Interserve Healthcare Limited

Interserve Healthcare - Harrogate

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Interserve Healthcare Harrogate on 27 March and 7 April 2017. This was an announced inspection. We informed the provider at short notice (48 hours before) that we would be visiting to inspect. We did this because we wanted the registered manager to be present at the service on the day of the inspection to provide us with the information that we needed. The service was registered in November 2015 and this was the first inspection.

The service is registered to provide personal care and/or treatment of disease, disorder or injury to people living in their own homes. Children and adults were supported. The provider told us about three distinct types of service. First was support for nine people with complex healthcare needs in their own home. Second was renal dialysis support for seven people in their own home. And third was support for 17 people who required treatment through intravenous methods in their own home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

As part of this inspection we found that the 'home therapies' (treatment through intravenous methods) was managed centrally by a team called community programmes. The registered manager did not have day to day management oversight of this service. Following the inspection the nominated individual told us they had implemented systems for the registered manager to communicate with the community programmes team. They had also started to work with the CQC registration team to look at future registration options which may suit this model of service.

Quality assurance systems in place were not always effective in highlighting areas for improvement. We made a recommendation that the provider reviewed their systems to ensure they captured areas which may need improvement.

Systems in place to manage people's medicines did not incorporate all good practice. We made a recommendation that the provider review their policy to incorporate good practice guidance. The nominated individual told us they would do this following the inspection.

Staff told us that the registered manager was supportive and that there was a positive culture within the team. We saw records to confirm staff had received appropriate supervision, appraisal and training to enable them to fulfil their role.

Assessments were undertaken to identify people's care needs. Not every area assessed was always transferred into a care plan or risk assessed for staff to have access to robust information to perform their role. This included person-centred details about how a person preferred to be supported. Staff were aware

of people's likes and dislikes and people told us they felt well cared for. However, recording all details known would support staff to build and develop positive relationships with people and provide consistency.

Staff worked very well with other healthcare professionals to support people. This included support with nutrition and hydration needs. People who required clinical support were supported in line with professional's advice. Staff understood people's clinical needs and how to deal with emergencies. Emergency protocols were not always recorded for staff to follow. This was something the registered manager agreed would support the knowledge staff received in training to increase their confidence if such emergencies arose. They agreed to include them in care plans in the future.

There were enough staff employed to provide support and ensure that people's needs were met. People receiving a service had been involved where possible in the recruitment of staff. We saw that in the main people received support from a consistent team of care workers. Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of the different types of abuse and what would constitute poor practice. Staff followed the principles of the Mental Capacity Act 2005 and empowered people to make their own decisions.

People and relatives told us that staff treated people with dignity and respect. Staff spoke with compassion when discussing the people they cared for. People and their relatives told us members of staff knew them well and often went over and above to support their needs very well.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We recommended the provider reviewed their medicines policy to incorporate all good practice.

All areas of support identified during the initial assessment were not transferred into a care plan and risk assessment. The registered manager had implemented a process to ensure this happened in the future.

Staff were knowledgeable in recognising signs of potential abuse. There were sufficient staff employed to meet people's needs. Safe recruitment procedures were in place

Is the service effective?

Good

The service was effective

Staff had received appropriate supervision, appraisal and training to enable them to perform their role.

Staff worked to the principles of the Mental Capacity Act 2005 and empowered people to make their own decisions.

People were supported to maintain good health and had access to healthcare professionals and services. This included working with professionals to manage people's clinical needs.

Is the service caring?

Good

The service was caring.

People told us that they were well cared for. People were included in making decisions about their care.

People told us staff treated them with respect and their independence, privacy and dignity were promoted.

The staff were knowledgeable about the support people required and about how they wanted their care to be provided.

Is the service responsive?

Good

The service was responsive.

Staff were very aware of how to support people in the way they preferred. People and their relatives told us staff were responsive to their needs.

The registered manager planned to review the detail of person centred information in people's care plan records.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager did not have full day to day management oversight of one aspect of the service. The provider made changes to improve communication in this area and has started to work with the CQC around this.

Quality assurance systems were not always effective in identifying where there were areas which required improvement. We made a recommendation that the provider review their systems to take this into account.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through supervision and 'peer meetings'. The service had an open, inclusive and positive culture.

Interserve Healthcare - Harrogate

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 Interserve Healthcare Harrogate on 27 March and 7 April 2017. This was an announced inspection. We gave the provider short notice (48 hours) that we would be visiting.

