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# Care Office

## Inspection report

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### 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

Care Office is a small domiciliary care agency, which provides care and support to people living in their own homes. The service operates under the name Prospect Care. The service provides support to people who live in Stamford Bridge and the surrounding villages.

We inspected the service on 25 August 2016. The inspection was announced. The registered provider was given 48 hours' notice of our visit because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's office when we visited.

At the time of our inspection, there were 29 people using the service and the majority of these people received support with the regulated activity 'personal care'.

The service was last inspected in March 2015, when it was rated 'Requires improvement'.

The registered provider is an individual and therefore there is no requirement for them to have 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.

During our inspection, we found staff understood their role and responsibilities with regards to safeguarding vulnerable adults. Medicines were managed safely and audits were completed to monitor and address any issues with staff's practice. Staff completed risk assessments to identify risks and plans were put in place to manage these risks to keep people who used the service safe. Some risks assessments contained limited detail; however, other systems were in place to ensure staff provided safe care and support. The registered provider agreed to review and address these minor recording issues. Although there had been no accidents or incidents involving people who used the service, staff and the registered provider appropriately described what action they would take to record and respond to accidents and incidents where necessary.

People who used the service told us staff were reliable and never missed a visit. The registered provider had a waiting list and only agreed to provide support to new people when there was sufficient staff available to meet their needs.

Staff had the knowledge and skills to support people who used the service. Staff were able to update their skills through regular training and the registered provider was responsive to any additional training needs that staff identified. Staff had supervisions and appraisals. The registered provider had an 'open door' policy and staff described them as approachable and supportive.

Staff understood the importance of consent and people who used the service were supported and encouraged to make decisions and have choice and control over their care and support. Although no one

who used the service lacked capacity to consent to their care and support, we recommended that the registered provider developed effective procedures to ensure that capacity assessments and best interest decisions would be appropriately completed and documented where needed.

People who used the service were supported by staff to ensure they ate and drank enough. Staff were attentive to people's health needs and sought appropriate advice, guidance and medical attention when needed.

We received positive feedback from people who used the service about the caring staff. People were encouraged to make decisions and support was provided to maintain people's privacy and dignity. People's needs were assessed to ensure their care and support was delivered in a personalised way. Person-centred care plans were in place to guide staff on how to meet people's needs.

We received consistently positive feedback about the service provided and the management. People told us the registered provider was approachable and responsive to feedback. There was a system in place to gather feedback and respond to complaints. Quality assurance systems were in place to monitor and improve the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff understood their role and responsibilities with regards to safeguarding vulnerable adults.

Risks were identified and risk assessments used to guide staff on how to maintain people's safety. Although risk assessments were brief in places, information was effectively shared and staff's practice monitored to ensure that people who used the service received safe and care support.

People were supported to take prescribed medicines safely. Audits were completed to monitor and ensure medicines were managed safely.

Sufficient numbers of staff were employed to meet people's needs. We received positive feedback about staff's punctuality and reliability.

### Is the service effective?

Good ●

The service was effective.

People who used the service told us staff were skilled and experienced in meeting their needs. The registered provider ensured staff received on-going training, supervision and appraisals.

People were asked to sign their care file and staff understood the importance of seeking consent. We recommended that the registered provider developed their understanding of the Mental Capacity Act 2005 to ensure capacity assessments and best interest decisions would be appropriately completed and recorded if needed.

People who used the service were supported to eat and drink enough.

Staff and the registered provider ensured that people had access to healthcare services where necessary.

### Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were kind, caring and attentive to their needs.

Staff supported and encouraged people to express their wishes and views and make decisions about their care and support.

Support was provided in a way that maintained people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People who used the service received person-centred care and support.

The registered provider encouraged people who used the service to feedback any issues or concerns. People felt the registered provider was approachable and responsive to feedback.

### Is the service well-led?

Good ●

The service was well-led.

We received positive feedback about the management of the service. People who used the service and relatives we spoke with told us the registered provider and deputy manager were approachable and responsive to their needs.

