ClarkeCare Limited

ClarkeCare Limited (Suffolk)

Inspection report

Ask House, 2 Northgate Avenue, Bury St Edmunds,
Suffolk IP32 6BB
Tel: 07810864441
Website: n/a

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Ratings

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Overall summary

This inspection was announced and took place on 4 and 8 September 2015.

Clarke Care Limited (Suffolk) provides personal care and support for people aged 18 upwards living in their own homes. This includes supporting people following an illness or operation to get back to their usual routines. The service also supports people living with life changing conditions including dementia, multiple sclerosis and Huntington's disease, as well as providing end of life care. At the time of our inspection there were 25 people who received a service from the agency.

There was a registered manager in post. 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 told us they were introduced to the care workers so they knew would be supporting them. They felt safe and trusted the care workers who came into their home. Care workers knew how to safeguard the people who used the service from the potential risk of abuse. They demonstrated a good understanding of how to safeguard adults at risk of harm and knew how and who to report any concerns to.

Summary of findings

The safety of people who used the service was taken very seriously and the registered manager and staff were well aware of their responsibility to protect people's health and wellbeing. There were processes in place to ensure people's safety, including risk assessments. These identified how the risks to people were minimised but also ensured people's rights to choice and freedom.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

People told us that they were supported by a consistent team of very skilled care workers who they had developed good relationships with. People and relatives valued the relationship they had with the service's management team and care workers. There were systems in place to ensure that people's rights to respect, privacy and dignity were promoted and respected.

There were sufficient numbers of care workers to provide a caring flexible service. Care workers were trained and supported to meet people's individual needs.

Where people required assistance with their dietary needs this was planned for and reviewed to ensure it was appropriate and safe. Where care workers had identified concerns in people's wellbeing appropriate action was taken to contact other health and social care professionals to support people's wellbeing.

People or their representatives, where appropriate, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. The service was flexible and responded positively to people's requests about their care and how it should be provided.

The service provided support to some who only had a short time to live. Care workers focussed on working with the person to ensure comfort and choice. People told us the service was innovative, considerate and compassionate in these circumstances. The care also took account of the needs of those the person lived with, their family and friends.

People who used and worked for the service felt able to express their views and opinions to influence service delivery. The service was committed to person centred care and ensured that people using the service underpinned everything that they did.

There was good understanding of the importance of an effective quality assurance system. The registered manager was committed to continuous improvement and gaining feedback from people, whether positive or negative, which they used as an opportunity for improvement. A complaints procedure was in place. Although no complaints had been received the service encouraged people's comments and used them to continually improve.

There was an open and empowering ethos in the service. The leadership was clear about their expectations relating to how the service should be provided and led by example. Care workers were very highly motivated, felt valued and proud to be working for of the service. They understood their roles and responsibilities in providing safe and high quality care to the people who used the service. They shared the service's values in putting the person at the centre of their work care, as well as supporting family members.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People and their relatives trusted and felt safe with the care workers who came into their home to support them. There were enough staff to ensure people received a reliable and consistent service.

Care workers had a good understanding of how to recognise abuse or potential abuse and how to respond and report these concerns.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Good

Is the service effective?
The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Where required, people were supported to maintain a healthy and balanced diet.

Good

Is the service caring?
The caring of the service was outstanding.

People and their families highly valued the relationships that they had built up with the management and care workers.

People expressed a high level of satisfaction with the values and culture of the service which were reflected in the kind respectful and compassionate support they received. People felt management and care workers used their initiative and went above and beyond what was expected to support them.

People's privacy, independence and dignity was promoted and respected.. End of life care was considerate and compassionate.

Outstanding

Is the service responsive?
The service was responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People's concerns, comments and complaints were investigated, responded to and used to improve the quality of the service.

Good

Is the service well-led?
The leadership and the management of the service were outstanding.

Outstanding

Summary of findings

The service had strong leadership and promoted clear values and an open, person centred culture. Care workers felt valued and were proud to work for the service.

There was a strong emphasis on driving continual improvement and best practice which benefited people, their relatives and staff. The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

ClarkeCare Limited (Suffolk)

Detailed findings

Background to this inspection

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

This inspection took place on 4 and 8 September 2015 and was announced. The inspection was undertaken by one inspector.