The inspection team consisted of one adult social care inspector on day one and two adult social care inspectors on day two. On day one we were supported by two experts-by-experience who had experience of domiciliary care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts-by-experience made telephone calls to people who used the service and relatives to find out their views on the care and service they received.

Before the inspection we reviewed all the information we held about the service. This included information received via statutory notifications since the service was registered. Notifications are when providers send us information about certain changes, events or incidents that occur within the service, which they are required to do by law. We sought feedback from the local authority and NHS prior to the inspection. The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection we spoke with 11 people who used the service or their relatives/representatives. We spoke with the registered manager, regional manager; community programmes manager, branch nurse, one senior branch consultant, two nurses, one renal technician and two care workers. Following the inspection we spoke with the chief nurse who is also the nominated individual. The nominated individual is responsible

for supervising the management of the service on behalf of the provider.

We looked at ten people's care records, including care planning documentation and medication records. We looked at eight staff files, including staff recruitment and supervision records, training records and records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe when being supported by members of staff they were familiar with. One person told us, "There are codes for the gate and an intercom. They keep me safe by making sure the door is locked." A relative said, "They (staff) are very efficient. He is very safe with them." One person told us they felt on edge when they received support from staff they had not met before. This had happened, but on rare occasions.

We asked staff about their understanding of protecting people who used the service. Staff were aware of the different types of abuse and what to do if they witnessed any poor practice. The registered manager was aware of local safeguarding protocols. Staff told us they had received training in respect of abuse and safeguarding of adults and children, records we saw confirmed this.

We saw written evidence that the registered manager had notified the local authority and CQC of safeguarding incidents. They had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents.

The community programmes team managed the people who required treatment through intravenous methods in their own home. This team was managed from the provider's central office and the community programmes manager dealt with all concerns raised with regards to those people supported.

We looked at the system for ordering, recording and administration of medicines. We saw at times the pharmacist provided pre-printed medicine administration records (MARs) and on other occasions the branch nurse prepared the MARs. The instructions on people's prescriptions were not always clear. The branch nurse and registered manager had started to work with the prescribing GP's to clarify what individual medicines were for, so they could give correct instructions to staff.

We saw staff did not always sign when they had administered a medicine. This meant it was not always possible to be sure a medicine had been taken and the gaps on MAR's had not been investigated to ensure people had received their medicines. The provider had a quality assurance system with regards to medicines management which had not highlighted gaps on the MAR's. Where GP's had prescribed 'as and when required' medicines we found that protocols were not always in place to explain to staff when such medicines should be administered.

On day two of the inspection the branch nurse and registered manager had completed a full audit of all MAR's and dealt with the gaps in recording. The registered manager had devised an audit tool to use in branch which would identify any shortfalls in the future.

There was no evidence anyone had been harmed because of the gaps noted on MARs or lack of detail recorded around when to administer a medicine. Staff had received training and their competence had been assessed. People told us they received their medicines on time and were happy with their support in this area.

We discussed with the registered manager the new good practice guidance for providers to use when supporting people with medicines in their own home. We made a recommendation that the provider reviews their policy with regard to medicines management to incorporate good practice guidance. The nominated individual was aware of the new guidance when we spoke with them following the inspection and explained this would be reviewed alongside the provider's policy.

We asked the registered manager what staff would do in the event of a medical emergency when providing support for people who used the service. We found staff were up to date with their first aid training and that they had been assessed as competent to provide emergency support for people who required clinical interventions.

We saw emergency protocols were not always kept in people's care plans to aid staff to remember emergency process. We saw emergency protocols were not always kept in people's care plans to aid staff to remember emergency process. For example, we saw in the care plan for someone who may have required an emergency equipment change, the process to follow was not recorded. The branch nurse advised this was something they would add to the care plan

We saw people had risk assessments in their care plan which covered areas of support such as moving and handling, fire evacuation and nutrition. This meant staff had information to keep people safe.

An initial assessment document was used when people first used the service. This included areas to assess such as the person's physical support and their home environment. We identified that not all of the detail identified from the assessment was transferred to a person's care plan. For example, the outcome of their environmental assessment had not been transferred into care records. As a result a risk assessment for this area was not available. This could mean that staff may not be aware of the gas or water cut off points in an emergency or any environmental hazards in the person's home. The registered manager told us the provider had implemented a new process by which they had to 'sign off' all new care plans before they were issued. They explained part of this would be to check a full assessment had been completed and all areas identified transferred to the person's care plan.