There were systems in place to monitor and improve the quality of the service provided.

# Care Office

## **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. The inspection was planned to check whether the registered 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.

The inspection took place on 25 August 2016. The inspection was announced. The registered provider was given 48 hours' notice of our visit because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's office when we visited. The inspection team was made up of one Adult Social Care (ASC) Inspector.

Before our inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make. We looked at information we held about the service and asked the local authority's safeguarding adults and commissioning team for any relevant information they had about the service. We used this information to plan our inspection.

During the inspection, we visited two people who used the service and spoke with a further three people by telephone. We also spoke with the relatives of three people who used the service and one health and social care professional. We spoke with the registered provider who was also the manager, the deputy manager and three care staff.

We looked at three people's care files, recruitment records for four members of staff, training records, medication records and a selection of records used to monitor the quality of the service.

# Is the service safe?

## Our findings

People who used the service consistently told us they felt safe with the care and support provided by staff from Care Office. Comments included, "Oh yes I feel safe", "I feel totally safe...I perfectly trust them [staff]" and "I'm really really happy with them."

People who used the service were protected from abuse by staff who were trained to recognise and respond to safeguarding concerns. Staff we spoke with appropriately described their role in identifying safeguarding concerns and reporting these to the registered provider or deputy manager. The registered provider demonstrated that they understood the local authority's safeguarding procedures and records showed that safeguarding concerns were appropriately managed.

We reviewed the care files of three people who used the service. There was evidence that assessments had been carried out to identify people's needs and any risks associated with meeting those needs. Care files contained a 'traffic light' risk assessment which contained details about the risk or hazard and control measures in place to reduce the risk. Risks were categorised as low, medium or high depending on the risk of harm. We found that care files generally contained relevant information to guide staff on how to safely support people to minimise these risks. However, where 'high' level risks were identified, we identified that information was sometimes brief or lacking detail. For example, where there was an identified high risk regarding a person's swallowing difficulties, their care file recorded that thickeners were required in all drinks. However, we spoke with the registered provider about including more detail about how this was prepared and what else staff were expected to do to ensure they provided safe care and support to manage this risk.

The registered provider agreed to address this recording issue. However, explained that in addition to the care files, information about people's needs was verbally handed over and they demonstrated safe techniques to staff during shadowing. The registered provider explained that they worked closely alongside staff and completed regular spot checks of staff's practice to ensure that they were providing safe and effective care and support. The registered provider had an 'on-call system' and staff confirmed that they could always get hold of a manager if they needed advice and guidance in an emergency.

We asked staff how they kept people who used the service safe. One member of staff said, "We have the care plans which provide guidance and through good communication. If there are concerns we ring the office and send messages so staff are aware. We also have daily records to handover information and a communication book to share information with people's families."

At the time of our inspection there had been no accidents or incidents involving people who used the service. Despite this staff and the registered provider appropriately described what action they would take to record and respond to accidents and incidents where necessary.

We reviewed recruitment records relating to four members of staff and found that references were obtained and Disclosure and Barring Service (DBS) checks completed. DBS checks return information from the Police

National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and are designed to minimise the risk of unsuitable people working with adults who may be vulnerable. We saw that two newly recruited staff had been prevented from starting work by the registered provider whilst they waited for references and DBS checks to be returned. This showed us that appropriate checks were being completed before staff started work.

People who used the service told us staff normally arrived at their preferred times or telephoned to let them know why they were running late. People we spoke with consistently told us staff were reliable and had not missed a planned visit. Comments from people who used the service included, "They [staff] are reliable. I feel as if I can count on them", "I can't say they are late. They have never missed a visit" and "I get a ring if it's going to be very late." Relatives of people who used the service said, "If they are going to be late they ring me, but it doesn't happen very often" and "[Manager's name] is very good and will drop their office work and fill in if they have to."

We saw that rotas were completed and given to staff on a weekly basis providing details of the time and length of the visits they would be completing. The deputy manager explained that they used maps to determine the distance and travel time needed between each visit. This ensured that staff had sufficient time to get from one person to the next.