With their permission we observed a person's care visit and spoke with four people who used the service and four people's relatives. We reviewed the responses we had received in quality assurance surveys from two people who used the service, one relative, three community professionals and two care workers. We also looked at the information sent to us from other stakeholders for example the local authority and members of the public.

We saw records in relation four people's care. We spoke with the registered manager, and four members of staff which included, the care manager, office manager and care workers. We looked at records relating to the management of the service, recruitment and training and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service because they trusted the care workers who supported them. This was reflected in the feedback people had given in the provider's quality monitoring surveys which included the comment, "I get safe care, I can't fault that."

People were introduced to their care worker before they started receiving a service. This meant that the person knew who would be entering their house and providing care. One person told us whenever they were introduced to a new care worker, that they would check their identity card, "So I know who they are."

A 'meet the team' file containing staff photographs and biographies was available to show people during their pre-assessment. It enabled the management to point out the different staff and supported people in getting to know about the them before they entered their home to support with their care for the first time

Care workers had been provided with training in safeguarding people from avoidable harm and potential abuse as part of their induction. They provided us with examples of the different types of abuse which could occur within the community setting, and what action they would take to ensure the person's safety by reporting their concerns to their managers or other agencies if needed.

Each safeguarding incident was analysed to look at the level of risk and review what action had been taken. This level of analysis enabled the registered manager to check that all appropriate action had been taken and use any learning to ensure future incidents were reduced, eliminated or handled more effectively. The care files kept in people's homes contained information on what constituted abuse and who could be contacted if the person did not want to raise concerns via the service.

People were provided with a weekly rota so they knew which staff would be supporting them. They told us that if there were any variations, that the office would let them know. One person remarked, "I have the ones that [live] nearest to me, three carers on a regular basis, absolutely lovely…will have another one if one is off sick." The service tried to ensure that the distance staff travelled was as short as possible which gave the person confidence that in adverse weather conditions they would still receive a service because their care workers were local to them.

There were sufficient numbers of care workers to keep people safe and provide a flexible service. The service planned in 15 minutes travel time between each visit, regardless if it was needed or not. This reduced the risk of care workers not being able to make the agreed visit time due to unforeseen delays. The provider said there had been no missed visits, which was confirmed by the people we spoke with and records we saw. On the rare occasion care workers had been late, people told us that someone from the office had contacted them to let them know.

There was a waiting list of people wanting to receive support from the service. The registered manager said they only accepted more people to use the service if they had sufficient numbers of care workers covering the area where they lived. This was to ensure people were only offered the service when they could be provided with a good, reliable service. The registered manager and care workers told us that they felt that there were sufficient numbers of care workers to cover the visits to people. One care worker commented on the provider's, "Consistent approach with placing the staff," which provided people with a consistency of care. The registered manager and care manager also undertook care visits. This enabled them to step in and cover last minute sickness, until alternative arrangements were made.

There were systems in place to check care workers were of good character and were able to care for the people who used the service. Before care workers were interviewed candidates were given a case study to complete which formed part of their interview discussions. A director said it supported them in getting to know that the candidate's values and beliefs in providing quality care matched their own. This resulted in the provider being able recruit staff new to care who showed a positive attitude and approach. This was reflected in a conversation with a care worker new to care, who told us that the reason they had applied was because, "I love working with people."

People's care records included risk assessments and guidance for care workers on how assessed risks were minimised. These included risk assessments associated with moving and handling, medicines administration and the environment as care was provided in the person's home. Part of the environmental risk assessment checked that people had smoke detectors and that they were fit for purpose, replacing batteries for them if needed. All care

Good

Is the service safe?

workers were provided with a, 'Tools of the trade' box which included items they may need to use in an emergency such as an emergency first aid booklet, torch and personal alarm.

Regular reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people's needs. Records showed that staff had been proactive in identifying a potential risk where an item used by the person everyday was no longer fit for purpose and liaised with their family to have it replaced.

People's records provided guidance to care workers on the support people required with their medicines. Where people required support, they were provided with their medicines when they needed them and checks were carried out to ensure records were appropriately completed. Where shortfalls were identified these were addressed, for example by providing supervision and further training for care workers.

People received their medicines from appropriately trained staff. Care workers told us they were unable to support people with their medicines, until they had completed the training and had their competency assessed. One told us the training they had received was, "Full on," and had provided them with the knowledge to support people in a safe manner. Records confirmed this.

