

### PAMMS CAH SURVEY QUESTIONS AND RESPONSES

Provider	Date of PAMMS Inspection	Question B03 – Service users confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.	Question F07 - There is evidence that the provider has effective methods in place to obtain feedback from service users, relatives and staff and that feedback is listened to, acted upon appropriately and people are kept informed of the outcome	Question F08 - There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.
		Score - Findings / Evidence	Score - Findings / Evidence	Score – Findings / Evidence
<b>Care Matters</b>	11/5/21	<p><b>Good-</b> Client's confirmed that they felt happy to give feedback to the Provider either through the carers or directly to the office.</p> <p>Client's feedback was also evidenced by the Quality Assurance calls that have continued to take place during the covid pandemic. However, there were some QA records that did not sufficiently evidence the outcome of a client's concern; however, the Manager assured me the actions had been addressed. The quality of responses to complaints, is an area which has already been identified for improvement with the Manager.</p> <p>One of the clients visited, had previously made a complaint, against a carer, which the provider then</p>	<p><b>Good-</b> The Provider does have a range of methods to obtain feedback i.e. calls/visits/feedback from staff/bi-annual mailings. There is usually an analysis document produced from the annual mailing to inform areas for improvement/development and that already works well. This document is a published for all Clients and stakeholders to view.</p>	<p><b>Good-</b> The Quality Assurance and Compliance Officer is also kept informed of a range of complaints/safeguarding's/CQC complaints through both emails and telephone calls, but where appropriate, Care Management is also informed as well as Safeguarding team. This is evidenced by the number of queries in SPS relating to issues that the Quality Assurance and Compliance Officer has already been made aware of by the Provider.</p> <p>The Quality Assurance and Compliance Officer is also copied into the outcome of all CQC investigations/LA complaints etc.</p>

		safeguarded. The client felt it had been addressed and the issue resolved. This was also evidenced in the safeguarding file		
<b>Dale Care</b>	18/05/21	<p><b>Good-</b> On observation service users confirmed that they were happy with the care provided.</p> <p>One service user was not happy with the previous night call. The service user was very upset and felt the call was very rushed and the carer hadn't attached her night bag. The service user raised her concerns with the carer. The carer took on board the comments made and reassured the service user that she will feedback her comments and raise the issues with the office. At the end of the call, the carer reported the concerns straight back to the office. The issue was then logged on the provider journal which is a system to record all actions and outcomes. The timeline to investigate the issue is 7 days and the Service user will be provided with feedback within 14 days.</p> <p>The carer encouraged the service user to provide her with feedback and reassured her that action would be taken.</p>	<p><b>Good-</b> Virtual meetings have taken place over the last year due to the pandemic. Meetings were held quarterly and remained consistent. Minutes were circulated via email after every meeting, and any actions from previous meetings carried forward. Future meeting requests are sent via email, along with agendas, and all minutes and agendas are held electronically.</p> <p>The last staff survey was completed June 2020, and service user survey was completed in September 2020. Overall satisfaction 94%.</p>	<p><b>Good-</b> Complaint's journal shows that complaints and outcomes have been shared with the LA, and other appropriate teams where applicable.</p> <p>Provider has had weekly telephone conversations with LA throughout pandemic</p>
<b>Partners4Care</b>	21/5/21	<p><b>Good-</b> Service users spoken with confirmed that they were asked to give feedback about their service. One said</p>	<p><b>Good-</b> Comprehensive surveys were being carried out to obtain service users' views. 14 had been returned to date. Staff surveys had also been issued</p>	<p><b>Good-</b> The provider worked in partnership with the Local Authority, including the QuAC and Safeguarding teams, providing information as</p>

	<p>that every now and then they would be contacted to check they were happy with things, they were able to discuss any problems they had, and these were usually dealt with satisfactorily. For example, they had had problems with one carer who had been talking about other carers in a derogatory manner, they had spoken to management about this, and this carer had not visited them again. Another also confirmed that the Team Leader would contact them to check everything was OK, they said they did not speak to the office staff very often but found the Team Leader very helpful. Another said they'd never had any problems but knew how to contact the office if needed. Comprehensive service user surveys had recently been issued and 14 had been returned at the time of the assessment, the manager was planning to analyse these once more were returned. Of the responses received to date, 10/14 people agreed that they are asked for their views on the wider service and feel included in how things will be different. 12/14 agreed that they are encouraged to express their views and feel listened to. Questions regarding service user satisfaction were also asked during review meetings and spot checks.</p>	<p>and 12 had been returned; the majority of feedback was positive. Management should ensure that customers and staff are encouraged to complete the surveys, the responses are analysed, acted upon and feedback is shared. Customer feedback was also obtained via client reviews and regular sport checks (the majority of feedback seen during the assessment was positive). Face-to-face meetings with care staff had been suspended during the Covid-19 pandemic, however management and office staff meetings were still taking place, with daily handovers completed. Group supervisions had still been completed with staff where issues needed to be discussed, and the provider used its Facebook page to communicate with staff regarding Covid-19 updates (they were asked to check this daily). The provider was planning to re-start wider team meetings in the near future.</p>	<p>required. Complaint outcomes had been shared.</p>
--	---	---	--

