Comfort Call Limited

Comfort Call Nottingham

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 23 March 2016 and was announced.

Comfort Call Nottingham is a domiciliary care service which provides personal care and support to people in their own home in the city of Nottingham. On the day of our inspection around 200 people were using the service each week.

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 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

Staff took the necessary steps to keep people safe and understood their responsibilities to protect people from the risk of abuse. Potential hazards were identified and detailed plans were in place to enable staff to support people safely.

There were enough staff to ensure that people received their calls at the planned time and meet their care needs. Where required, people received the support they needed to safely manage their medicines.

Where people required support to eat and drink enough, this support was provided. However, the records were not always kept updated so people could not be sure if they had been given enough to eat and drink to maintain their good health.

People's consent was sought before care was provided. The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) The provider was aware of the principles of the MCA and how this might affect the care they provided to people.

Staff were provided with the knowledge and skills to care for people effectively and received supervision of their work. Staff made sure that people had access to their GP and other health care professionals when needed.

Positive and caring relationships had been developed between staff and people who used the service. People were involved in the planning and reviewing of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff who understood the importance of this.

People's care plans provided comprehensive information about their basic care needs and were regularly reviewed and updated. However, care plans did not always contain such detailed information about any specific medical conditions people may have and the implications of this for the support being provided. People felt able to make a complaint and knew how to do so.

The culture of the service was open. People were supported by staff who were clear about what was expected of them and staff had confidence that they would get the support they needed from the registered manager, both during and outside of office hours. The registered manager undertook audits and observed practice to ensure that the care provided met people's needs.

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.

People were supported by staff who could identify the different types of abuse and knew who to report concerns to. Staff were also aware of the steps that they needed to take to protect people from avoidable harm.

There were sufficient numbers of staff to meet people's needs.

People received the support needed to ensure they took their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

Records were not always kept updated so people could not be sure if they had been given enough to eat and drink to keep them healthy.

People gave their consent before care was provided.

People were cared for by staff who received appropriate support through training and supervision.

Staff reported any change to a person's presentation so that people were able to see their GP or healthcare professional when they needed to.

Is the service caring?

Good

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were treated with kindness and compassion by staff who

involved them in planning their care.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received care that was responsive to their needs. People's care plans were regularly reviewed and updated.

People knew how to make a complaint and these had been responded to appropriately.

Is the service well-led?

Good

The service was well led.

The registered manager was building an open, positive culture in the service.

People were supported by staff who were clear about what was expected of them and had confidence that they would get the support they needed.

A quality monitoring system was in place to check that the care met people's needs and people were asked for their views about the service

Comfort Call Nottingham

Detailed findings

Background to this inspection

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

This inspection took place on 23 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with ten people who used the service, four relatives, eight members of care staff, the registered manager, regional manager and four staff who worked at the office. We looked at the care plans of six people and any associated daily records such as the daily log and medicine administration records. We looked at seven staff files as well as a range of records relating to the running of the service such as quality audits and training records. During our inspection we also visited four people in their own home and observed staff provide support.

Good

Is the service safe?

Our findings

People told us that they felt safe while receiving care. One person told us, "I reckon I'd say I feel very safe with the workers." A relative told us how important it was for their family member to be visited by the same staff member as they felt at risk if strangers came to their house; they told us that the registered manager ensured that the same staff visited this person to provide their care.

The staff we spoke with could describe the different forms abuse that may take place and told us they would act to protect people if they suspected any abuse had occurred. One member of staff said, "Yes, people are safe. If we had any concerns we would speak to the manager." Another staff member told us that they were also confident that people were safe when receiving care.

All staff we spoke with confirmed that they were confident that the registered manager would act to protect people if a concern was raised to them. Staff also explained to us that they could notify CQC or the Local Authority safeguarding team if they were concerned that someone was at risk of being harmed. We saw records which showed that staff had reported any concerns they had to the registered manager, who had in turn made referrals to the local safeguarding authority in order to protect people from harm.

Information about safeguarding was available in the office and a safeguarding adults policy was in place. The registered manager ensured staff were provided with the required skills and development opportunities to understand their role in protecting people. Practical initiatives had been developed to help keep people safe. For example, where people used a key safe for staff to gain entry to their home, a system of codes was used to record the key safe numbers so that the actual code number would not need to be written down.

People were protected and their freedom was supported and respected because risks were assessed and managed. We spoke with one person who told us, "The staff keep me safe – never had an accident yet." Another person we spoke with described how they trusted the staff saying, "They are very trustworthy. If they go to the shop for me, I always get receipts. They take my loyalty card and it's always on the receipts. Never had any trouble with anything."