The registered manager told us that equipment, such as hoists, was checked to ensure that they had been serviced and were fit for use. We saw records to confirm this. This meant that the provider took steps to ensure the safety of people and staff.

We saw records of accidents and incidents were kept and the registered manager recorded what action they had taken to minimise the risk of further occurrences.

The registered manager told us recruitment was an on-going process to help provide consistency for people. They looked for staff to cover packages of support based on the person's preferences and staff skill. Some packages of support were required 24 hours per day and others were required for specific times each week.

The process was detailed and thorough and the registered manager explained it was important to match the correct staff with people so the relationships were positive and therefore consistency could be maintained. People and their relatives had been involved in designing the job adverts and recruitment of their staff team. The registered manager explained at times staff who people did not know had to cover support for people but that this was something they had tried to avoid at all costs. People told us the service was flexible and where they needed their support times to change the office team made every effort to accommodate this.

We looked at a sample of rotas and saw people received support from a consistent team of care workers. One person told us, "There is enough staff, I have complex needs and I have ten staff, some of them have been with me for three years." Another person told us, "They (staff) arrive on time and stay for the full time. The times are fine."

During the inspection we looked at the records of four newly recruited staff to check that the provider's recruitment procedure was effective and safe. Evidence was available to confirm that appropriate references, a full employment history and a Disclosure and Barring Service check (DBS) had been carried out to confirm the staff member's suitability to work with adults and children 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 meant that the provider followed safe recruitment procedures.

The registered manager carried out regular checks with the nursing and midwifery council to ensure the nurses employed by the service had active registrations to practice.

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, "Staff are very competent and together in tune the two of them." Another person told us, "The trainer is very thorough and comes to my home to do training on the equipment." A relative said, "I think they are skilled people."

The registered manager showed us staff training and competence information which detailed all topics staff had undertaken. We saw training and competency assessments were well managed and where training was due the registered manager knew and had booked dates for refresher training.

The branch nurse and nurses employed to train care workers and to assess their competence had completed a self-assessment of their own competence to carry out the role. We explored how the provider assessed the competence of the nurses in this role. The area manager explained Interserve Healthcare relied on nurses abiding by the Nursing and Midwifery Council Code of Practice to understand their competence. After the inspection the provider gave us additional detail of how they assured themselves that all nurses in their employment were up to date with their knowledge and professional development.

Staff were trained to provide highly skilled clinical support such as tracheostomy care and oral suction as well as social support and support to access the community. A branch nurse and team of nurses provided training, coaching and competency checks on staff to enable them to carry out the clinical care people needed.

We spoke with staff about training they had undertaken. All staff were pleased with the level of training and support they received to develop their skills and competence. Staff told us they knew they could 'pick up the phone' anytime they had a question or needed help. Staff felt confident and told us the quality of their training was good.

Staff told us on the commencement of their employment they undertook a full induction. This included reading policies and procedures and shadowing other experienced staff whilst they provided care and support to people. A person who received support told us, "It takes two or three months to train them because I have complex needs, they are all fantastic, and they shadow people when they start." This helped to ensure that people were supported by skilled and experienced staff.
Staff said they felt well supported and that they had received regular supervision and an annual appraisal. Records we saw confirmed this. The provider's analysis told us 92.7% of staff had received supervision. One of the nurses employed told us, "My supervision from the branch nurse is very good and the branch nurse has supported me through my revalidation."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

None of the people supported at the time of our inspection lacked capacity to make their own decisions and nobody therefore was deprived of their liberty. The registered manager and members of staff understood the principles of the MCA and worked to ensure people were involved and made their own choices about the support they received.

Where children were supported their parents had consented to the care and treatment delivered. All of the adults supported had signed their own care plans to consent to the care and treatment planned. Where people were unable to sign a relative had signed on their behalf. We discussed with the registered manager how they could record the person's consent when they were unable to sign themselves. The registered manager told us they would build this into their practice following the inspection.

The service provided support to people at meal times. Those people who were able were encouraged to be independent in meal preparation. Staff encouraged and supported people to have meals of their choice. One person said, "They sometimes cook for me. There has never been a problem."

Some people were supported to receive nutrition via percutaneous endoscopic gastrostomy (PEG); this is where food is delivered straight into the digestive system via a tube. And others received nutrition via total parenteral nutrition (TPN), this where food is delivered straight into a person's blood stream via a vein. We saw records to confirm prescriptions outlining the correct amounts of nutrition and hydration were followed to ensure people received what they individually required Professionals were fully involved where required with people's nutritional needs.

