The Human Support Group Limited

Human Support Group Limited - Middlesbrough

Inspection report

Unit 1 Stephenson Court
Skippers Lane
Middlesbrough
Teesside
TS6 6UT

Tel: 01642450256
Website: www.homecaresupport.co.uk

Date of inspection visit:
05 February 2016

Date of publication:
04 April 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Human Support Group Limited Middlesbrough on 5 February 2016. This was an announced inspection. We informed the registered provider at short notice that we would be visiting to inspect. We did this because the service did not have a registered manager and we wanted other senior management to be present on the day of the inspection.

Human Support Group Limited Middlesbrough provided assessment, rehabilitation and reablement services for people in their own homes to promote their daily living skills and independence. This service is provided to people for up to six weeks and then the person is reassessed and their ongoing needs determined.

The service did not have a registered manager in place. 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. The registered provider was actively recruiting for the position of registered manager. In the interim the area manager of the service was acting as manager. The area manager told us they were going to apply to be registered manager with the Care Quality Commission.

The acting manager told us audits were completed of care records and medicines; however we were not able to see these as they had been put into storage.

Appropriate systems were in place for the management of medicines. However, medicine records only contained one staff signature to confirm it had been checked and was correct. The MAR should be checked and countersigned by another staff member when they next visit.

The service had a call monitoring system which meant the care co-ordinator was able to monitor if staff were running late or had been held up.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Staff were aware of how to keep people safe. This meant that staff had the written guidance they needed to keep people safe.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of the action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

We saw that staff had received supervision on a regular basis. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

The service was registered in March 2015 which meant staff had not worked at the service for a year. We asked the acting manager about the annual appraisals for staff. An annual appraisal is a review of performance and progress within a 12 month period. They told us they had commenced appraisals and had a plan in which to ensure all staff received an appraisal within the coming weeks.

People told us they were cared and supported to regain their independence by experienced and knowledgeable staff. People told us staff were reliable. Staff had been trained and had the skills and knowledge to provide support to the people. There were enough staff employed to meet the needs of people who used the service and if there was to be an increase in demand.

The acting manager told us all people who used the service would need to have capacity. The service did not cater for people with advanced dementia as they would not benefit from the service provided. Staff we spoke with understood their obligations with respect to gaining consent and ensuring people had choice. People and their relatives told us they were involved in discussions about their care.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff started work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

People told us staff treated them with dignity and respect and their independence was encouraged. People told us that they were happy and felt very well cared for.

People told us they were supported to prepare food and drinks of their choice. This helped to ensure that nutritional needs were met. People told us they were encouraged and supported to be independent with meal preparation.

People were supported to maintain good health and had access to healthcare professionals and services. People received the support they needed from the occupational therapist within the service. Where needed, referrals were made to the dietician or speech and language therapy

People's care plans were written in a way to describe their care, support and rehabilitation they needed, however, some of these were brief and could be more person centred. Meetings took place regularly to review people's progress and new goals were set. People told us they were involved in all aspects of their care and rehabilitation.

The registered provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. People said that they would talk to staff if they were unhappy or had any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Safe recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

The majority of people were independent with their medicines, however, if needed there were systems in place to support people.

Is the service effective?

Good

The service was effective.

Staff were trained to care and support people who used the service safely and to a good standard. Staff had received supervision.

People were supported by staff with their rehabilitation. People had access to healthcare professionals and services.

Staff encouraged and supported people at meal time.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care, support, rehabilitation

and reablement was individualised to meet people's needs

Is the service responsive?

Good

The service was responsive.

People who used the service and relatives were involved in decisions about their care, support, rehabilitation and reablement. Goals were set and these were regularly reviewed.

People told us staff were approachable and they felt comfortable in speaking to staff if they felt the need to complain.

Is the service well-led?

Good

The service was well led.

The registered provider was actively recruiting for a registered manager. Staff we spoke with told us they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon.

Audits were undertaken, however we were not able to look at all of these as some had been placed into storage.

Human Support Group Limited - Middlesbrough

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 checked 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.

We inspected Human Support Group Limited Middlesbrough on 5 February 2016. This was an announced inspection. We informed the registered provider at short notice that we would be visiting to inspect. We did this because the service does not have a registered manager and we wanted other management to be present on the day of the inspection.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service including the notifications we had received from the registered provider. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

We did not ask the registered provider to complete a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of the inspection there were 51 people who used the service. The numbers of people who received support varied from one week to another.