One staff member we spoke with told us, "The risk assessments we follow keep people safe." Another staff member said, "If I saw a new risk, then I would ring the office or the on-call and report it." Staff described how they made sure that people were safe by ensuring that their property was secure when they left, that furniture and equipment was in the correct place and also by ensuring that people were able to reach their emergency call button if they had one, so that they could call for help if they needed assistance when they were alone.

The care records that we looked at showed that risks to people's safety had been assessed and plans put in place for staff to follow to assist them in maintaining people's safety. We also saw that incident reports were reviewed and actions were taken, involving external agencies if required, to prevent reoccurrence. This protected both people using the service and the staff supporting them. The service also had an out of hours

on-call service and staff on standby to support people in the event of an emergency.

A member of staff at the office explained to us how an electronic system was in place which logged calls. The system sent an automated alert in the event that a scheduled call was not made on time. Staff at the office could then check that staff were en-route or arrange for an alternative staff member to make the call. This reduced the risk of people missing a call and also enabled the registered manager to be sure that staff were travelling safely during their working day.

There had not always been sufficient numbers of staff available in the past to ensure that people would receive their calls at the intended time. People gave us mixed views about whether there were sufficient staff. One person told us, "I think they stay enough time to do the job. Mind you, you can sometimes feel they are rushing and thinking about getting to the next job." Conversely, we were told by a relative, "[My family member] is never rushed. They are put at ease and are very happy." Another relative told us how their family member required support from two staff, and two staff had always attended each call. Several people described the changes that had taken place recently with one person telling us, "The manager has put a new regime in place and things seem to be better."

The staff we spoke with told us they felt there were enough staff to ensure that people received their planned calls. One staff member told us, "Yes, I'm able to be on time." We heard how new 'walking runs' that had been introduced were working well. Calls were now planned in a tight geographic area to allow staff who did not drive sufficient time to walk between planned calls. One staff member told us they had time to provide the care described in people's care plans without being too rushed. They told us that they would make a record on the timesheet if visits were taking longer than planned and if this happened often the person's needs would be re-assessed to make sure that sufficient time was allocated.

When staff arrived at a person's home, they 'clocked-in' using an electronic system. We viewed the records on the system for the two weeks prior to our inspection which showed that there had been no missed calls and the majority of calls were made on time.

The registered manager told us how they endeavoured to ensure that there was always enough staff available and had an ongoing recruitment process to ensure that new staff were being recruited and trained to replace those that left. Staff at the office told us how this ongoing staff recruitment prevented a situation whereby there was not enough competent staff available.

We looked at the recruitment files for seven members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

People could be assured that they would receive their medicines as prescribed. We spoke with a person who described the support they received from staff to take their medicines. They told us, [Staff member] is always was very careful when they give me my medicines, they are always double checked." Another person showed us how their family put their medicines into a device which had a timer to allow them to access her medicines at set times. They told us how staff checked this to make sure that they had taken their medicine. Relatives we spoke described how the staff provided support to their family members to take their medicines so that they received them as prescribed.

The staff we spoke with told us that they had received training in administering medicines. They all said they felt safe in what they were doing and would contact the office if they had any concerns. One staff member said, "Giving medication is fine; I just read the care plan well, follow the book and take my time to do it carefully. I've just had training and I feel ok with it all." Another staff member said, "I've had medication training I feel quite confident in what I do. I usually get to people on time so their medication is given at the time prescribed." Staff also told us it was important to remember to record if a prescribed cream or lotion had been applied so that they could be sure that people received all of the medicines that had been prescribed for them.

The care plans we looked at contained information about what support, if any, people required with their medicines. Medication administration records were completed to confirm whether or not people had taken their medicines. These were returned to the office at the end of each month and checked to ensure that people had been given their medicines as prescribed. Where medicines had not been signed for the registered manager took appropriate action to understand the reasons why.

Requires Improvement

Is the service effective?

Our findings

Some people received support from staff to prepare their food and drink. Where staff provided this support the records that were kept did not enable the service to monitor whether people were having sufficient to eat and drink. The records we looked at showed that staff did not always record what food they had prepared for people and how much might have been eaten. This meant there was a risk that staff may not take the required action when people were not eating sufficient amounts to maintain good health. Where people were assessed as being at risk of weight loss, their weight was not being monitored effectively. The registered manager showed us how they had already discovered this through the audits they undertook of the care planning records and were taking steps to improve the record keeping.

