relevant aspects of their health, activities and daily living. People's risk assessments were regularly reviewed and updated as their needs changed. Staff were aware of people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks. One relative told us, "They [staff] are always looking at ways to improve [person using the service] quality of life."
- There were policies, procedures and manuals regarding risk and crisis management, service continuity and whistle-blowing including reporting bad practice with a matrix diagram for easier understanding. A staff member said, "I feel safe to report concerns to my [registered] manager, I know my concerns will be addressed." Field staff were made aware of the lone working policy to keep them safe.
- People who displayed behaviours that others may find challenging at times, had clear records of incidents and plans in place to reduce those incidences. People had personal behavioural plans if required. Records showed that action was taken, in a timely way and the advice of specialist professionals sought when they occurred. There was an identification and managing of challenging behaviour manual provided for staff.
- There was a clear staff disciplinary policy and procedure in place.

Staffing and recruitment

- The provider's staffing and recruitment was safe.
- The recruitment procedure was thorough, and records showed that it was followed. The interview process identified prospective staff skills, experience and knowledge. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to staff being employed. There was also a three-month probationary period with a review report. There were enough suitably deployed staff, to meet people's needs flexibly. This was demonstrated by what people's relatives told us, staff rotas and way they were managed. One person told us, "Brilliant, always on time."
- Staff received induction and mandatory refresher training based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. The files of staff we inspected had a checklist that the different recruitment and training components had been completed. Staff were provided with a comprehensive handbook.
- There was valuing and supporting staff guidance that set out how to achieve this. Staff told us, "We can contact the [registered] manager at any time. She checks on all care work weekly, especially during Covid. She's always in the office to check we are safe, ensure we have enough PPE and even drops it to our door if needed." During the pandemic, care staff were offered mental health well-being support from qualified and trainee psychotherapists and psychotherapeutic counsellors from the Southern Association for Psychotherapy and Counselling.

Preventing and controlling infection

- The prevention and control of infection systems were safe.
- This was demonstrated by no outbreak of covid-19 in people using the service.
- Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands using hand gel and personal protective equipment (PPE) such as gloves and aprons.
- There was an infection prevention and control policy and procedure in place and monthly audits took place.
- The agency provided coronavirus updates for people using the service, relatives and staff including ways to avoid catching or spreading it.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Safeguarding concerns, accidents and incidents and areas such as pressure ulcers, were kept under review to identify and ensure themes were identified and any necessary action taken.
- Each person had a small dedicated group of staff that supported them, and the agency facilitated discussions that identified best outcomes for each person, during shift handovers and meetings including things that didn't work. A relative told us, "They make an effort to spend time and get to know [person using the service]."

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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA and conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- The registered manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection or Office of the Public Guardian.
- Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision-making process, when people were unable to make decisions themselves and had received appropriate training.
- People or their representatives signed a consent form to keep relevant information about them and consent to share where appropriate with healthcare services. The agency shared this information appropriately, as required, with GPs and local authority teams.
- A person's mental capacity to consent to care or treatment was included as part of the initial assessment, reviews and recorded in their care plans.
- Mental Capacity assessments and 'Best interests' meetings had taken place and been conducted by appropriate healthcare professionals.

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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People were treated with respect and their privacy, dignity and independence promoted.
- People's relatives told us they found staff very supportive, caring and that people enjoyed and were relaxed in the company of the staff. Staff carried out their tasks the way people wanted. One relative said, "Staff are really nice and always treat [person using the service] with respect." Another relative told us, "I'm well happy, they [staff] are good as gold."
- The initial assessment and care plans included a section regarding cultural and religious beliefs, how people wished to be addressed and any particular house rules staff need to be made aware of.
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. Relatives said staff treated people as adults, did not speak down to them and they were treated respectfully, and as equals. Staff were also trained to respect people's rights and to treat them with dignity and respect. There were policies and procedures regarding right to equality, diversity, privacy and dignity.

