

## Transform Housing & Support

# Transform Homecare North West Surrey

### Inspection report

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Date of inspection visit:  
05 October 2017

Date of publication:  
06 November 2017

### 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

The inspection took place on 5 October 2017 and was announced.

Transform Homecare North West Surrey is a domiciliary care service providing personal care for people with a variety of needs including older persons, people with learning disabilities and people with mental health support needs. The service supported 34 people at the time of our inspection, 29 of who were receiving personal care.

A registered manager was in post and supported us during our inspection. 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 felt safe with the staff providing their support. Staff were aware of the risks to people's safety and well-being and understood the precautions they needed to take to keep people safe. The support people received was reviewed following accidents and incidents and additional control measures implemented to keep people safe where required. Staff understood their responsibilities in safeguarding people from potential abuse and ensured any concerns were reported. The provider had developed a contingency plan to ensure people would continue to receive the support they required in the event of an emergency.

People told us they received weekly schedules to inform them which staff would be supporting them. Records confirmed that staff arrived on time for care calls and stayed for the required duration of the call. Safe recruitment processes were in place to help ensure that only suitable staff were employed. Staff employed received an induction prior to working on their own and received on-going support and supervision from the senior management team. Staff completed a comprehensive training programme and told us this gave them the skills required within their role.

People received their medicines safely although topical medicines were not always fully recorded. The provider had taken action to address this concern. People received support to access healthcare professionals when required and staff were aware of people's on-going healthcare needs. Staff had received training regarding the Mental Capacity Act 2005 and systems were in place to ensure people's legal rights were protected.

People told us that staff treated them with kindness and took time to talk with them. Staff knew people well and we observed positive interaction between people and staff. People told us that staff respected their dignity when providing personal care and encouraged them to maintain their independence. Staff ensured people were offered choices regarding their daily routines. Where people were supported to prepare meals people told us this was done in line with their preferences.

Assessments were completed prior to people being offered a service to ensure their needs could be met. People and their relatives were involved in the assessment and care planning process. Staff were aware of people's care needs and life histories and any changes required were implemented in a timely manner. People's care was regularly discussed with them to ensure they continued to receive the support they required.

The provider and registered manager had identified that care records were not always up to date and provided an action plan on how they intended to address this concern. However, due to the personalised nature of the service this did not impact on the care people received. Systems were in place to monitor the quality of the service provided. Annual surveys were sent to both people using the service and to staff. Both showed a high level of satisfaction with the service provided. There was a complaints policy in place and people and relatives told us they would feel confident in raising any concerns with the registered manager. Staff told us they felt supported in their role and felt there was a positive culture within the organisation.

## 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.

Risks to people's safety were identified and measures taken to keep them safe.

Staff were aware of their responsibilities in safeguarding people from abuse.

Robust recruitment processes were in place to ensure that only suitable staff were employed.

Staff arrived on time for care calls and stayed for the allocated time.

The provider had developed a contingency plan to ensure people would continue to receive their care in the event of an emergency.

### Is the service effective?

Good 

The service was effective.

Staff received appropriate induction, training and supervision to support them in their role.

People were supported to access healthcare professionals when appropriate.

Where people were supported with meal preparation choices were offered.

People's legal rights were upheld as the principles of the MCA were followed.

### Is the service caring?

Good 

The service was caring.

People received support from regular staff who knew their needs well.

Staff treated people with dignity and their privacy was respected.

People were supported to maintain their independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed prior to them using the service.

People received care and support in line with their needs.

Where people's needs changed, responsive action was taken to ensure their needs were met.

The provider had a complaints policy in place which was shared with people and their relatives.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The provider had recognised that care records required updating and action was being taken to review all records.

Quality assurance processes were in place to monitor the service provided.

People, relatives and staff had the opportunity to give feedback.

There was an open culture and staff felt supported in their roles.