The registered provider told us annual leave had to be booked two weeks in advance and they limited the number of staff that could take annual leave at any one time. Where there were gaps in the rotas, staff told us, "They send out a text with extra shifts and between us it seems to work out and the majority get picked up or [registered provider's name] or [deputy manager's name] goes out." This system ensured that people's needs continued to be met and they received their care and support as planned.

The registered provider ensured they had enough staff to meet people's needs by not over committing to provide care and support they could not sustain. The registered provider explained that they had a waiting list of people who wanted to use the service. Support was only provided to new people off the waiting list when there was sufficient staff available at the times needed. Relatives we spoke with confirmed they had been on the waiting list before they started using the service.

We reviewed how people who used the service were supported with their prescribed medicines. We found that where people required support with their medicines, this was documented and agreed in their care plan. People who used the service told us they were happy with support they received with their medicines and that medicines were administered safely. We found that training was provided to staff about the safe use and administration of medicines and competency checks were completed to ensure staff had understood the training provided. Medication Administration Records (MARs) were used to record when people had taken their medication or reasons for non-administration. The MARs we saw had been accurately signed by staff and were up to date. We saw that management audits of people's medicines were carried out to ensure these were correctly administered and signed for, together with actions for staff to follow where shortfalls had been noted.

# Is the service effective?

## Our findings

People who used the service were complimentary about the skills, knowledge and experience of the staff that supported them. Comments included, "They [staff] are very good and well trained", "I think they must get very good training" and "I feel confident with them."

We reviewed the registered provider's induction and training programme. New staff completed an induction course and shadowed existing staff to gain confidence and experience in their roles. The registered provider told us staff, "Were not expected to do anything until they felt confident." Staff confirmed this and told us they received effective support to learn about people's needs and how best to support them. A relative of someone who used the service said, "They have an induction period where they come in with a carer who knows [Name] to get to know the ropes."

The registered provider required staff to complete a range of training to equip them with the skills needed to carry out their roles effectively. Training the registered provider considered to be mandatory included moving and handling, medication management, infection prevention and control, safeguarding of vulnerable adults and first aid. They explained that all staff were required to attend refresher training every six months, 12 months or 18 months, depending on the course, to update their knowledge and skills.

Staff we spoke with confirmed they were supported to access a variety of training and learning opportunities. Care files contained certificates of training completed and evidenced that staff received on-going training. Our discussions with staff and review of training records confirmed that staff were suitably qualified and experienced to fulfil the requirements of their posts.

The registered provider also showed us records of training meetings they held to complete additional training. Topics covered in training meetings included Parkinson's disease, the Deprivation of Liberty Safeguards, catheter care and dementia care. Staff and the registered manager also described experiential learning experiences they had completed. For example, blindfolding and feeding members of staff to understand what it might be like to have a visual impairment. Staff told us they felt able to approach the registered provider if they had additional training needs. Staff said, "They ask what topics we want" and "They [the registered provider] always says if there is any training we need just ask."

Staff had supervisions in the form of spot checks of their practice. Records showed that spot checks were frequently completed and any issues or concerns with practice identified and addressed. Supervision is a process by which an organisation provides guidance and support to its staff. The registered provider explained that they held one to one meetings as needed and had an 'open door' policy if staff had additional support needs. Staff we spoke with were consistently positive about the support available from management. The registered provider also completed yearly appraisals to set objectives and encourage staff development.

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 MCA requires that as far as possible

people make their own decisions and are helped to do so when needed. Where people 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 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.

We checked whether the service was working within the principles of the MCA. People who used the service were asked to sign their care file to document that they consented to the care and support provided.

At the time of our inspection, the registered provider told us that all of the people who used the service had capacity to make their own decisions. Staff we spoke with confirmed this and demonstrated that they understood the importance of consent and respecting people's decisions. However, we identified that there was not a clear and robust procedure in place around assessing and recording people's capacity to make decisions or regarding best interest decisions. We spoke with the registered provider about developing a working knowledge of the MCA to ensure that capacity assessments and best interest decisions would be appropriately completed and recorded if necessary in future.