Good

Is the service effective?

Our findings

People and their relatives told us they were cared for by a regular group of care workers who had the skills and knowledge that they needed to meet people's needs People spoke highly of the calibre of the care worker that supported them. They told us that they were well trained and competent in their work. One person told us they were, "Very competent, they are nice company."

A relative described the service they had received as being consistently good, "The service has been faultless and highly professional." Another told us how the care worker's, "Extensive experience in nursing and social work," enabled them to meet the needs of their family member. The registered manager told us their care workers included social workers, trained and trainee nurses. They felt the skills and knowledge they brought to their role, further benefited the people who used the service because they recognised when other services were needed, or if a person's health deteriorated.

Where a person had been supplied with a new mobility aid, their relative told us how staff arrived to meet with the occupational therapist so they could demonstrate it, "Very helpful, very supportive." A health professional who delivered training told us, "I was impressed with [the provider's] approach to deliver care in the best possible way."

A relative told us, "Staff took time to look into the condition," and how the provider had arranged for specialist training so that their relative could be supported appropriately. As the person's needs changed, further specialist training had been arranged so staff could follow best practice, to ensure their comfort and wellbeing. One care worker told us, "The training I have received and the policies are very thorough."

All new care workers followed an induction programme tailored to their individual experience, knowledge and qualifications. Where care workers had no qualifications in care they were supported through an induction programme leading to a qualification. The induction was being developed in line with the Care Certificate and the 15 fundamental standards of care. The training also focussed on embedding the services own values and aims.

Care workers spoke positively about how the induction programme had equipped them with the required knowledge and skills to support people in their own homes. One spoke of their induction experience, telling us they "Do loads of reading, policies and procedures and a lot of shadow shifts." The shadow shifts enabled them to follow an experienced care worker and get to know the people they will be supporting. This equipped care staff to understand how people liked their care to be provided and ensured they were confident they had developed the necessary skills and knowledge to provide it.

An area in the office had been set aside as a 'training hub'. It provided a flexible forum for staff to update their skills and knowledge around their work and family commitments. Staff told us they appreciated this flexible approach to training which enabled them to keep their skills and knowledge up to date, in a supportive environment.

Care workers told us that they felt supported in their role, and were provided with monthly one to one supervision meetings. This was confirmed in records which showed they were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. One care worker said it was, "Nice to know how I am progressing."

Senior managers also provided hands on care. They told us how it supported them in striving to improve the service though direct feedback and observation of the people's needs. Spot checks of care workers practice were undertaken. This was confirmed by the people we spoke with. The registered manager told us if any shortfalls were identified, that they would address it through one to one supervision and training. For example, an exercise which supported care workers to, "Spot the errors," in people's medicine records had been devised and introduced to support learning, reduce common errors in record keeping and improve practice overall. This further demonstrated how the management of the service worked to deliver effective quality care to the people they supported.

People's consent was sought before any care and treatment was provided and care workers acted on their wishes. People told us they were asked for their consent before they were provided with any care. We observed that this happened during a care visit. A relative commented that they had heard care workers seeking their family member's consent, and, "When they said no, they responded with 'that's fine', and reconfirmed that it was the [person's] decision and they would act on what had been said."

Good

Is the service effective?

Care workers understood their responsibilities under the Mental Capacity Act (MCA) 2005 and what this meant in the way that they cared for people. Care workers told us they received training about the MCA as part of their induction. They provided us with examples to demonstrate their understanding, linked to their work, of where a 'best interests' decision may be required. People's care records provided information on their capacity to make decisions about their care and where best interests decisions had been made to ensure a person's safety.

People's records identified their requirements regarding nutrition and hydration and the actions care workers should take if they were concerned that a person was at risk of not eating and drinking enough. The guidance given was personalised and reflected people's individual choices. For example how a person liked their drink to be made, "Prefers tea in a mug, the tea bags are in the brown bin by the kettle and [person] prefers that the tea bag remains in the mug. [Person] doesn't like sugar but does take milk which is delivered to the house."

The support people received with their meals varied depending on their individual circumstances. Some people lived with family members who prepared meals. Other people required greater support which included care workers preparing and serving cooked meals, snack and drinks. We observed a care worker gently encouraging a person to eat and drink offering their preferred choices as identified in their care records.