After the inspection we spoke with seven people on the telephone who were using or had used the reablement service. We also spoke with two relatives. We contacted the local authority to seek their views on the service.

During the inspection visit we spoke with the area manager who was also the acting manager for the service, the co-ordinator, three enablers (care staff) and an occupational therapist.

During the inspection we reviewed a range of records. This included five people's care records, including care planning documentation and medication records. We also looked at four staff files, including training records and records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person told us how they had been assessed by the occupational therapist and provided with kitchen equipment such as non slip mats and specialist knives to help keep them safe when they were cooking. Another person said, "They had a way of making you feel safe but you were encouraged to be independent, this was very reassuring."

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This meant staff had the necessary knowledge and information to make sure people were protected from abuse. During the inspection we spoke with staff about safeguarding vulnerable adults. Staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what to do if abuse was suspected.

When people first started to use the service they were provided with a service user guide. This guide provided people and relatives with information on what abuse was, types of abuse, signs to look out for, how to raise concerns and the safeguarding process. This meant people were provided with the necessary knowledge to help keep them safe.

The records we looked at confirmed that the home's management team had worked with other individuals and agencies to safeguard and protect the welfare of people who used the service.

The acting manager told us safeguarding training was provided to staff at induction and then every two years after that. We were shown a chart which confirmed all staff had completed this training.

The aim of the service was to provide assessment, rehabilitation and reablement services for people in their own homes to promote their daily living skills and independence. Whilst at home or in hospital an occupational therapist and enablers [care staff] assessed people's needs to determine the package of care needed. Before commencement of the care package an enabler completed a visit to the person's home to identify any risks to the environment and support needed. Checks were made to ensure the access to the property was clear and safe. The lighting was checked to make sure it was adequate and flooring was checked to make sure it was safe. Checks were also made on plug sockets to make sure they were not overloaded, and other checks looked at fire safety. We were told if the environmental checks identified any risks then action was taken to rectify them. An enabler gave us an example. They told us they arrived at a person's house to find that a small window had been broken and patched up and the heating was not working which meant the person didn't have any hot water. Immediate action was taken to support the person with the repair of the window and a replacement boiler.

In addition to checks of the environment we saw that risk assessments were also completed on people's moving and handling and medication needs. If any risks were identified during this assessment, measures were put in place to help reduce or prevent the risk. The occupational therapist provided us with examples such as providing a raised toilet seat, walking equipment, grab rails and raising the height of furniture which had been identified as too low. This meant the registered provider identified risks to peoples safety and

where needed took action to help to ensure the safety of the person.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. The acting manager said that accidents and incidents were not common occurrences; however they had the appropriate documentation in which to record an accident and incident should they occur.

During the inspection we looked at the records of four recently recruited staff to check that the recruitment procedure was effective and safe. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out to confirm the staff member's suitability to work with vulnerable adults before they started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. References had been obtained and where possible one of these was from the last employer. The registered manager told us any gaps in potential staff's employment history were discussed at interview to determine their suitability to work in the service. This meant that the registered provider followed safe recruitment procedures. Staff we spoke with during the inspection confirmed that safe recruitment practices were followed before they started work. One person said, "My DBS and references were back before I could start work. It took ages for my references to come back."

The registered provider was actively recruiting to the post of registered manager. In the interim the area manager for the service was taking day to day charge. A care co-ordinator, an occupational therapist and 16 enablers also worked at the service. The care co-ordinator told us at the time of the inspection there were 51 people who used the service. The numbers of people who received support could vary from one week to another. Over the last 12 months the service has provided support and reablement to about 380 people. We were told there were enough staff employed to meet the needs of current people and if there was to be an increase in demand.

The acting manager told us they provided a flexible service in which to ensure they met the needs of people. At the time of the visit the service was provided between the hours of 7am to 10pm. People were provided with time slots in which support would be provided. Morning calls were between 7am and 10am, lunch calls were between 11:30 am and 2:30pm, tea calls were between 3:30pm and 6pm and evening calls were between 7pm and 10pm.

We were told that people's needs were assessed on an individual basis. We saw records which confirmed this. The co-ordinator was responsible for the daily rotas and allocation of staff to people who used the service. Since registration of the service in March 2015 there have not been any missed calls but there have been two late calls.