We recommend that the registered provider seeks advice and guidance from a reputable source about the Mental Capacity Act 2005.

Where necessary, staff supported people who used the service to ensure they ate and drank enough. People we spoke with did not raise any issues or concerns with this aspect of their care and support. A relative of someone who used the service commented, "They get meals ready and encourage my [relative] to eat."

People's care files contained details about their nutritional needs as well as information about their likes and dislikes with regards to how their meals and drinks should be prepared. Staff we spoke with explained, and records confirmed, that daily notes were used to record the support provided to meet people's nutritional needs. Staff told us "We write down what people are eating so can tell [if people are not eating enough]" and "We specifically make a note if they haven't had enough to eat or drink so the next carer knows." Staff explained that they offered people alternatives to try and encourage them to eat and always ensured people who used the service had a drink before leaving.

If people were unwell or there were concerns that their needs were not being met, staff were proactive in addressing this. A member of staff said, "If people are unwell we ring the office, or if they have a lifeline we press that and get an ambulance." Lifeline is usually a pendant worn around people's necks which they can use to call for assistance in an emergency. A relative of someone who used the service commented, "They [staff] are very perceptive of health needs. They write in the books if there are any concerns or they phone me. They look out for things."

People's care files recorded relevant information about their medical history and any on-going health needs. People who used the service confirmed that staff were attentive to their needs and identified situations where further advice, guidance or medical attention was needed. One person who used the service explained that staff had 'stepped in' and called a doctor because they were feeling unwell commenting, "They [staff] know what to do if you need that help."

We observed that the registered provider was proactive in liaising with health and social care professionals to ensure people's needs were met and issues or concerns addressed. A healthcare professional we spoke with told us they had a good working relationship with the registered provider. They told us staff were knowledgeable and experienced and that they appropriately sought advice and guidance regarding

people's health needs.

## Is the service caring?

### Our findings

We asked people who used the service if staff were caring. Feedback included, "They [staff] are very caring", "They are very friendly and always have a smile on their faces" and "It's lovely. They [staff] chat as well which is something I like...They give me a coffee and we have a chat."

During our visits to people who used the service, we observed that people responded positively towards staff and had clearly developed positive caring relationships with them. Our observations and people's comments showed us that people valued the companionship of the staff that visited and had established meaningful relationships with them.

A relative explained that a member of staff had independently brought their relative a jigsaw from home as they knew they liked these. They commented "These are all the little caring things." A person who used the service said, "They always try and pull out the stops. They are caring as well. They go that extra mile with little things."

We found that systems were in place to support staff to get to know people who used the service. Assessments were completed to gather information about people's needs before a new package of care started. This information was contained in a care file, which staff had the opportunity to read before they started providing care and support. Staff told us the registered provider or deputy manager also provided a verbal handover of information so that they were aware of relevant and important information about the people they would be supporting. New staff were introduced to people who used the service and shadowed more experienced workers. This helped staff to get to know the people they were supporting.

People who used the service told us that they were supported by a small group of familiar carers. We saw that Care Office had a small staff team and rotas were organised to ensure that people were visited by a small number of regular carers wherever possible. One person who used the service said, "It seems to be a group of three or four that come. Sometimes they bring a new carer and introduce them." Relatives of people who used the service said, "We know pretty well who is coming. There is a group of them. There's never been in a situation where someone arrives who hasn't been before" and "They are very good at choosing people who will fit in." This consistency of care meant people who used the service had regular contact with familiar carers so they had time to get to know each other. One person who used the service told us, "Some of them have been calling for two or three years so I do know them."

People who used the service told us staff encouraged them to make decisions and have choice and control over their care and support. Comments included, "I am in control" and "They are lovely. They never do anything I don't want them to, they never take over. I do like to do things myself. If I need help they give me the help I need." People who used the service told us staff always asked if anything else needed doing before they left.