People were supported to maintain good health and have access to healthcare services. A relative told us how the service kept them updated on any issues about their family member's health when they went away, "Never in a worrying way," just updating them on what had been said and what they were going to do. It gave them peace of mind, knowing that the service would act on any health and welfare concerns.

Care workers understood what actions they were required to take when they were concerned about people's health and wellbeing. Records showed that where concerns had been identified, the relevant health professionals had been contacted with the consent of the person. This included specialist continence nurses and occupational therapists. When treatment or feedback had been received this was reflected in people's care records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

Outstanding ☆

Is the service caring?

Our findings

Everyone we spoke with, without exception, told us that they were treated with kindness and compassion by all the management team and care workers. One person said that all the staff were, "Very approachable and friendly." Another told us, "I've struck lucky with the carers they are lovely, I can't fault them, everyone is so nice, I feel when something is good I should sing their praises." A third person shared with us little touches that demonstrated the person centred culture of the service. This included receiving a birthday card from the service and at Christmas a, "Box of chocolates and a card." A card sent to the service thanked them, "So much for all the kind care and companionship that you have given to [person] over the past months I know [person] enjoyed the chats."

People highly valued their relationships with the staff team. Family members were equally pleased about the care their relative received. They spoke about the 'ethos' of the service, "There for the whole family," which one person told us, "Was absolutely true." Examples given demonstrated how, as one relative described the management and care workers, "Going above and beyond," what was expected of them. Another described the management and care workers as, "Extremely attentive, look at the whole family set up, call me and ask how I am getting on." They told us the care workers, "Have time to sit and talk to me, so understanding, very, very good."

Care workers were highly motivated and offered care that was kind, compassionate and empowering. One care worker told us , "I just love going in…I do everything as I would like it done to me, I ask [person] if I could do anything different, always ask." We observed a care worker approach a person who had just woken up in a caring, unrushed way smiling at the person, speaking in a gentle voice confirming who they were. Recognising the care worker, the person greeted them with a smile and, "Hello dear," and looked reassured by their presence.

One person told us, "If they [care worker] have any minutes to spare they will ask if there are any other jobs they can do, I think they do over and above." Further examples we received from relatives, demonstrated how the service strived to provide good quality person centred care and their compassion and kindness also extended to the people who played a significant role in the person's life. A relative provided an example of the, "Wonderful advice and support," they had received, which included advocating on their behalf to access services, "Staff just stepped in, took over and in a few phone calls had resolved the situation."

The service had a strong, visible person centred culture and positive, caring relationships had been developed with people, and those they lived with. A relative commented how their family member, "Looked forward to [care worker] visit," which was an indication that they had developed a positive relationship. They put this down to the care workers giving the person, "A sense of importance, [person] makes the decisions," which validated them as a person, making them feel they were, "Worth something." Another spoke about how well they, "Matched their staff," and provided examples such as shared interests, which enabled them to, "Sit and chat, takes the [person's] mind off what is going on."

Another relative told us how staff had supported them to access further information linked to the person's diagnosis. They explained it had helped them understand the experiences of what the person was going through. That care workers had used, "Their initiative," to overcome obstacles that they had been worried about, enabling them to spend, "Quality time," with their family member.

People were supported to express their views and were actively involved in making decisions about their care and support. One person told us, "I like to be as independent as I can, but some things I do struggle with," that was when the care workers helped. Staff spoke about the importance of people being supported to retain their independence and life skills, by assisting when asked and trying to 'enable' people rather than 'do' for them .

Care workers had a good understanding of people's communication needs and were aware that one approach did not suit all. They told us reading a person's care plan and being introduced to them prior to offering care, supported them to get to know the person. It enabled them to support people to be fully involved in making decisions about their care. A relative told us, "I read the [care] notes, [care workers] always gives [the person] choice."

The service found creative ways to ensure people's voices were heard and to relay any information. For example, if the office staff wanted to convey a message to a person who had problems using a telephone, they waited until the service's monitoring system showed them the care worker

Is the service caring?

was in the person's home. This enabled them to ring at that time, knowing that the care worker would be there to support them with the call. The registered manager and care manager also undertook care visits which enabled them to informally discuss people's views of the service. The first addition of the Clarke Care News Letter (May 2015) kept people up to date with changes which people were encouraged to contribute to.