<p><b>GSA (Formerly Direct Health)</b></p>	<p>9/6/22</p>	<p><b>Good-</b> The service users who were visited and those spoke to via the telephone were all confident that they would raise a concern should they felt they needed to. Service users directed me to the service user guide when asked if they knew how to contact the provider. One service user who was not able to locate the service user guide did show me that "one of the girls" had written the number in her notepad in large writing due to her poor eyesight. This was reported back to the provider (that the SU guide could not be located) and a replacement was issued immediately.</p> <p>One service user had previously raised a complaint and they were happy with the resolution</p>	<p><b>Good-</b> Staff meetings have not been possible during COVID-19. At the present time the provider is communicating with staff and service users via branch and head office updates.</p> <p>The most recent customer survey (2019) showed 74/423 service users completed a customer satisfaction survey. (18%)</p> <p>The feedback from Service Users was recorded and displayed in a you said we did format to show actions had been taken; this was also emailed to service users and families from head office.</p>	<p><b>Good-</b> The provider maintains contact with the local authority with regards to complaints made to them. Response letters are copied into the quality assurance officer for the local authority.</p>
<p><b>5Lamps</b></p>	<p>11/6/22</p>	<p><b>Good-</b> Service users confirmed there were mechanisms in place to provide feedback. A service user confirmed that they had completed a few surveys, and a member of the office team had visited to complete reviews and would also phone to check that things were alright. Another person also said they had been visited a couple of times and had phone contact with office staff, whom they said were "very nice". They had received one survey, which their relative had completed for them. One</p>	<p><b>Good-</b> The provider regularly issued newsletters to service users. Their latest client newsletter dated April/May 2021 covered Covid-19 updates, vaccination, professional boundaries, feedback survey, Birdie information and new carers. Staff also received newsletters; the latest from April 2021 covered similar themes, as well as policy of the month and employee of the month, staff birthdays, competition for a cash prize and Five Lamps' employee assistance programme.</p> <p>Messages were issued to staff via their phones as needed, for example in relation to rotas, uniforms, absence, availability and recruitment. The Chief</p>	<p><b>Good-</b> The provider shared complaint outcomes with the Council's Quality Assurance and Compliance Officer as relevant. Safeguarding and CQC notifications were submitted as required.</p>

		<p>service user could not recall receiving a survey or being asked for feedback. Service users were not aware of how survey feedback had been acted upon by the provider. People were mostly happy with their services and felt their preferences were adhered to. One person had raised a concern about their rotas not always being correct, however this had not yet been resolved to their satisfaction</p>	<p>Executive also issued regular update letters. Various Champion roles were assigned to dedicated staff who issued reminders, hints and tips in relation to their specialist areas. A staff survey had recently been undertaken, and a service user survey had been issued with the latest newsletter. A 'You Said We Did' board was displayed in the provider's office. Spot checks included discussions with the service user, including checking whether they know how to contact the office if their carer is late, do carers stay for the full time, whether they have any problems and whether they know how to complain</p>	
<p><b>PPL</b></p>	<p>21/3/22</p>	<p><b>Good-</b> On observation service users confirmed that they were happy with the care provided.</p> <p>During conversations with service users, they explained that they regularly complete a service users survey. Service users explained that they feel they are listened to by care staff and the office staff, and always get feedback when they raise anything.</p>	<p><b>Good-</b> Last staff meeting was 3 months ago due to recent staffing pressures. Minutes on file dated December 2021.</p> <p>During pandemic staff meetings were not held due to government guidance and social distancing. Due to staff meetings not been held daily phone calls were had with staff to check staff wellbeing and to share any important messages, however this was not documented anywhere.</p> <p>Pre pandemic care staff meetings were held quarterly and as and when required. Minutes were taken and are held in the staff meeting file in the office. Future plans are in place to re-implement staff meetings.</p> <p>The last staff survey was completed August 2021, and service user survey was completed also August 2021. Majority of feedback was positive. Action</p>	<p><b>Good-</b> Complaint's file evidence that complaints and outcomes have been shared with the LA, and other appropriate teams where applicable. Provider has a good relationship with Quality Assurance Officer within Local Authority</p>

			<p>plans were seen to have been developed and actioned following surveys. Some evidence to show feedback had been feedback to service users.</p> <p>Compliments are also recorded when they are recognised, following a compliment, the staff member mentioned gets praise from management. During assessment staff were seen receiving thank you gifts for hard work and commitment from management team.</p>	
<b>Comfort Call</b>	28/3/22	<p><b>Good-</b> Residents said that the office did ring them at times to see how things were and they felt their feedback was listened to i.e., one resident said how she had not liked how one particular carer had been when supporting her. She had told the office and they had taken her off the calls, so she was very happy with the way they dealt with things.</p> <p>Residents said that they would be happy to tell the carers if they had any concerns or would ring the office, but they never needed to.</p>	<p><b>Good-</b> The Provider contacts the Service Users regularly to complete Quality Assurance questionnaires. The files evidenced this ranged from 4-6 instances in a year, from both telephone calls and visits. These are analysed and a score is awarded - a low score will prompt</p> <p>Regular staff meetings have not been taking place due to covid restrictions, but due to the lifting of a lot of restrictions, they are being re-instated. Co-ordinators have been informally contacting staff regularly to support them and check their welfare.</p> <p>This question is rated as 'Good' even though regular staff meetings have not taken place due to covid restriction, staff reported that they still felt informed and supported by the Provider.</p>	<p><b>Good-</b> The Provider has excellent communication with the Local Authority and regularly shares details of complaints with the Quality Assurance and Compliance Team, along with First Contact, Safeguarding and Care Management. Externally the Provider also shares information with CQC via notifications.</p>