Staff told us, "Choice is hugely important, clothing, diet. I show them [people who used the service] choices. I pick three tops [name] might want to wear that day and show them, but they choose" and "We give people

a choice. I get two or three different things out and let them point to make it more visual."

At the time of our inspection, no one who used the service was supported by or required an advocate. An advocate is someone who supports people to ensure their voice is heard on matters that are important to them. Despite this, the registered provider showed a good understanding of the role of advocacy and provided details about how they would support someone who used the service to access advocacy support if needed.

People who used the service consistently told us staff treated them with dignity and respect. Comments included, "They don't make you feel embarrassed" and "There is never any situation where my dignity is offended." They have always put a towel over me when they get me up. Staff are very, very attentive to my needs." This showed us that staff were mindful of maintaining people's privacy and dignity.

## Is the service responsive?

### Our findings

People who used the service were complimentary about the responsive and personalised support provided by staff from Care Office. Comments included, "They [staff] know what I need and where things are. They get to know you", "At first when they came in I had to tell them, but once I've done it once I don't have to tell them again" and "The carers that come are generally very very helpful. They do the job they should be doing and are tremendously helpful." A relative of someone who used the service said, "They are very flexible and say 'what do you want doing?'"

People who used the service and their relatives confirmed they were involved in decisions about their care and support to ensure it was personalised to meet their needs. Each person who used the service had a care file containing copies of assessments and risk assessments completed to guide staff on how best to meet their needs. We saw that a copy of the care file was kept in people's homes for staff to read during visits and a copy was also kept securely in the registered provider's office.

We reviewed three people's care files and saw that people's needs were assessed before they started using the service. The information gathered demonstrated that people who used the service and people important to them were involved in the assessments. A Relative of someone who used the service said, "We talked through what [Name] needed in quite a lot of detail. Went through what their routine is and what they like to do – it [the care plan] is very specific to them."

Care files contained guidance to staff about what support was required as well as people's personal preferences with regards to how their needs should be met. Care files also contained 'daily notes' where staff recorded details of the care and support provided at each visit. This was used to hand over important information from one member of staff to the next. People who used the service said, "When they [staff] come they read the notes before they start."

We saw evidence that care files were reviewed and updated if people's needs changed. One person who used the service said, "I have an annual review with [registered provider's name] and my care coordinator at the council, but I do see [registered provider's name] and we have a good chat."

The registered provider had a policy and procedure in place governing how they intended to manage and respond to complaints about the service provided. Care files contained contact details for the registered provider's office if people needed to speak with a manager.

At the time of our inspection, the registered provider told us they had not received any complaints about the service provided. People who used the service told us they were happy with the way their personal care was delivered and were confident any concerns or complaints would be appropriately addressed. People we spoke with consistently said they felt able to raise issues or concerns if needed. One person told us if they had concerns, "I know them well enough to come out and say it and it won't cause offence." Other comments included, "They [the registered provider and deputy manager] are always there. I feel quite confident that I can speak to them." We were told that the registered provider was approachable and

responsive to issues or concerns. One relative commented, "I know if there are any issues I can just ring [registered provider's name] and they will deal with it."

People who used the service told us the registered provider visited and spoke with them about their views to gather feedback about the service and any improvements that could be made. One person who used the service said, "I have [deputy manager's] number if I need to contact them. [Registered provider's name] has rung me and said 'are you happy or do you want anything changed?'" This showed us the registered provider was keen to seek feedback and listen and learn from people's experience of using the service.

Staff from Care Office had also received a number of compliments and cards thanking them for the care and support provided. We saw recent compliments included "I really miss their visits" and "We all appreciated the wonderful care they gave."

## Is the service well-led?

### Our findings

The registered provider is an individual and therefore there is no requirement for them to have a registered manager. This was a small service and the registered provider was an integral part of the staff team. The registered provider was supported by a deputy manager in the management of the service.