People told us that their privacy was always ensured during personal care. One person told us how their care worker always "Put a towel over me," to protect their modesty. People told us that their care workers respected that it was their home and would not access any areas uninvited. One person told us, "I find these staff very respectful." A relative told us how they found the care workers to be, "Very considerate," of other family members living in the person's home, and "Never encroach on their space."

Information about people and staff was stored securely in the office, with restricted access. To support confidentiality care workers were supplied with a covered clip board, which ensured any information carried with them was out of view from others. Care workers carried an identity card and wore their own clothing instead of a uniform because the provider felt uniforms could draw unwanted attention (including potential vulnerability of those being visited) , and it was left up to the person receiving care to share the information with others if they wished. A care worker said it worked really well and that on leaving a person's home, a neighbour had commented to them how lucky the person was, "To have so many members of [person] family visiting."

Links with health and social care services were used to improve the effectiveness and quality of service people received. For example the provider was passionate about providing high quality end of life care, supporting people to experience a comfortable and pain-free death. For example, a care worker had specific experience and, expertise in this area. As the nominated end of life care champion they liaised with the local hospice and attended palliative care training events. This enabled them to contribute to the development of best practice in end of life care by 'cascading' the information back to the service and other care workers.

Care workers undertook an end of life care training programme which covered essential elements of palliative care including: communication, grief and loss, advance care planning, symptom management, care of the deceased and complementary therapy. The range of topics covered supported quality care through the end of life journey, as it incorporated not only their physical, but their emotional and spiritual needs. The registered manager had previously worked as a volunteer to support people who had been bereaved. They discussed how they used their experience to support people using the service, their families and care workers. Where a care worker had felt under confident in dealing with a challenging situation around end of life care, they had arranged further training to support them.

A health care professional told us, "I found the care staff to be very knowledgeable about end of life care ….and I was impressed with their approach to deliver this care in the best possible way." They felt that examples care workers provided showed, "An empathic understanding of the needs of those people who are facing life limited illness."

The service had considered how working with people at the end of their lives also affected the people they lived with and other people they were close to. As a result, care workers were provided with information which could be shared following a person's death, on what they needed to do and who they needed to contact. Discussions with the registered manager showed that the care worker would use their discretion in supplying the information to ensure it supported, and did not distress people at a difficult time. This approach had resulted in comments from relatives, friends and others that the staff were compassionate and empowering not only to the person they cared for but this extended to all those around them affected by their death.

Good

Is the service responsive?

Our findings

People received personalised care because the service ensured their needs, choices and preferences had been considered, discussed and agreed. Changes in circumstance were acted on quickly to ensure needs were met. Care and support was planned in partnership with people, and where applicable their families. People told us that they were involved in all decisions relating to the development and reviewing of their care plan. One person who told us, "Yes I have read mine," and said it reflected the level of support they had asked for, and were receiving. They also said that staff always read it when they visited. Relative feedback given in the service's quality assurance questionnaires included, "The care [person] has received has been first class. From the first contact to [their] on going daily calls… involving [person] fully in [their] care plan and promoting independence and self-worth." They also said "…a lot of planning goes into it. It changes instantly if there is a change."

A relative shared with us their experience of the care reviews, "They listen to [person] when they do a review, make [person] the centre of all decision making which is fine, it's [person] care." Changes or concerns were reported by care workers to the service's management team and care reviews were brought forward if needed.

Care workers had a good insight into people's preferences and needs. The registered manager's previous experience as a social worker working in hospital discharge planning teams, gave them experience of identifying people's care and support needs resulting in the detailed pre-assessments and care planning. A person using the service had commented in their questionnaire, "The response after referral was very quick, excellent."

Care workers told us that the care plans provided them with the information that they needed to support people in the way that they preferred. New care workers told us that part of their induction was to ensure that they read people's care plans, a copy of which was kept in the office. They said that the contents were very detailed and, "Really does match," the level of support the person needed and then received.

People's diverse needs, such as how they communicated and mobilised was also included and care workers were able to discuss how this affected individuals and how they delivered their care.. Where people required social interaction to reduce their feelings of isolation, this was also included in their care plans. A relative told us how carer workers had incorporated dancing into the person's care plan. They felt it had led to an improvement in the person's mobility and mental wellbeing as they were much more engaged and communicative.