# Transform Homecare North West Surrey

## **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 was 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 5 October 2017 and was announced. The provider was given 48 hours' notice of our visit because we wanted to ensure the registered manager was available to support the inspection process. The inspection was carried out by two inspectors and an expert-by-experience who spoke to people and their relatives on the telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at all the key information we held about the service which included notifications. Notifications are changes, events or incidents the provider must tell us about. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make

During the inspection we spoke with four staff members, the registered manager and the compliance support officer. We also spoke with five people, five relatives and visited five people in their homes to gain their views on the service they received.

We looked at the care records of seven people who used the service, three recruitment files for staff and staff training records. We looked at records that related to the management of the service including, medicines records, audits, risk assessments and contingency plans.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe with staff and the service provided. One person told us, "They know what to do so I do feel safe with them." Another person said, "I feel safe with the carers definitely. I'm very comfortable with them." One relative told us, "We're happy that (family member) is safe with them."

Staff understood their responsibility in safeguarding people from abuse. Records showed that staff had completed safeguarding training and this was regularly updated. Staff were able to demonstrate their understanding of the possible types of abuse and signs to look for. One staff member told us, "You need to be vigilant and need to know the person. It's not just physical things like bruises but anything out of the ordinary for them like not eating, mood changes or neglecting themselves. I would report anything to the office or could go to social services or the police." Another staff member told us, "You need to be alert and watch for things. If something was happening I would protect them, console them and report it to my line manager. I would document everything I saw, that I had done." The provider had produced a safeguarding news bulletin for all staff which shared guidance and best practice information from Surrey Safeguarding Adults Board. On an annual basis the service also required staff to complete a safeguarding quiz to test their knowledge in this area. Records confirmed that where concerns had been identified these had been shared with the appropriate authorities.

People told us that staff arrived on time and stayed for the allocated duration of the call. One person told us, "The girls are on time, I have three calls a day and I have a list of who is coming." Another person said, "Staff turn up on time. They are very good. They couldn't get away in less than half an hour." One relative told us, "They always turn up dead on time and if anything stay longer than they should." Records viewed confirmed that people received the assessed support they required from a consistent staff team. An electronic rostering system was used to plan all care calls and people received details of the times of their calls and which staff would be supporting them on a weekly basis. Staff were required to log in and out of each call which allowed office staff to monitor that no calls were missed. People and their relatives confirmed that they were informed if staff were running late or if there were changes to their planned support.

Robust recruitment processes were in place to ensure only suitable staff were employed. Before staff were able to start their employment the provider requested a number of checks including two references, work histories, health checks, proof of identity and a Disclosure and Barring Service check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Perspective staff were also required to complete an application form and undergo a face to face interview to ensure they had the skills required for their role.

People received their medicines safely. People told us they received the support they required with regards to their medicines. One person told us, "They do my pills for me which is the main reason that they come, that's all done right." Another person said, "Staff help me with medication. I have no access to it. I don't want access to it. I couldn't do it but they know what they're doing." Where people required support with medicines a Medicines Administration Record (MAR) was in place which provided staff with the information required to administer medicines in line with people's prescriptions. MAR charts viewed showed no gaps in

the administration of people's oral medicines. However, there were a number of gaps in the administration of topical medicines. This concern had already been addressed by the registered manager which had led to improvements. Following the inspection further guidance was issued to staff regarding the recording and administration of topical medicines. The provider and registered manager gave assurances that this would be closely monitored. We will check this has been effective during our next inspection.

Risks to people's safety and well-being were identified and addressed. Risk assessments within people's care records assessed areas including skin integrity, falls, mobility and nutrition. Records showed that staff were aware of potential risks and took steps to monitor people's safety. One person's risk assessments identified a number of risks associated with a specific healthcare condition. The person was supported with their nutrition and their skin was checked by staff during personal care. Support was available to the person to attend regular health appointments to monitor their condition. Another person was identified as being at risk of skin breakdown due to limited mobility. Staff were aware of the importance of ensuring the person was positioned correctly and that any changes in the condition of their skin should be reported immediately. Records showed that these measures had been effective in ensuring the person's skin remained healthy. Each person had a comprehensive environmental risk assessment in place which identified and addressed any potential risks to their safety.

