

Agincare UK Limited

Agincare UK Eastbourne

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?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection at Agincare UK – Eastbourne in February 2016 where breaches of Regulation were found. We issued a requirement notice for these breaches. As a result we undertook this inspection to follow up on whether the required actions had been taken. At this inspection we found significant improvements had taken place and the breaches in Regulation had been met.

This inspection took place between the 18 and 25 May 2017. We visited the office of Agincare UK – Eastbourne on the 18 and 19 May 2017. We told the provider we were coming on the two days we visited the office this was due to it being a domiciliary care agency and we needed to ensure someone was available. The inspection involved a visit to the agency's office and telephone conversations with people, their relatives and staff, between the beginning and end dates.

Agincare UK Eastbourne is a domiciliary care company based in Eastbourne. They provide support and care for predominately older people living in their own homes. Some people were at risk of falls and had long term healthcare needs. Agincare UK - Eastbourne provide their services within an approximate 10 mile radius from their office in Eastbourne. At the time of our inspection 55 people were using the service. There was a registered manager in post, a registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and their relatives spoke positively about the service provided and the leadership at Agincare UK – Eastbourne. However we found some aspects of the service were not always well led. There had been some shortfalls in the communication of operational and administrative information which had impacted on the effectiveness of the registered manager. The software used to track and schedule care calls did not consistently allow senior staff to have clear auditable oversight of some areas of the operation.

People told us they felt safe using the services of Agincare UK - Eastbourne. Comments included, "I have been very pleased with the care we've had, never had any worries." Staff had an understanding of safeguarding people from different types of abuse and how to raise and escalate any concerns they had for people's wellbeing and safety. Where people had been involved in an incident or accident steps had been taken to investigate and follow up to reduce the risk of them being repeated.

Medicines were managed safely and in accordance with current regulations and guidance. Medicines records were audited and reviewed to check for errors or omissions. Staff knowledge and competency was routinely assessed to ensure they were confident to support people with their medicines.

Risks and support needs associated with caring for people in their own homes had been assessed and were reviewed appropriately. Care plans were person centred and details recorded were consistent. Staff supported people to access health care services if required. Staff told us they knew people well and recognised if they were unwell.

Staff had an understanding of the requirements of the Mental Capacity Act 2005 (MCA). Care documentation reflected action had been taken and appropriate agencies involved where appropriate.

There were enough staff to meet people's support needs and staff had regular training, supervision and appraisal to support them in their roles. Staff gave positive feedback about the training they underwent and people said staff were well trained. Appropriate pre-employment checks had been completed before staff began working for the provider.

People knew how to make a complaint or raise concerns with staff or the registered manager. There was an appropriate complaints system in place. People told us they were supported by friendly, reliable and caring staff who respected their privacy and promoted their independence. People who needed it were supported to eat and drink enough and staff knew what to do if they thought someone was at risk of not eating or drinking sufficient amounts. People were supported with their day to day health care needs.

A range of quality assurance systems had been established; these were completed to ensure people received safe and good quality care and checked areas such as medicines and care documentation. Additional audits were completed by one of the provider's regional managers.

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.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments to determine the risks with supporting people were completed and reviewed. Appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely.

There were appropriate staffing levels to meet the people's needs. Staff had been recruited in line with good practice.

Is the service effective?

Good ●

The service was effective.

Staff were supported with induction, supervision and training to equip them with the skills and knowledge to provide care effectively.

People were supported to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

Staff understood the necessity of seeking consent from people and acted in accordance with the MCA.

Is the service caring?

Good ●

The service was caring.

People told us they were supported by staff who were caring and kind.

People were treated with dignity and respect by staff who took the time to listen and communicate.

People's confidentiality was protected by staff correctly implementing the service's policy.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were regularly reviewed and their care plans were up to date. People were able to express their views about their choices and preferences.

Staff knew what people's preferences were and how to meet them.

People knew how to make a complaint and assured they would be responded to if they raised concerns.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There had been previous shortfalls in communication between different tiers of leadership.

The software system used by the provider to track care calls did not allow them clear oversight to identify potential patterns.