One person told us that they sometimes forgot to eat. However, their support staff made sure they had a drink and a sandwich at lunchtime each day, and leaving it in the same place so the person would remember where it was. We saw that there was a note in the care records to remind staff where food had to be left so that the person could find it easily. Another person told us how their staff had been encouraging them to eat because they had lost weight after a fall and a spell in hospital.

Staff told us how important is was for them to offer choice of food to each person. They told us how one person, for example, did not like to eat any food that had been frozen, so they always prepared them fresh food. We also heard how there were written instructions in the care planning records of any special dietary requirements people had, for example due to their religious beliefs or medical conditions.

The people we spoke with confirmed staff always asked for their consent before providing care and support. One person told us, "Staff are always asking is everything OK with you? Are we doing everything right for you or do you think we could do it different?" A relative told us how staff checked with their family member before providing their care saying, "They ask 'Is it alright if I just turn you a little?"

Staff at the office explained how important it was to visit people before they started to receive a service and ensure that the person understood how the service would be provided to them. They explained to us how they gained each person's consent and showed us the forms they used to record this. Care staff told us how they always checked with people before providing them with care, and we saw them do this when providing care.

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. We checked whether the service was working within the principles of the MCA.

Where people did not have the capacity to make their own decisions, the registered manager ensured that procedures were in place to follow the principles of the MCA and ensure people's best interests would be considered. However, one person's care record had a note stating that they did not understand about the medicines they had been prescribed, yet there was neither a mental capacity assessment nor a best interest decision record in place. The staff we spoke with described how they supported people to make decisions where possible and understood the importance of gaining consent. We saw that the MCA had been the theme of a recent focussed supervision, and staff had completed a 'test' to demonstrate their understanding of the MCA and what it meant for the way that they provided support.

The people we spoke with felt that staff were competent and provided effective care. One person told us, "Yes, I think they (the staff) are trained sufficiently to do the job." Another person agreed saying, "By and large I think they are trained; certainly the regular ones are." We also heard how new staff observed care being provided when they first started with one person telling us, "There have even been times when there's been a regular worker and newish worker and a raw recruit who is being mentored." Relatives we spoke to confirmed that the staff had the knowledge and skills they needed to carry out their roles and responsibilities effectively. One relative told us, "They look after [my family member] well."

The staff we spoke with told us they felt that they had sufficient training to enable them to care for people well and meet their needs safely. One staff member told us, "I really enjoyed the training. I feel confident in what I'm doing and know my job; I've no difficulties with anything." Another staff member we spoke with said, "The training is good, we seem to be getting lots at present. I feel quite confident and ok about all the things I have to do."

We saw that induction sessions were planned at regular intervals so that new staff could receive training when they came into post. Once this was completed, new staff accompanied more experienced colleagues on 'shadow calls' and then were observed delivering care themselves so that the registered manager could be confident that support was delivered safely when new staff began making calls on their own. Staff at the office described the additional support they gave to new staff, so that they could resolve any initial concerns or queries, when they began working alone. We spoke with newer members of staff who told us that they found this helpful.

The staff we spoke with felt well supported. They told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed this. In turn the registered manager also told us that they felt well supported by their line manager and received regular supervision and appraisal. The registered manager also ensured that periodic visits to people's homes were undertaken to observe staff practice and be assured that they had the knowledge and skills they need to support people well.

Whilst staff were not responsible for assisting people to make healthcare appointments, they told us they would advise people if they felt it would be beneficial to book a doctor's appointment. One staff member told us, "People generally seem to get the medical care that they need, but if someone seems poorly I don't panic, I will call the GP or emergency services and then notify the office." Another staff member confirmed this, saying, "I've had one or two situations where the person needed the GP/ District Nurse. I phoned them and then let the office know." They went on to describe how their intervention ensured that someone who had an underlying medical condition was picked up by their GP at an early stage so that they could receive treatment which might otherwise have been delayed.

Good

Is the service caring?

Our findings

People told us that staff were caring and they had formed positive relationships with them. One person said, "All the girls who have been to me have been very nice. Never had a bad-un yet, put it that way." Another person told us, "The care workers are really gentle with me and we have a laugh and joke now and then." Relatives we spoke to also told us about the positive relationships that people enjoyed with the staff that supported them. One relative told us, "They don't have time to sit and chat but as they are doing their tasks they'll talk through things."

Staff described to us how they formed positive and caring relationships. One staff member told us how they knew what each person they supported liked to talk about and made sure that they spoke about these things with them. Another staff member told us how it was important to them that people were not left miserable and alone at the end of their call, "We always have a chat and a cheer up," they told us. We also asked staff about meeting any specific cultural needs people may have. They told us, "Cultural needs are always written in the care plan so they can be followed. I would check with the manager if anything was unclear or I was unsure."