Accidents and incidents were reported and action taken to prevent them reoccurring. Following one person experiencing a fall at home guidance regarding their daily routine had been reviewed and staff informed of the changes required. The person's care package had been increased and an additional call added to help ensure their safety in the evening. Although action was taken following individual incidents the service did not routinely review accidents and incidents in order to identify any trends. However, due to the small size of the service and consistent staff supporting people this was not seen to impact on the care people received. Following the inspection the provider forwarded an accident and incident spread sheet which gave a detailed description of accidents and incidents, the action taken and what lessons could be learnt. Guidance had also been issued to staff to ensure they were aware of this new reporting procedure. The provider assured us this would now be used to track all accidents and incidents and would be reviewed as part of the quality monitoring process.

The provider had developed a contingency plan to ensure that people would continue to receive a safe service in the event of an emergency occurring. The plan contained contact details for relevant senior staff within the organisation in addition to external agencies whose support may be required. Records showed there had been a recent incident where the police had ordered an evacuation of a block of flats due to a potential terrorist threat. One person was unable to leave their flat due to their care needs. The service had contacted the police to alert them of the situation and worked alongside them to ensure the person could remain. Police provided an escort to staff in order for the person to continue to receive their care and remain safe. This demonstrated the contingency plan worked effectively. The provider had an on-call system which ensured senior managers could be contacted seven days per week to support people and staff in an emergency situation.

## Is the service effective?

### Our findings

People and relatives told us they were supported by skilled and experienced staff. One person told us, "The girls that come here are most professional." Another person told us, "If anyone new starts they come and shadow until they know what to do." One relative told us, "The girls all seem well trained."

New staff received an induction into the service prior to working unsupervised. Staff told us that their induction period included the completion of training and working alongside more experienced staff members until they were confident in their role. One staff member told us, "I had an induction. I did all the training, medicines, moving and handling, health and safety. I shadowed other carers to learn from them about what clients needed." Records demonstrated that the induction provided was in line with the Care Certificate. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

People received support from staff who were trained, experienced and skilled in their roles. The provider told us in their Provider Information Return that changes had been made to the way in which first aid training was delivered to staff and that additional, condition specific training was being offered to staff. Our observations during the inspection confirmed this was the case. The registered manager maintained a training matrix which showed that staff had completed training in areas including moving and handling, health and safety, food hygiene, diet and nutrition, record keeping and person centred care. In addition, staff received training in supporting people with specific conditions such as dementia and diabetes. Staff told us they found the training useful in their role. One staff member told us, "There are loads of courses; we do refreshers all the time. It equips me to do the job. You have to re-cap as the regulations change. I volunteered to do a mental health awareness course and can share it with the girls (staff)." Another staff member said, "We have lots of training. It's definitely enough to meet people's needs."

Staff received supervision and appraisals to support them in their roles. Records confirmed that staff received supervision in line with the provider's policy and all staff had recently had an appraisal of their performance. Staff told us that they found the supervision process a useful opportunity to discuss any concerns, review their work and discuss training opportunities. One staff member said, "We have supervision every couple of months. It could be with my line manager or the supervisor. We talk about if there is a problem with the workplace, am I happy in my job and training. I had an appraisal two or three months ago. We always get set goals of things to achieve." In addition to one to one supervision the registered manager and senior staff completed spot checks on staff whilst they were delivering support. Areas assessed included if staff members communicated well with people, that dignity and privacy was respected, that care plans were followed and that staff maintained the values of the organisation. Staff told us they found the spot checks a useful learning experience and gained confidence in their role from positive feedback.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People we spoke to told us that staff always gained their consent prior to delivering care. One person told us, "They always ask about what they're going to do. They think of everything." Another person told us, "They are very respectful and always check with me what it is I want." People's care files showed that people had been consulted regarding their care and had given signed consent. Staff had received training with regards to the MCA and were able to demonstrate their understanding of how it impacted on their role. One staff member told us, "It's about have they got capacity to make their own choices and decisions. You always have to offer choices. I offer a choice of clothes so they can have input into what they wear and what they would like to eat. We talk to them all the time about what they want." Another staff member said, "We carry a little card so we can remember the principles. It's about their choices and we should always consult them. If I thought there were any changes I would let the office know so they could assess them."