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

- People were enabled to express their views and be involved in decision making about their care.
- People's care plans contained background information and personal histories which meant staff were given information about any interests allowing them to care for people in a person-centred way. They also recorded that people and their relatives were involved in the decision-making process about the care and support they received. A relative said, "They [staff] are very transparent in the way they deal with you and requests actioned immediately."
- The agency sign posted people to advocates if they required support or representation.
- There was a procedure manual, provided for staff regarding involving people and their relatives in the running of the service and decision-making.
- The agency had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook. Staff were required to sign that they had read and understood the code of conduct and confidentiality policy.

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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People received planned care appropriate to their individual needs. They and their relatives said staff met their needs and wishes, in a timely fashion and in a way that they were comfortable with and enjoyed. One person said, "Really nice." This was when referring to staff.
- People, their relatives and representatives made decisions about their care and how staff provided it. They said staff made sure people understood what people were saying, the choices they had made and that they understood people's responses. Their positive responses reflected the appropriateness of the support they received. One person told us, "I am very satisfied, they [staff] do what I want them to do." A relative said, "If they are late, they always stay the full time."
- The agency carried out a need's assessment with people and their relatives to determine what their needs were and how they would like them met. This included what they would like to gain from the services provided and desired outcomes. From this assessment a person-centred care and support plan was agreed with people and their relatives, as appropriate. After receiving a service, for a short period of time, people were contacted to establish if the support provided was working and their needs were being met.
- People's care plans and staff daily notes recorded the tasks they required support with and if they had been carried out. They also highlighted areas where staff could encourage people to be independent. The care plans were regularly reviewed and highlighted any concerns. Their care and support needs were reviewed with them and their relatives. The care plans were updated to meet people's changing needs with new objectives set.
- People were supported to take ownership of their care plans and contributed to them as much or as little as they wished. Staff were available to discuss any wishes or concerns people and their relatives might have.

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 AIS was being followed by the organisation, and staff with easy to understand information available to people.
- People's communication needs were met by being included as part of the initial needs assessment and care plans that were updated if they changed.
- The agency made sure people's communication needs were met by liaising with relatives and staff familiarising themselves with specific communication needs and what particular gestures, sounds and

words might denote.

- People were provided with an easy to understand guide that detailed what they could expect from the service and which also contained the complaint's procedure. Relatives said they were aware of the complaints procedure and how to use it. There was also a 24-hour response on-call service in operation.

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.

- People's social interests and hobbies were included as part of their care plan and staff encouraged and supported people to pursue them. Staff knowledge was increased as they struck up relationships with people and this enabled them to support people's interests in more depth.

End of life care and support

- Whilst the service did not provide end of life care, people were supported to stay in their own homes for as long as their needs could be met with assistance from community based palliative care services, as required. People had end of life wishes and 'Do not resuscitate' information recorded in their care plans, that staff were aware of.
- Staff had received end of life training.
- There was an end of life manual, for staff that detailed end of life care plan, practical care and emotional support for the terminally ill and infection control.
- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) procedures and guidance were in place.

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 Good. At this inspection this key question has remained the same. 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 agency had a culture that was open, honest and positive. People's relatives said this was because of the attitude and contribution made by the registered manager and staff who listened to them and did their utmost to meet people's needs. One relative said, "The [registered] manager is excellent, very accommodating." Another relative told us, "The office keep you informed and updated." A further relative commented, "They [registered manager] send out a rota and let you know if there are any changes or someone [staff] will be late."
- There was a positive culture policy and guidance in place.
- The statement of purpose, mission statement and user guide were regularly reviewed, and outlined the services provided by the agency so that people were clear what they could and could not expect of the service and staff. Staff told us they felt well supported by the registered manager and office staff.
- The organisation's vision and values were clearly set out, understood by staff, and relatives said they were reflected in staff working practices. They had been explained during induction training and revisited at staff meetings.
- There were clear lines of communication and specific areas of responsibility regarding record keeping. This promoted the agency's inclusive and empowering culture.