People and staff told us there was sufficient time available during each call for staff to develop positive relationships and carry out any tasks in an unhurried manner. People's care plans described their needs in a concise and personalised way and gave staff clear guidance about the preferred way to care for each person and minimise risk. We saw that most people's care plans contained details of their life history to support staff in conversations with them. There was also information about people's likes and dislikes and how this impacted on the way they preferred to be cared for.

People were involved in making decisions and planning how their care was to be provided. People told us how they were visited by staff from the office before they first began to use the service so that they had input into the care plans as they were written. People's preferences were respected wherever possible. For example, one person had said that they did not want to receive care from a male staff member and this had been accommodated. Another person told us, "I am very much involved in my care, I think they make the effort to listen."

Staff we spoke with told us how important it was for people to be encouraged to do as much as possible for themselves and to continue to make daily choices about things like what they wore and what they ate. Staff also acknowledged they had a role in ensuring decisions people made in respect of their care were reflected in their support plans and told us, "Everyone has a care plan, I read it every time I go to be sure I'm doing what's needed, senior staff update them as and when, but I would phone the office if I found any changes in the person's needs."

The staff involved in writing and reviewing the care plans told us how they involved people in creating their care plan. People were visited in their own home for an assessment of their needs prior to the service commencing. This was reviewed after six weeks to check that the person was happy with the support they

were receiving and that the care was meeting their needs. After this initial period, each person's care planning information was reviewed annually or whenever their needs changed, whichever was sooner. This meant that up to date information was available for staff.

People were provided with information about how to access an independent advocacy service. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. However, no-one was using the service at the time of our inspection.

The people we spoke with told us they were treated with dignity and respect by staff. One person told us, "[Staff member] always treats me with respect – I look forward to their visits." One relative told us, "All the carers who come are respectful and caring and treat me and [my relative] with respect. Another relative described how staff always closed the bedroom door when they were providing personal care to their family member to maintain their privacy.

We spoke with staff who said how important it was to 'be a professional' and never treat people in a way that made them feel like they were 'a task to be completed'. Staff remarked that dignity was not just about remembering to protect people's modesty, but also things like remembering to ask after family members who had visited or say happy birthday to people, "Remembering that we are caring for people first and foremost," as one staff member told us..

At the office, we saw that people's personal information was kept in their files which were stored securely in a cabinet so that they could only be accessed by those who needed them. This protected people's personal details. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully.

Good

Is the service responsive?

Our findings

People felt that they received the care and support they required and that it was responsive to their needs. We spoke with one person who told us, "The goal of my care plan is to support me to retain my independence for as long as possible." We saw that the person's care planning records had information to enable staff to promote their independence. Another person told us how they were able to have input into changes needed in their service. They told us, "I'm moving soon and things are changing, Social Services, Comfort Call and I have gone through everything."

We spoke with relatives about how their suggestions as to how the service was delivered were responded to and they responded positively. One relative recounted how the support for their family member had recently been reviewed. They explained how someone from the office visited to review their care package and see if the care plan needed adjusting. They said they were happy with the service and were pleased with how the Comfort Call had liaised with other organisations to get their family member the support they needed.

Staff told us how important the care plans were. They told us, "I work with twelve people and each one of them is different. It is important we check the care plan so we know how the person has to be supported, but also have to remember that each person has their own likes and preferences too and want to talk to us about different things." While some staff told us that they were involved in updating people's care plans, other staff said that they were not asked for input into reviews. However, all staff were clear that they would speak to the office if someone's care plan needed changing and told us, "The office is very good at keeping care plans up to date." Staff also told us that the office staff informed them when a person's care plan had changed so that they knew to check it when they next visited the person.

We checked with staff if they felt that there was sufficient time allocated to each call. One staff member told us, "I can meet the needs of people in the time that's allocated to them." Another staff member agreed and added, "If more time is needed, I don't rush and make sure the care is given and I'll call the office and ask if I can give a bit of extra time if I think it's needed."

The care records we looked at showed sufficient information to meet people's basic care needs. Information around people's clinical conditions, however, was not always fully identified and recorded. We saw information about people's medical history noted in their care records, but there was not always following information with regards to whether staff might need to support them in a particular way because of this. For example one person's care records stated that they had renal failure, but there was no guidance as to whether the person needed to be encouraged to drink sufficient fluids. However, the registered manager showed us how they had already recognised this and were addressing it. They showed us some new information sheets that they had begun producing which were being added into people's care plans to give a greater degree of information. Staff we spoke with said that they found these helpful. We were told how people's care plans were being reviewed and updated in the light of this information as it was added.