At the time of our inspection only one person had restrictions in place regarding their use of equipment including bed rails and wheelchair straps. The service provided evidence that a capacity assessment had been completed. A best interest decision had been undertaken following discussions with healthcare professionals who had prescribed the equipment and family members. There was clear guidance available to staff on how and when the equipment should be used to ensure the persons safety.

People were supported to maintain good health and seek support from health professionals. Care records evidenced that where required people received support to attend health appointments. Where health concerns were identified health professionals including GP's, district nurse and occupational therapists were contacted and guidance provided followed. People and their relatives told us that the service were responsive to any changes in their health needs. One person told us, "They fetch my GP if I am poorly." One relative told us, "The staff are very good and they let us know if (relative) is unwell or she has had a fall, so they keep us up to date with how she is which is very reassuring."

People received support to eat and drink where this was part of their care package. People told us that staff prepared food of their choice and offered additional support with meals if they were unwell. One person told us, "They do my breakfast and I go down (supported housing provision) for my main meal. When I was ill the carer brought it up for me, she wouldn't leave me without." Another person said, "I do my own meals but they do make tea and toast if I am poorly." A third person told us, "The food is good. The pie I had today, it was all right that was." People's care records contained details of the support they required with meal preparation and guidance for staff on their likes and dislikes. Staff monitored if the people were eating and drinking well within daily call records. Staff told us that if they had concerns regarding people's nutritional intake this would be reported to the office and appropriate action taken.

## Is the service caring?

### Our findings

People and their relatives told us that staff were caring and treated them with kindness. One person told us, "They are all nice. I'm happy with the carers. I couldn't fault any of them. They are caring and supportive." Another person said, "The girls are lovely, so caring and so nice." One relative told us, "They all take a personal interest and pride in their job. (Family member) loves them and brightens when they're around." Another relative said, "(Family member) loves them and they are very nice to her."

People were supported by regular staff teams who knew their needs well. Records evidenced that people received support from the same staff on a regular basis and people and staff confirmed to us this was the case. Staff demonstrated genuine warmth and compassion when speaking about the people they cared for. They were able to describe to us people's needs, their likes, dislikes and personalities in detail. We observed one staff member holding a person's hand whilst sharing a joke with them. The person told us, "(Staff member) and I are good friends." Other people and relatives told us that having consistent staff had a positive impact on their lives. One person said, "The three I have are like an extension to the family. They are very caring, I'm absolutely at ease with them." One relative told us, "It's made all the difference. It's allowed us to get our lives back to where they were before. I can now go out and know things will be fine when they're here."

People and their relatives told us that staff spent time talking to them and communicated well. One person told us, "They are very nice. I like to chat. They chat with me. They're always lovely and cheerful." Another person told us, "Most important is that they are very nice to talk to, they have time to chat to you and that is so nice." One relative told us, "They really listened to us about communication and they really get it. I hear them with (family member) and they are really upbeat. It's the way we are with him and it's what he prefers." People's care records contained information regarding people's past lives, families and interests to enable staff to prompt and initiate conversation with people. The service worked in line with the Accessible Information Standards which are designed to ensure that health and social care staff are aware of any sensory impairments people may have that may affect their communication. Each person's file contained details of how the person preferred to communicate and how they preferred information to be presented to them.

People were treated with dignity and their privacy was respected. Staff attended training in delivering person centred care. As part of the spot checking process staff were assessed on how they provided care in a dignified and respectful manner. Staff we spoke to demonstrated a commitment to treating people with respect. One staff member told us, "We treat people how we would want our own family to be treated. I ring the bell and call out as I'm going in. Make sure curtains and doors are closed, put towels around people and give them privacy when they want it."