People who used the service told us they were happy with the service provided and were confident in management. Feedback we received included, "I have no criticisms at all", "They are the best thing that has ever happened to me, because they are always on time and the management are beyond reproach. Nothing is too much trouble. Everything I have asked them to do they have done without question. They seem to take pleasure from helping you – there's no comparison", "It's a very good service. They are caring" and "It's a wonderful service and they know what they are doing."

People who used the service, their relatives and staff told us the registered provider was caring, attentive and responsive to their needs. A person who used the service said, "I respect [registered provider's name] very much. She is very much on the ball. If I want to talk to her anytime she is there."

We found the registered provider had a 'hands on' approach providing care and support to people who used the service on a regular basis. This meant they could monitor the quality of the service provided and speak with people who used the service and their relatives to identify any issues of concerns. A member of staff said "It's good for clients, [registered provider's name] is hands on."

We saw that there were also clear benefits of this approach in terms of providing support and guidance to staff. The registered provider explained, "We go out with staff to show them how to do things. We learn first and then share it with staff." A member of staff explained that the registered provider and deputy told them, "If there is anything you are struggling with let us know and we will come out and show you." Other staff confirmed that support was readily available and the registered provider or deputy manager came out on visits to provide additional assistance if needed.

We asked staff if they thought the service was well-led. Feedback included, "[Registered provider's name] is very caring and attentive" and "I do think it's well-led. I don't think I can't approach them if I have a problem and I believe they will sort it."

There was evidence the registered provider had a range of knowledge and experience that was relevant to the service. We found they were aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service. We asked the registered provider how they kept up-to-date with important changes in legislation or guidance on best practice. They told us they were a member of the Independent Care Group, an organisation that supports registered providers to meet regulatory requirements. The registered provider explained that they and staff attended training sessions provided by the local authority and they also worked closely with healthcare professionals to ensure they were up-to-date with best practice.

The registered provider explained that they shared information with staff through team meetings, a regular staff newsletter and text updates to staff. We reviewed minutes of the last staff meeting held in April 2016. We saw that topics discussed included infection prevention and control, the rotas, confidentiality, feedback from people who used the service, medication management and training. The next team meeting had been booked for September 2016 and agenda items were being collected for discussion. The agenda and minutes showed that team meetings were being used to share information and address any issues or concerns with staff's practice and to encourage improvements.

We reviewed the most recent newsletter sent to staff in June 2016. This communicated important information about the rotas, spot checks and feedback from people who used the service and also encouraged staff to identify any additional training needs.

During our inspection, we asked to look at a variety of records in relation to the running of the service and with regards to the care and support provided. We found that records were stored securely, generally well maintained and updated regularly.

Staff had access to policies and procedures to help them understand their responsibilities with regards to different aspects of the care and support provided. These policies included a complaints policy, safeguarding policy and policies with regards to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We found that policies and procedures contained important information, but could be developed to provide more structured and detailed guidance to staff.

There was an established system to monitor the quality, safety and effectiveness of the service provided. We saw that daily task sheets and Medication Administration Records (MARs) were returned to the office and audited to identify issues or concerns with the records kept. We saw that audits completed had covered a three or four month period of daily records or MARs and spoke with the registered provider about completing more frequent audits to ensure that any issues or concerns would be identified and addressed in a timely manner.

The registered provider completed unannounced spot checks of staff's practice to observe and identify any issues or concerns the service provided. Records showed that frequent spot checks were completed and constructive feedback given to staff to improve their practice. This demonstrated that the registered provider was committed to continual improvement and supporting staff to improve their practice.

The registered provider completed an annual satisfaction survey to gather feedback from people who used the service. This was last completed in December 2015 when 21 responses had been received. The result of the survey were collated and analysed and we saw that feedback was overwhelmingly positive. Comments or suggestions were acted upon to improve the service provided.

Management team meetings were held to monitor progress and discuss areas for improvements. We saw that regular topics discussed included staff supervisions and appraisals, training and the quality assurance systems.