People we spoke with during the inspection said that the staff turned up on time and stayed for as long as they were expecting them to. People told us staff were reliable, one person said, "I was very happy with them [staff] and they always turned up on time." Another person told us how the service provided had been flexible according to their needs, they said, "I phoned the office a couple of times to change the times of my visits. They were more than happy to change and accommodate me."

We saw that appropriate arrangements were in place for the safe management, administration and recording of medicines.

The acting manager told us people who used the service were mostly independent with administering their

medicines, however, on the rare occasion assistance and support was needed this was provided.

We looked at some care records of people who had received assistance with their medicines. We saw that people's care records contained information about the help they had needed with their medicines and the medicines they were prescribed.

We checked a medicine administration record (MAR) of one person who used the service. A MAR is a document showing the medicines a person has been prescribed and a recording of when they have been administered. We found these were fully completed, contained required entries and were signed. However, we did see that the MAR only contained one staff signature to confirm it had been checked and was correct. The MAR should be checked and countersigned by another staff member when they next visit.

There was information available to staff on what each prescribed medication was for and potential side effects. Staff recorded a code on the MAR, for example when they administered medicines they recorded A, when they prompted the person P and O when they observed. From looking at the MAR we could see how the staff had supported a person with their own medicines. At the start of the care package staff had been recording A for administering but as a number of weeks passed we could see that the person had improved, staff had stepped back and were only prompting the person to take their medicines. A relative we spoke with during the inspection said, "At first they helped with the medi pack but after two weeks of showing [person who used the service], they could do it on their own."

The acting manager told us at the end of six weeks, or sooner if the package of care was no longer needed, the person's MAR was returned to the service. Senior staff would then check to make sure there were not any gaps and any reasons as to why medicines had not been given. We were not able to see the records of such checks as they had been placed in storage. The acting manager told us in future they would make sure the records of checks were available for inspection. A discussion with the acting manager also took place regarding the frequency of such checks. If checks were only made at the end of the persons care package then any possible discrepancies could not be corrected or checked out. The area manager told us they would discuss this with other senior management and give consideration to making the checks on MAR's more frequent.

The acting manager told us and we saw records to confirm that competence checks on staff responsible for supporting people with their medicines were completed. This showed us there were systems in place to ensure medicines were managed safely.

Good

Is the service effective?

Our findings

People told us they were confident staff had the skills and knowledge to support them with their specific needs. One person told us, "This is a really good service; they got me back on my feet." Another person said, "I think they [staff] have been brilliant. This is a first class service."

We looked at a chart which detailed training that staff had undertaken. All staff had completed an induction when they started work. This induction was over five days and included training on health and safety, moving and handling, dementia awareness, mental capacity awareness, medication awareness, safeguarding, fire safety, food safety, infection control and first aid awareness. The acting manager told us all staff would receive refresher training on a regular basis [every one to three years depending on the training]. In addition to their induction staff had also completed training on reablement.

We asked staff about the quality of the training they had received. One staff member said, "I did my induction for one week at Durham. It was drummed into us we are not carers we are rehabilitation. The training taught us to step back and not take over." Another staff member said, "The training was really informative and we did practical work."

The acting manager told us any new staff would complete the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected in health and social care. They told us how new staff would read policies and procedures and shadow experienced staff until they felt confident and competent.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. A staff member we spoke with said, "I have clinical supervision every month." They told us they found supervision to be useful and meaningful. They also said they had the support of other professionals within and outside of the organisation. They told us how they had chatted with other professionals to make sure they provided a person who used the service with the appropriate equipment.

The service was registered in March 2015 which meant staff had not worked at the service for a year. We asked the acting manager about the annual appraisals for staff. An annual appraisal is a review of performance and progress within a 12 month period. They told us they had commenced appraisals and had a plan in which to ensure all staff received an appraisal within the coming weeks.

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.

We checked whether the service was working within the principles of the MCA. The acting manager told us that all people who used the service would need to have capacity. The service did not cater for people with advanced dementia as they would not benefit from the service provided. Staff we spoke with understood their obligations with respect to gaining consent and ensuring people had choice. People told us they were involved in discussions about their support and rehabilitation.

We saw records to confirm staff had received training in mental capacity awareness.

Before the service started people were assessed to determine the level of support they needed at meal time. Those people who were able were encouraged to be independent in meal preparation and cooking. Staff encouraged and supported people to have meals of their choice. One person said, "They [staff] help me with my breakfast and lunch." Another person told us how they were a very poor eater and had lost weight. They told us how staff had supported and encouraged them to have regular meals. They said, "They [staff] got me on the road to eating. I am on my own all day and didn't eat other than bits. I am now eating much better and have so much more energy."