The people we spoke with felt they could raise concerns or make a complaint and knew how to do so. One person told us, "In the pack they give you when they first started coming is the information there about what

to do if you're not happy." We spoke with someone who had complained about the service they received. They told us they had made a complaint very early in their use of the service. It had been rectified and no problems had occurred since. Another person told us, "I'm OK about raising concerns because I have done fairly recently."

We spoke with staff about how they listened and learned from people's feedback. One staff member told us, "We always strive to listen and improve what we do." Another staff member we spoke with confirmed this, saying, "If someone is not happy with something we will always note it and tell the office. They will deal with it and get back to us to let us know what has happened." The regional manager told us that they felt complaints at the service were dealt with in an open and transparent way.

The records we looked at showed that complaints about the service were routinely picked up during the quality assurance visits that the office staff undertook to ensure that people were happy with the service they were receiving. Where a complaint had been recorded, it had been investigated within the timescales stated in the complaints procedure and communication had been maintained with the complainant throughout the process. The complaints had been resolved to the satisfaction of the complainant and appropriate responses were sent. Where needed, people's care plans were updated as a result of their complaint.

We also saw that compliments about the service were recorded and the registered manager wrote to staff when a compliment about their work had been received. Staff told us that they appreciated this.

Good

Is the service well-led?

Our findings

We saw people felt comfortable and confident to speak with the staff that were supporting them. The people we spoke with told us they felt able to approach the staff or registered manager if they wished to discuss anything. People felt that the registered manager was building an open and honest culture within the service. We were told that the registered manager listened to what staff had to say and took action if required. The records we looked at showed that where a deficiency in the service had been identified, the registered manager took action to minimise the risk of the same thing happening again. For example, when there had been issues with missed calls in the past, systems were put in place to enable better communication so that people could be sure that they would receive the support they needed.

Staff spoke very positively about the management of the service, telling us that they felt well supported by the registered manager and the other staff at the office. They said they felt comfortable raising concerns or saying if they had made a mistake. One staff member told us, "The managers are always there to help and I can call the office if I'm unsure." Another staff member confirmed this saying, "I feel well supported by the office and will call them if I'm concerned or worried about anything."

Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke to during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with people using the service was very good.

There was good management and leadership at the service. While not everyone who used the service that we spoke to knew who the registered manager was, everyone was confident that they could contact the office if they needed to discuss their care and their query would be resolved. A staff member said, "The manager is supportive and helpful when needed." Another staff member told us, "The manager is very helpful and the care plans are always kept up to date" Staff at the office told us that they felt that they were a good team and the regional manager told us that they had confidence in the leadership at the service saying, "They are a strong team here."

The conditions of registration with CQC were met. The service had a registered manager who understood their responsibilities. They had been in place since October 2015 and had a sound understanding of their responsibilities as well as having established good local links which, when appropriate, enabled information to be shared between other organisations and professionals in the community. The registered manager received support from a regional manager who made regular visits to monitor the service.

Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received all the required notifications in a timely way, and that actions had been taken where the service might be able to learn from the report being made. For example, we saw that some specific training had been arranged for staff and communication structures streamlined at the office so that messages were handled efficiently. We saw that where the registered manager had been concerned about another provider

they had also raised this with CQC appropriately.

There were systems in place to check on the quality of the service and that the care provided met people's needs. We saw that care planning records were checked and areas for improvement were identified. Any issues which could be related to a particular staff member were raised with them individually. We saw that office staff made phone calls to people using the service to check they were happy with the quality of care they received. Feedback from these calls was fed back at staff meetings. An action plan had been developed based on the results of these calls.

The provider undertook regular monitoring of key performance data from the service such as the numbers of missed or late calls, accidents, incidents and complaints. This ensured that any potential areas of shortfall or concern could be identified at an early stage to minimise impact on those using the service. The service also had regular monitoring visits from the local authorities that provided funding to ensure that the service was of a satisfactory standard. Reports from theses visits were available at the office which we reviewed during our inspection. We saw that where suggestions for improvement had been made, there was an action plan to ensure that the work was undertaken.

Clear communication structures were in place within the service. Staff we spoke with told us, "We have regular team meetings and training where we can discuss things, but we can always ring the office too." Staff meetings gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group. A newsletter was used to relay information and encourage a sense of 'community' between people who used the service. People told us they enjoyed receiving this newsletter.