Some quality assurance systems had proved effective at identifying areas which required attention.

People spoke positively about the service and staff were well supported in their roles.

Agincare UK Eastbourne

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.

The inspection took place between the 18 and 19 May 2017. This was an announced inspection. 48 hours' notice of the inspection was given to ensure that the people we needed to speak to were available. The inspection was undertaken by one inspector and an expert by experience who made telephone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection process we spoke with ten people who used the service and two relatives. We asked what it was like to receive care and support from Agincare UK Eastbourne. We reviewed ten people's care documentation and associated records. We spoke with six care staff, a care coordinator, two care supervisors, the registered manager and the provider's area manager. We also spoke with a staff member who had responsibility for recruitment.

We reviewed a range of records about people's care and how the service was managed. These included the care records for nine people, medicine administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, incident reports, complaints and records relating to the management of the service.

Before our inspection we reviewed the information we held about the agency, including previous inspection reports. We reviewed the provider's information return (PIR) and responses from questionnaires sent by us to people, their relatives and staff. We considered the information which had been shared with us by the local authority and agencies, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Is the service safe?

Our findings

People told us they felt safe whilst being supported by staff from Agincare UK Eastbourne. One person told us, "I am very happy with the whole arrangement, the carers that come and see me do a good job." A person's relative said, "I think things have improved in recent months, we see the same faces regularly, the staff that call in know what they are doing."

At our last inspection in February 2016 the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people were not always supported safely with aspects of their medicines. The provider sent us an action plan stating how they would meet the requirements of the regulations by May 2016. At this inspection we found there had been improvements in all areas relating to management of medicines and the provider was meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our previous inspection more robust checks had been established to ensure staff were accurately completing people's medicine administration records (MAR). The registered manager said, "It has been a focus to get staff to see the importance of doing this properly." As part of care staff's regular 'spot checks' by senior staff the paperwork associated with recording people's medicines was reviewed. A staff member said, "It could be quite easy to miss a signature here or there so it's good we are checked up on." People's MAR were regularly returned to the office where they were reviewed for any errors. People told us they were happy with the support they received with their medicines and considered staff were well trained and confident. One person's relative said, "It's reassuring knowing they have a carer checking they are taking their pills."

At our last inspection the provider had not consistently considered the risks associated with staff leaving medicines out for people to take at a later point in the day. At this inspection appropriate assessment had been completed to reduce potential risks associated with this practice. Other areas of improvements with medicines included more comprehensive guidance for staff in relation to people's 'as required' PRN medicines and clear body maps to direct staff when supporting with creams.

Staff understood how to identify and report concerns if they believed people were at risk of abuse. Staff training records confirmed staff had completed training on safeguarding adults from abuse. Staff told us their safeguarding training had provided them with clear guidelines as to the action they should take if they suspected abuse had taken place. Staff had clear understanding of the different types of abuse, the signs they would look for and what they would do if they thought someone was at risk of abuse. Staff provided examples of poor or abusive care to look out for and were able to talk about the steps they would take to respond to it. Policies and procedures on safeguarding were available for staff to refer to if needed along with guidance on how to respect people's rights.

Risks related to providing support and care to people in their own homes were managed well by the provider. When a person began using the services of Agincare UK Eastbourne senior care staff, referred to as 'field care supervisors', completed a range of assessments. Areas assessed related to care and support

needs and environmental risks. Risk assessments had been completed for areas such as continence, skin condition and mobility, including falls. Environmental assessment had considered factors such as access to a person's property, pets and lighting, along with any specialist equipment such as mechanical lifting hoists. A staff member said, "If something has changed in a client's health, I would always tell the office as it may need to be reviewed again."

If people had been involved in an accident or incident staff recorded their involvement and the actions they had taken on a dedicated form. This documentation was detailed and provided clear time lines to events so if further investigation or enquires were required they could be used as a reference for external agencies. Staff knew where to locate this documentation and how to complete it. Once completed forms were returned to the office, follow up actions and sign off was completed by a member of senior staff. The registered manager said, "It would be unusual that signing the form off would be the first time I knew about an incident; staff are good at calling this through to check." The registered manager told us how a person's fall had led to the involvement of other health care professionals and as a result changes had been made to the care delivery at their afternoon call to reduce risks.