The registered manager and staff we spoke with during the inspection told us they worked with other healthcare professionals to support people's wellbeing. The registered manager told us how they communicated with social workers, occupational therapists and hospital staff as part of the assessment process and on-going care. Relatives were also involved in supporting and delivering people's healthcare needs and Interserve Healthcare - Harrogate ensured they supported this. This meant that people were supported to maintain good health and had access to healthcare services.

Good

Is the service caring?

Our findings

All but one of the people we spoke with as part of the inspection process were complimentary about the care and service received. One person said, "They (staff) know me well and they are like relatives now." And, "I would say they know me very well. The carers and people in the office all listen to me." One person told us they had a recent poor experience of care and they had worked with the registered manager to air their views and they reported they felt listened to and that the situation had improved. They were happy with the regular team of care workers who visited them. A relative told us, "Very caring, very efficient, and focused on my family member's needs specifically for them."

Staff we spoke with knew about people's history and over time had developed relationships with both the person and their relatives. Care files did not contain this information about people's life history. This important information about people's background and their likes and dislikes would help staff to provide more personalised care and support staff new in post to get to know people. The registered manager told us they would look to develop a life history document in the future.

People were keen to tell us how care workers and the office team had worked hard to go 'over and above' to develop a routine and understand people's preferences. People told us this helped to develop trust particularly following the traumas some people had suffered. A person gave us an example, they said, "The carers are amazing, they do an amazing job. When my parent was poorly they drove me every day to the hospital. I asked for a commendation to be put in for that carer." Another person said, "My home is not easy to get to and they have never let me down, they are very reliable."

The registered manager told us there was a person centred approach to the support people received and this was evident in the way the staff spoke about people who used the service. Staff spoke with kindness and compassion, and were highly committed and positive about the people they supported. 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. One person told us, "Right from the very start the package was led by me, my house, my body and they go along with that. They do everything and they always make sure I am covered (during personal care). They listen and respect what I want."

A member of staff explained to us what impressed them about the support the team delivered. They said, "What impresses me is how person centred the package is. The person I support has profound limitations but at the same time control, so we know their needs, likes and dislikes and wants. It has gone from strength to strength because of the consistency of the team."

Another member of staff explained how they had worked alongside a person with professionals to support the person to be rehabilitated following an illness. They had found innovative ways to help the person feel motivated to join in exercises. The member of staff said, "I have seen a definite impact and improvement." The person told us, "I have a good fella, he takes me to my specialist meetings and he's home with me and takes things up for me. I have found a good one."

A relative of one of the children who was supported explained how their child, "Has independence by staff supporting them at school." This was something they told us they valued.

It was clear from our discussions with staff that the values of dignity and privacy underpinned the work they carried out with people. Staff demonstrated to us that they knew how to protect people's privacy and dignity whilst assisting with personal care, and how they also ensured that people were safe. One staff member told us, "We seek permission and allow people to be people, we respect them as individuals and how they express themselves." People told us they felt their privacy and dignity was upheld, one person said, "They treat me with respect but are still friendly and I do as much for myself as I want to."

People and their relatives told us they were involved in all aspects of their care. One relative said, "We've been involved in everything to do with my family member's care right from the start, assessments, care planning and reviews." This demonstrated that the registered manager and team of staff were committed to delivering compassionate care with respect and kindness.

Good

Is the service responsive?

Our findings

People and relatives we spoke with during the inspection told us that staff knew them well and were responsive to their needs. One person said, "They (office staff) are all very good on the phone. They call me by my first name, which I like and messages are passed on." Another person said, "They (staff) are all very amenable. They listen to me and are very friendly."

People, their relatives and members of staff were all able to describe the person-centred way the service delivered support for people. This included ensuring people's likes, dislikes and preferences were known and respected. An example was described by a relative, they said, "My family member likes music. Their carer plays the guitar for them. The carer brings books of special interest and CDs to listen to. If my family member needs anything the carer is on the case." This had also included support to see their favourite band.

People and their families told us how the team listened and responded to their requests, for example, when a person decided they only wanted female support, the rotas were altered. When a person requested just male support this was organised. All of this helped to ensure people received care and support how they preferred it.

Care plans described the support needed at each of the visits in clinical terms but did not always go on to describe how a person liked their support to be delivered. For example, one care plan said the person liked a shave daily, but did not describe the type of shave, whether the person preferred this in the morning or evening, at the sink or in the bath. Staff did know this detail, but it was not recorded to ensure they all knew the person's preferences and to provide the evidence of the good person centred care that was in fact being delivered.