The acting manager and staff we spoke with during the inspection told us they worked very closely together within the service and with other healthcare professionals to support people in their rehabilitation. The care co-ordinator, enablers and the occupational therapist met regularly to discuss the individual support people needed and how they were improving or if there had been any deteriorations. They also worked closely with GP's, the district nursing service and social workers. Appropriate referrals were made to dieticians or speech and language therapists. Staff spoke with knowledge and understanding about rehabilitation and people's individual needs. We found changes to rehabilitation and needs were well managed. People were provided with the equipment they needed such as walking frames, kitchen equipment, grab rails and raised toilet seats. This meant that people were supported to maintain good health and had access to healthcare services to aid their rehabilitation.

At the start of the care package people were provided with information leaflets on areas such as tips to stay safe in winter, carbon monoxide poisoning and keeping warm. This meant that people were provided with written information to help keep them safe.

Good

Is the service caring?

Our findings

People and relatives we spoke with during the inspection were very complimentary of the support and rehabilitation they had or were receiving. They described staff as kind and caring. One person said, "The staff were lovely. I needed a bit of a push to be independent but they were lovely and now I am doing so well." Another person said, "I would give them 100 out of 100, they were absolutely brilliant." A relative we spoke with said, "The girls [care staff] are quite good. You could have a laugh and a joke with them. They had a way of making [person who used the service] relaxed."

Staff spoke with kindness and compassion and were dedicated to making a difference to people so they were independent. Staff knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions. Staff told us how they supported people and relatives with choices during their visits. One staff member told us how they had visited someone at home for the morning call; the person who used the service had been unwell during the night. Initially the person had not wanted to call the doctor but after talking with the staff member they realised it was in their best interest for the doctor to visit.

Staff told us people were also encouraged to make choices about when they wanted to wear, eat, drink, their medicines and the food they wanted at mealtimes. People who used the service confirmed this. This meant people were supported to make the own choices and decisions.

Staff told us how important it was to support people to be independent. One staff member told us how they had supported a person who had initially been identified as needing help with all aspects of personal care. They told us how slowly but surely, with reassurance and patience, the person began to improve and do tasks for themselves. One person who used the service told us how impressed they were with the staff and service they said, "I had been in hospital. When I came out I had only been in my home about an hour when the occupational therapist came out. She stayed with me for about an hour and a half. I was really impressed." They told us how they had been provided with the right equipment and support to aid their independence. They also said, "They have worked hard with me and given me encouragement and because of that I have more confidence."

People's diversity, values and human rights were respected. Staff demonstrated to us that they knew how to protect people's privacy and dignity whilst assisting with their rehabilitation and reablement. One staff member said, "You always ask what help people want you should never assume." They told us about always knocking on a door before going into the home and introducing themselves and calling people by their preferred name. They told us when providing help with personal care they always made sure curtains and blinds were closed and that people were kept covered.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed and leaflets on advocacy were available for people to read.

Good

Is the service responsive?

Our findings

The reablement team provided flexible support to people. Enablers reviewed people's progress at home on a day to day basis. The enablers had frequent discussions with the occupational therapist, district nurse and social worker about any deterioration or improvements made. The length and frequency of calls was changed according to people's needs. At the end of the six weeks [or before] people had either been rehabilitated to independent living or were reassessed.

All staff we spoke with were passionate about the care and support people received, they said, "In this job you can really make a difference and I like that." Another staff member said, "It makes you proud to work for a company where people do well and are pleased to have the service." A person who used the service said, "They used to come three times a day but now it's only two because I am much better." One relative told us how the person who used the service had made lots of improvement. They told us how the person had been continually assessed and that they had actually had more than six weeks of rehabilitation and reablement as they had continued to improve.

The occupational therapist told us they held a weekly meeting with the care co-ordinator to discuss how people were progressing, if there were any issues and the individual goals for people who used the service. The occupational therapist also spoke with enablers on a regular basis. Staff told us if people were identified as needing additional help and support at the end of the six week period they worked with social workers, doctors and district nurses to share information about the person. This helped to ensure the ongoing needs of the person were met.