Daily records of visits were personalised and not task led. They provided the reader with information on what had happened including what physical and social support was provided, as well the impact it had on the person's wellbeing.

To support good communication a person's relative told us that there were areas in the care plan for carer / family / advocate to write in. We saw where family members had used these to provide updates on what was happening in the person's life, and extra support they may need. People told us that the communication between care workers, and the management was very good. A care worker provided an example of how they had all been updated by the management when a person's mobility aid had changed ensuring that the right support was provided and they had the most up to date information. People had been provided with information about how they could raise a complaint, with information left in their homes. They were also given a copy of the Care Quality Commission's publication, 'how to complain about health and social care services'. If people needed support to make a complaint, information was provided on external agencies that they could seek advice from.

Not all the people we spoke with were aware of the service's complaints procedure. However they told us they were not worried as they didn't feel that they would need to use it. One person commented, "I have never needed to complain, if I did I would contact the office." This reflected responses given in the questionnaire feedback the service had received. During people's care reviews, the management also discussed their complaints policy and pointed out where the copy was held in their care file. A person told us they had contacted the office after they realised they hadn't been provided with some information they needed. They said the service had responded straight away by providing them with the information. This gave them confidence that if they had any future issues that they would be dealt with promptly.

Good

Is the service responsive?

Records showed that the service had not received any complaints since they registered. The managers felt that the reason for this, was that any 'grumbles' were acted on straight away, before they could escalate. To capture this work, they had instigated a book where they could write down any concerns and what action they had taken. They had received one from a person who said they had not been told if the new visit times they had requested had been allocated. Records showed that the management had apologised in person and also given a gift of chocolates and flowers. To reduce the risk of it happening again, changes had been made on how the service recorded any such requests.

Outstanding ☆

Is the service well-led?

Our findings

Without exception people using the service, relatives, stakeholders and care workers all spoke very highly of the registered manager and senior management team. People told us that they felt that the service was well-led and that they knew who to contact if they needed to. In addition any contact with the service was responded to promptly in a professional and friendly manner. Therefore they felt comfortable and would not hesitate to seek advice of further support when needed.

One person told us, "I have only been with ClarkeCare for a short time, but in that time they have been brilliant. They run an excellent organisation and the staff are really helpful and reliable. I am very happy and would recommend them to anyone." The provider confirmed that they received most of their bookings through, "Word of mouth." Which they felt was a positive recognition of the quality of their service.

Health professionals were extremely complimentary about the service. One told us about having been, "Impressed with the ethos of ClarkeCare and the positive feedback," they had received from other professionals, they had recommended the service to their family. Based on their own experience, both personal and professional, they would not hesitate in recommending the service to others.

Feedback from a visiting professional described the registered manager, who is also a director of the company, and the care manager as, "Excellent role models to their staff. This is because they lead by example. They undertake care and take part in all aspects of the training that they expect from their staff. The team at ClarkeCare continue to strive to be the best they can and continue to evaluate and monitor their service and implement changes as required." The registered manager said delivering care and providing/ taking part in training also enabled them to monitor the quality of the training care workers received, which was based on the service's values or ensuring a high quality experience.

The service had embedded a positive culture that was open, inclusive and empowering. To ensure people knew what to expect from the service they were given information about the standards they had a right to expect and the service's aims and objectives. All the people using the service, relatives and staff we spoke with were open, honest and were enthusiastic about sharing their experiences with us. This included a relative contacting us whilst they were on holiday, to share their positive experiences.

The management team were committed to seeking feedback from people. They regularly asked for people's opinions of the service's objectives and checked if they were being met as part of their constant drive to monitor and improve people's experiences. There were six monthly questionnaires and when people only used the service for a short period of time, their views were sought when they finished.

We looked at the survey feedback given during 2015. Where the top score of four gave an excellent rating, one person had written, "I would be devastated without yourselves to help," and rated their overall impression of the organisation as six. Another person had rated the care service they received as, "10 plus," and when asked if they felt the service was well organised replied, "Definitely 20 plus." The provider put great value on the feedback they received which was consistently positive about the quality of service people received. However, they were not complacent, and were looking at how they could redesign their questionnaires to focus on individual areas of the service and act on people's comments / suggestions to improve and develop their service.