People and relatives confirmed that staff treated them with dignity and respected their homes. One person told us, "They respect my privacy. You can't see into the room anyway." Another person told us, "They clear everything away and leave it nice and tidy for me." One relative said, "They always close the doors. It doesn't feel like an intrusion having them here. They are professional and discreet. They never ask any personal questions or judge you."

People were supported to maintain their independence. One person told us they received the support they required from staff to maintain their mobility, "They encourage me to do things myself. They do help me move about sometimes if I am poorly, they are very kind and explain everything to you." Another person's mobility had deteriorated following a period of ill health. Staff supporting the person were receiving training from an occupational therapist to support the person to take short walks. Staff told us they understood the importance of maintaining people's independence. Once staff member told us, "Our clients want to stay at home so it's important they keep being independent. It's not for us to do things for them. If people don't move around because we do everything they'll lose the ability." Care records contained guidance for staff on the areas where people were independent in their own care.

## Is the service responsive?

### Our findings

People and their relatives told us the service was understanding and responsive to their needs. One person told us, "If I've needed anything different, social services have been out and then it's started." Another person told us, "The office is very good, if I ring them because I am going out or my family are coming and I want to change the visits, they are very accommodating." One relative told us, "The office is very good if you have to ring and change things, they are very helpful and try and accommodate us." Another relative told us, "From the beginning they immediately understood the situation. They listen and it's no effort with them. They helped with planning the times to suit us and always respond to anything straight away."

Comprehensive assessments were completed to ensure the service could meet people's needs. Records showed that people and their relatives were fully involved in the assessment process. Care records contained copies of assessments which included details regarding the type of support the person required, preferred times, life histories, medical conditions and communication needs. Our discussions with people, staff and relatives showed that support was provided in line with people's assessed needs and any changes in people's requirements were responded to quickly and effectively. One person told us, "I have been receiving care since early this year. (Name) did an assessment and the care plan was written." One relative told us, "(Registered Manager) came to do the assessment and I knew straight away that they understood. They were very thorough and were clear on what they could do and couldn't do right from the beginning."

People's changing needs were responded to in a timely manner. One person's records showed that they needed to attend regular health appointments but had been reluctant to do so due to the expense incurred. The service had worked closely with the local authority to adapt the person's care package. This meant staff were now able to drive the person to their appointments and they were now receiving the healthcare they required. Following another person experiencing a fall, staff put in an additional evening call to give the person reassurance whilst they regained their confidence. During the inspection we heard the registered manager speaking to a relative as they were concerned their family member was struggling to do their shopping. The registered manager discussed the possible ways in which they could support the person and passed on details of other services which may be able to help.

People's support was reviewed to ensure the service continued to meet their needs. One person told us, "I have a care plan and have had a review over the phone." One relative told us, "We do the care plans as (family member) can't anymore and we are present at the reviews." The registered manager told us that they were aware that formal face to face reviews had fallen behind. They told us that they ensured people's care remained appropriate to their needs by regular telephone contact and feedback from staff. People we spoke with confirmed this was the case.

The provider had a complaints policy in place which was shared with people using the service. Records showed that no complaints regarding the service had been received within the last year. Systems were in place to ensure that should complaints be received these would be centrally logged to ensure that senior managers within the organisation could check that appropriate action had been taken. People and their relatives told us they were aware of how to raise any concerns and that they were confident any complaint

would be addressed. One person told us, "I have never had to complain. I don't have any complaints. I'd tell (staff) or (registered manager). I'm sure they would listen." One relative told us, "I would feel totally confident in raising a complaint but can't imagine I would ever need to. They don't question or moan they just do it." Staff we spoke with were clear about their responsibility to report any concerns. One staff member told us, "If someone complained I would record it and report it to the office. If it was something small and I could help then I'd do whatever I could."

The registered manager also maintained a log of compliments. Compliments viewed included, 'Just to say a big thank you to all of you for looking after Mum so well and making sure she gets all she needs. You all provide such a great service'. And, 'You all go above and beyond his physical needs. You think about what he's feeling and what would make him more comfortable'. All compliments received were shared with staff and also recorded in the organisations staff newsletter.