We discussed this with the registered manager who told us they would ensure person-centred detail was recorded at assessment and transferred into the care plan for staff to follow. They also advised that all new assessments and care plans were to be 'signed off' by the registered manager and they would use this opportunity to ensure person-centred detail had been included.

We looked at the system where complaints were logged and saw the most recent complaint had been fully investigated and the person had received an outcome letter. People told us office staff maintained regular contact with them and their relatives 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.

One person told us, "They review my care plan quarterly. If I had any serious concerns I have the confidence [Name of registered manager] would take it seriously." A member of staff said, "Yes they do listen and it is good to nip things in the bud. I know I can speak to the manager or nurse and it will be acted upon. Complaining is not seen as a negative for people."

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

It is a condition of the provider's registration that they must ensure the regulated activities of personal care and treatment of disease, disorder or injury are managed by an individual who is registered as a manager in respect of the activity, as carried on at or from all locations.

We found the home therapies part of the service was managed by a central team and the registered manager did not have day to day management oversight of this service. This meant they did not manage situations that may occur such as complaints, safeguarding and incidents to ensure they were dealt with appropriately. The provider managed these types of situations from the central team.

Following the inspection the nominated individual told us they had implemented systems for the registered manager to communicate with the community programmes team. They had also started to work with the CQC registration team to look at future registration options which will best suit this model of service.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services against a desired level of quality. They do this by checking that processes are delivered to an expected level. The provider's quality assurance system had not always highlighted where good practice and regulatory requirements were not met. For example; the medicines audit process had not picked up gaps in recordings. Audit had not identified person centred detail and emergency protocols were not included within care plan documentation. This meant they were not always effective which created a risk that people may not receive quality and safe support where systems and processes were not robust. We made a recommendation that the provider review their quality assurance process to ensure it captures areas for improvement.

We saw examples where the provider's audits had successfully identified areas for improvement, such as the need for staff development to raise standards in record keeping. An action to improve standards had been put in place and had been completed. The registered manager explained they received support from head office to ensure any patterns and trends in incidents were identified and corrective actions put in place.

The nominated individual explained the provider had reflected on their quality assurance process and a new style audit was due to be carried out by the quality team over the coming months. This included the use of intelligence to plan the audit which would be sought from colleagues and information regarding incidents and management. We saw a copy of the new style audit and noted this did not describe the desired level of quality the provider was aiming for. This meant each auditor could potentially check for different things and that any gaps in compliance may not be captured.

We saw the provider's quality framework. This outlined a new emphasis on both the use of management data which tells the provider about compliance against a set of defined expectations such as, the number of staff supervisions required in a 12 months period versus the actual experience people have of the support they received.

The registered manager told us that senior staff visited people who used the service in their own home to make sure that they were happy with the care and service they received. These visits would sometimes be at the same time a care worker was delivering support which enabled the senior member of staff to spot check their performance. Records we saw confirmed these checks happened.

People who used the service and relatives spoke highly of the registered manager. They told us that they thought the service was well-led. One person said, "[Name of registered manager] tries to make the care provision as holistic as it can be. If I have any concerns I have the confidence they would take it seriously." And, "I speak with the manager sometimes and they are okay to me."

From discussion with staff we found that the registered manager was an effective role model for staff and this resulted in strong teamwork, with a clear focus on working together. One staff member we spoke with said, "[Name of manager] is quick to respond to issues and to support what we need as staff."

The registered manager organised information held by them very effectively and efficiently. They had a clear vision of how they expected the service to perform and they reacted quickly to resolve issues we found.

We found there was a culture of openness and support for all members of staff from the team in the office. Staff told us they were confident to raise concerns and would have no hesitation speaking up. We saw staff had opportunities to attend 'peer meetings' where the team who worked together on a person's package of support met to discuss any issues or developments. Staff reported these were good meetings and it meant they communicated better. One staff member said, "We work as a team we all have different skills, it (peer meeting) makes us much more cohesive." Where people worked alone with a person in a package of support they used their own supervision to discuss such issues. All of the staff told us this approach worked well for them and they felt supported.

The registered manager told us about the arrangements for obtaining feedback from people who used the service. They explained people were regularly asked for feedback over a 12 month period. Questionnaires were based on the CQC Key Lines of Enquiry which meant people could comment on all aspects of their support. We saw evidence that questionnaires had been completed when the management team visited people in their own home or when they telephoned them. We saw individual action plans had been developed to ensure improvements were made.