Care workers told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns. They understood the whistleblowing procedure and said that they would have no hesitation in reporting concerns. One commented, "Anything you want to say you can just flag it up," in person, over the telephone, during supervision or during the regular team meetings. We saw as staff came into the office, there was a good rapport with the management team and a relaxed, friendly atmosphere. The registered manager told us how the care workers had been 'instrumental' in finding a solution in covering visits at weekends and evenings. By being involved in the development of the rota, "If they come up with it, they are more likely to respond well." They told us the new system had reduced the risk of people's visits not being covered.

The provider's vision and values placed the person at the heart of the service and under pinned staff's practice. The constant feedback we received from people about the high quality compassionate care they received, and our own

Is the service well-led?

observations showed that this was happening. A health professional commented, "I felt that the values of the management and staff show respect for individualised care."

Several of the people we spoke with told us about the positive impact the service had on their welfare. One told us, "Nothing compares to ClarkeCare," and provided us with examples of how they felt the service was "Very accommodating," in putting their needs first, rather than the other way round. A relative described the service as, "Just wonderful, so difficult to find a company that cares so much." All put it down to the positive ethos and culture which enabled care workers to provide a quality service.

All care workers were aware of the aims of the service. They told us that the service definitely passed the 'Mum' test as they would recommend the service to their own family. One told us that all the service's, "Policies and working ethos is 100% to how I would like and expect to be supported and would want any of my family members to be cared for. I would and do not have any trouble recommending ClarkeCare."

Care workers were highly motivated and told us that they felt valued and enjoyed working for the provider. One said, "The directors and managers are approachable and friendly. They listen to us and respond to us. I feel a valued as a member of the team." Another commented, "I don't feel I have a big scary boss here, it's lovely, like a mini family…very approachable, flexible."

We saw how the provider found innovative ways of making staff feel valued. Notes left in the 'Little book' in the office, recorded written a 'thank you' to individual staff for work well done. Care workers were also rewarded for their commitment. For instance, we were given examples of theatre tickets and confectionary. The provider felt it was important to formally recognise the extra that care workers had put into their work to enhance people's well-being. For example, dealing with a complex situation, bereavement or covering last minute sickness to ensure continuity of care. The registered manager told us, "We get through a lot of chocolate bars." We saw 'pigeon holes' contained confectionary ready for care workers to collect when they visited the office. Valuing their carer workers supported good morale and staff commitment. This resulted in a low turnover of staff and the provision of good quality care.

A relative said they were, "So impressed," with how the service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. The registered manager had signed up to the 'quality people, quality care' social care commitment. This is a public declaration of their commitment to ensure high quality care. A care worker told us how the service, "Always put the client first and goes above and beyond to ensure all the care standards are met and adhered to." The registered manager had also committed to being a 'I care ambassador' using their experience and knowledge to enthuse new potential care workers into the care industry.

People told us that the information they received about the service was clear and easily understood. This included how much their care cost them. The provider ensured that people were given clear up to date information in a format that suited them. As a result the service had been awarded 'Healthwatch Suffolk Information Standard' in February 2015 which recognised this focus and approach to their business.

The feedback on their assessment for this commented on the service's professionalism and commitment to provide an, "Excellent service," and that they, "Found them to be very engaged when meeting with other support organisations and eager to learn and improve their organisation. I was also impressed with their processes and procedures." Throughout our visit we were promptly provided with the information we needed for the inspection. Care workers had easy access to policies and guidance to support them in safe care. They told us how the management team spent time going through it with them to ensure their understanding and how it applied to their role and those they cared for.

The service had effective and robust systems in place to audit the quality of care they provided. This enabled the provider to identify and address shortfalls. The registered manager showed us how they had improved audits over time which made them more robust and supported monitoring the quality of the service. For example a recent audit (which included feedback from staff) identified improvements needed to people's medicines records in order for them to be clearer and easier to complete more detail. The forms were in the process of being changed and included a larger space to write in, so care workers could write the exact time people were supported with their

medicines. This had been well received by staff who said it would be easier to use, and reduce the risk of time related medicines being given too close together. There were plans in place for staff to provide feedback on the new forms, which would enable any further changes to be made. This demonstrated how the provider promoted their ethos of implementing changes through staff ownership, as part of continually striving to provide people with high quality care.