## Is the service well-led?

### Our findings

People and their relatives told us they were happy with the service they received and felt it was well-led. One person told us, "All I can say is it is excellent. I see (registered manager) when she does my care. She's lovely." Another person told us, "I'm very satisfied with it indeed." One relative told us, "I can't sing their praises highly enough; they have made such a difference to our lives. I tell everyone I meet how good they are."

Records were not always kept in sufficient detail in relation to the support people required. However, due to the consistency of staff and personalised nature of the service we did not see evidence of any negative impact on people. Feedback received from people, their relatives and staff showed that although records were not always updated people were receiving support in line with their needs. The provider and registered manager had identified that records required updating and were in the process of changing care records to better reflect people's needs. Where gaps in recording were identified during the inspection these were rectified immediately. Following the inspection the registered manager and compliance support officer forwarded a plan to show how they intended to ensure all records were updated to reflect people's current needs. In addition, evidence was provided to show that the way in which care files were audited had been changed to ensure this was monitored on an on-going basis. Guidance was available to staff regarding the recording of all care calls. Records viewed showed that these were completed in a person centred manner and were securely stored.

The provider has systems in place to monitor the quality of service people received. Monthly audits of the service were completed by the compliance support officer and covered areas including staff training, staff supervisions, awareness of policies and procedures, complaints, compliments and compliance with regulations. Where concerns were identified action plans were implemented to monitor improvements made. For example, where audits had identified staff training and supervisions had not been completed to the required standard the registered manager had taken action to ensure this was addressed. As a result the percentage of compliance in both areas had increased. The provider held regular compliance meetings with registered managers to discuss areas of development and on-going improvement. Discussions included the development of care records, completing staff observational spot checks, changes in policy and safeguarding updates. In addition, information regarding best practice issues was shared including hot weather guidance, prevention of pressure sores and the use of emollient creams. The provider employed a quality resource manager who was responsible for reviewing systems in place and developing improvement plans for the organisation.

The service promoted a positive culture and the staff were clear about the values they aimed to achieve. The values of respect, empowerment, responsibility and excellence were displayed prominently in the office area and staff were provided with cards promoting these values. The values had been developed within the organisations staff team to ensure that staff took ownership. Staff told us they understood the values of the organisation and felt the management promoted a positive culture. One staff member told us, "I was going to give up working in care before I came here but I'm so pleased I didn't. They are so positive and truly care about the clients and the staff. I absolutely love my job and want to do it well."

Staff told us they felt supported in their role. One staff member told us, "(Registered Manager) is very approachable and just lovely. If ever I'm in doubt I only have to ring the office or pop in and I'll get an answer." Another staff member told us, "(Registered Manager) is fantastic. She is great. She works with us when we are short and it's lovely to get good feedback from her. We all work as a team." Quarterly staff meetings were held and records showed there was good attendance from the staff team. Staff told us they felt able to contribute to the running of the service and discuss any concerns. Meeting minutes showed that discussions included policy and procedures, confidentiality, individual care requirements and any planned changes. In addition the provider held an annual staff conference to enable staff to get an overview of the organisation and its values. All staff received a copy of a staff newsletter which contained updates from senior staff, achievements within the organisation, key contacts and an overview of external developments affecting the organisation. The provider had recently completed a staff survey to gain the views of staff. Feedback received was positive and showed that staff appreciated the training opportunities provided, the open management culture, and the team work and consistency within the service.

People and their relatives were given the opportunity to give feedback on the service. An annual satisfaction survey was used to gain people's views. Results from a recent survey were positive with eighty per cent of people rating the service as outstanding and the remaining twenty percent rating the service as good. As part of the quality auditing process the compliance support officer contacted people on a regular basis to check they were happy with the service they received. People's comments were again positive regarding the caring nature of staff and the responsive support they received. A bi-monthly newsletter was produced to update people on developments within the organisation and any planned developments and advice such as how to stay safe in their homes. The provider also held an 'Access Day' which included various stalls, activities and food tasting. This gave people the opportunity to meet with others who accessed the service and develop relationships.