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 was aware of their duty of candour responsibilities.
- There was a thorough management reporting structure and an open-door policy.
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

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

- The registered manager and staff were very clear about their roles and its importance. One relative said, "I'm so very happy with everyone who does what is a very hard job."
- The agency used a care planner electronic technology system that provided electronic staff records, appointment scheduling, client details, and rota updates that communicated with and updated staff. It also calculated the travel time between client calls and flagged up if it took more than a maximum five minutes, improving visit punctuality. The system improved responsiveness to people's needs and support

requirements by updating care plans with live real time updates. It also provided better care planning quality and monitoring. Relatives thought the system had improved the timeliness of visits, the quality of scheduling and visit allocation. Data was collated to update and improve services provided.

- Regular meetings took place to discuss any issues that had arisen and other information, such as care workers that may not be able to cover calls and any tasks that were not completed and why. A staff member told us, "My [registered] Manager is very supportive. She is always available and responds to any concerns we have and also the rest of the team."
- There were governance assessments, plans, policies and reports that included financial procedures, business recovery contingency plan, statement of purpose, and health and safety. This ensured areas of risk and development, throughout the agency, at all levels, was constantly reviewed. The business contingency plan was frequently updated and contained key questions such as what business operations may be affected by the coronavirus, including loss of business premises, key staff, protecting business critical processes and staff training modules focussing on infection prevention and transmission. Essential and non-essential services were also identified and outlined.
- The agency had quality assurance systems that were comprehensive and contained key performance indicators which identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Any areas that required improvement were then acted upon. This was set out to encompass all aspects of the CQC five key questions and based upon key lines of enquiry (KLOE). However, the system did not appropriately identify short falls in some medicine records, that has been referred to earlier, in the inspection report.
- The registered manager and team were in frequent contact with staff to provide support and this enabled staff to provide the service that people needed. A staff member told us, "The [registered] manager is always available to answer questions." There was an emphasis on staff performance focussed on continuing quality improvement. The registered manager and team regularly conducted a series of spot checks. These were recorded and up to date with areas where staff were performing well and areas to be addressed. The spot checks included if people were satisfied with staff performance. As well as direct observations, supervisions, appraisals and well-being calls also took place. Care note and plan audits, missed visits, needs assessments and annual reassessments were monitored and actioned by the registered manager. This was not to the detriment of other areas including health and safety, risk assessments, office and equipment, file and return to work.
- Regular audits took place, at intervals appropriate to the areas being audited. Monthly audits took place for areas such as health and safety, risk management, equal opportunities and purchasing of goods and services. There were also care audit action plans. There was also an audit action plan.
- The agency looked for areas to improve and progress the quality of services people received, by working with voluntary and statutory partners, to meet local needs and priorities. Feedback was integrated from organisations such as district and palliative nurses and GPs to ensure the support provided was what people needed. This was with people's consent. They worked with hospital discharge teams so that vulnerable people who did not have relatives close by would not return to an empty house and that food and drink were in place.

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

- Staff received annual reviews, regular supervision and there were virtual monthly staff meetings that covered priorities such as Covid-19 and PPE, training including infection control, high-risk health & risk assessments, The agency provided the opportunity for people, their relatives and staff to give their views about the service, via telephone interviews, visits to people, and feedback questionnaires and surveys. A staff member said, "We have 'What's Up' team meetings which provides valuable information including public health updates." The agency used the feedback information to re-shape the service provided so

people's needs could be better met. The agency established if the feedback was to be confidential or non-confidential and respected confidentiality accordingly. This included updates from NHS England, CQC, UKHCA and welcoming new people using the service and staff. A staff member told us, "I receive supervision and appraisals."

- The agency sign posted people towards and regularly worked with other organisations that may be able to meet needs, within the community and prevent social isolation.
- The agency built close links with community-based health services, such as district nurses, physiotherapists, occupational therapists, GPs and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- Feedback forms were regularly received from people using the service or their relatives.

Continuous learning and improving care

- There was a monthly staff newsletter that kept staff informed of the business continuity plan, updated practical information such as distributing PPE and changes to how the CQC could be contacted and case studies to improve practice.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled staff and the provider to learn from and improve the service.
- People and their relatives provided regular verbal feedback to identify if they were receiving the care and support, they needed.
- A staff member told us, "During spot checks, the supervisor will correct you there and then if you are not doing something correctly and give you room for improvement."