People received consistent, personalised care and support that was aimed at them getting back to independence. People and relatives told us that during the initial assessment, people expressed their individual needs, wishes and choices and how these should be met. We saw that people's care plans were reviewed every week or sooner if their needs changed. Feedback about people's progress was sent to their care managers every week.

The service was focussed on reablement that provided short intervention support, often for people discharged from hospital. During our visit we reviewed the care records of five people who were using or had used the service. People had been assessed and their needs highlighted. Each person's individual care plans were based on a profile of the person and assessment of their holistic needs. Care records described how to communicate with the person and the support needed with activities of daily living such as eating and drinking, bathing and mobility. Of the care records we looked at during the inspection some detailed person centred care and support that the person needed. They clearly stated step by step instructions for staff to follow. However, some would benefit from further detail. For example the care plan of one person identified they needed help with meal preparation but the plan did not state what the actual help was and what the person could do for themselves. We pointed this out to the acting manager who told us all future plans would include more detail.

The acting manager told us the service had a complaints procedure, which was provided to people and their

relatives. People we spoke with confirmed this. Staff were aware of the complaints procedures and how they would address any issues people raised in line with them.

The acting manager told us the service had received one complaint in the last 12 months. We saw that this complaint had been fully investigated. We were told that regular contact with people and relatives was maintained to make sure that they were happy with their care and support. If any concerns were identified then these were acted upon quickly to avoid any unnecessary upset.

Good

Is the service well-led?

Our findings

The service has not had a registered manager since 23 December 2015. During the inspection we saw evidence to confirm that the registered provider was actively recruiting to fill the post. In the interim the area manager was acting as manager. Staff we spoke with during the inspection told us the service was well managed and the short absence of a registered manager had not impacted on the running of the service.

The acting manager told us they had introduced a call monitoring system. All enablers had been provided with phones which enabled them to inform the office that they had reached their destination and when they left. This meant the service did not need to rely on people contacting the office if staff had not arrived. The care co-ordinator was able to monitor if staff were running late or had been held up. This information was used to keep people who used the service informed. If staff were running late for any reason the system would identify this and a call could be made to a person who used the service to advise them staff would be late.

The acting manager said that audits on care records and medicine records were completed; however we were not able to see these as they had been placed in storage. However, we were shown a blank template of the audit that was used to check medicine records and comments book.

We saw that a quality audit had been completed in October 2015. This audit focussed on staff files, making sure they contained the required information and that robust recruitment checks had been followed. The audit also included a review of some care records of people who used the service. Minor improvements were identified. There was a follow up audit in December 2015 to check if improvement had been made and to look at other areas such as confidentiality and access to records, supervision and spot checks on staff. This meant the registered provider had systems in place to monitor the quality of the service provided.

The acting manager and staff told us there were clear lines of management and accountability and all staff who work for the service were very clear on their role and responsibilities. Staff told us that the acting manager had an open door policy so that they had access to support at all times. From discussion with staff we found that the acting manager was an effective role model for staff and this resulted in high levels of morale and strong teamwork, with a clear focus on working together.

People who used the service told us it was well led. They confirmed that the care, support and rehabilitation they had received had enabled them to remain in their own home and live independently.

The acting manager and staff during discussion demonstrated commitment and were very focussed on what they had to do to rehabilitate people so they could live independently.

We found there was a culture of openness and support for all individuals involved throughout the service. Staff told us they were confident of the whistleblowing procedures and would have no hesitation in following these should they have any concerns about the quality of the provision. We saw staff encompassed the values of the service when speaking about their work and these were clearly embedded in

practice.

Staff meetings were held in June and November 2015. We were told that meetings would usually happen more often, however, the registered manager had a period of sickness prior to leaving. Staff told us they did not rely on meetings for updates. Staff told us they had been kept up to date about any changes or anything else affecting the service when they visited the office. Staff told us they were encouraged to share their views and ideas and they felt listened to.

The occupational therapist told us they attended a reablement operational meeting with the local authority to discuss the service and other areas associated with the running of the service. We saw minutes of the meeting held in January 2016.

We asked the acting manager about the arrangements for obtaining feedback from people who used the service. They told us that the registered manager [prior to leaving] had sent out satisfaction surveys to people who had used the service. We saw records to confirm this. People spoke very positively about staff and the service. Words used to describe staff and the service provided included, 'excellent, very professional, very reliable, polite and very tender.' A further satisfaction survey had been sent out in January 2016. The results of this survey were in the process of being collated.