The service had sufficient numbers of skilled and experienced staff to ensure people were safe and cared for appropriately and in line with their assessed needs. People stated they were happy with staffing levels. One person said, "I need to have two carers here because of my hoist, they are always here together." Staffing levels were determined by the number of people using the service and their needs. The provider employed a fulltime member of staff whose sole responsibility was recruitment. The registered manager said, "Although they are quite new in the role they have been really creative in working with other agencies to recruit new staff."

Robust recruitment procedures were in place to ensure only suitable staff were employed to care for people. Records showed staff had completed an application form and interview and the written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. At the time of our inspection a new member of staff who was awaiting their DBS checks to come through was supporting with general office administration. Staff told us that once they had received their training and induction they shadowed more experienced members of staff until they felt competent in their role.

The provider had made provision to ensure people's care was safely managed 'out of hours'. A small group of senior staff team held the 'out of hours' phone on rotation. The staff member with responsibility was able to adjust staffs routes and contact people to communicate key messages. One person said, "I've only had to call a couple of times and I have managed to speak to someone who could adjust things for me."

Is the service effective?

Our findings

At our last inspection in February 2016 we found the service had not always been effective. Staff had not received consistent training which ensured they worked in line with the provider's policy in regard to medicines. At this inspection we found staff were clear on their responsibilities regarding medicines and were working in line with the provider's policies and procedures.

People and their relatives told us the care and support they received from Agincare UK Eastbourne was important to them and enabled them to remain in their homes. One person told us, "I want to stay at home and would struggle to without my carers coming in."

New members of staff completed their initial training in a classroom at the provider's office. This was a three day course designed to cover all mandatory areas such as moving and handling, medicines and safeguarding. The office had a training area where staff were able to interact practically with aspects of their training such as mechanical moving and handling equipment. Staff were assessed on each area, the results of which were reviewed by the registered manager. On successful completion of this face to face training staff shadowed more experienced carers. One member of staff said, "I was a bit nervous to start, so seeing how others did it was really helpful." Refresher training was undertaken by e-learning modules, staff could complete these at the office or remotely. Staff told us they found training helpful and provided them with the confidence to support people effectively. The registered manager had begun enrolling staff on training provided by the local authority. They said, "This was something I have only recently found out about so am taking advantage of it." Where staff were supporting people with more complex health care needs such as epilepsy they had completed appropriate training.

There were opportunities for staff to complete further accredited training such as NVQ (National Vocational Training). NVQ's are work based awards that are achieved through assessment and training. To achieve NVQ candidates must have proved that they have the ability and competence to carry out their job to the required standard. The provider incentivised staff to complete these courses by offering minor additional pay increments.

Care staff underwent regular supervision with a field care supervisor. Staff were positive about the support they received and told us supervision was helpful to discuss what was working well and what could be improved. In addition staff's competency was assessed whilst they were supporting people. At a 'spot check' a senior member of care staff would arrive unannounced either prior or during a member of staffs care call to a person. Areas reviewed during spot checks included area such as medicines and moving and handling. During our inspection senior staff were out of the office for periods of time undertaking spot checks on staff. Records indicated senior staff were up-to-date with their checks.

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. Staff had a basic knowledge and understanding of the (MCA) and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for and they always asked permission before starting a task. The registered manager knew which people had given another person valid and active lasting powers of attorney (LPA). An LPA is a legal process that allows people to appoint someone to make financial or health and social care decisions on their behalf. The registered manager understood advocacy issues and ensured they had seen and recorded appropriate LPA authorisations so as they could be assured decisions were being made appropriately.

Where appropriate people's nutritional needs had been assessed and guidance made available for staff to support people with meal preparation and assistance to eat. People told us staff were efficient at preparing meals; one person said, "I really couldn't manage without them, they are very good." A staff member said, "For one client we make sure they have a smaller meal size as they don't like to see food wasted." People's preferences regarding food were care plans and reminded staff to respect people's choices. Staff provided detailed information on people's preferences, one staff member said, "Some meals I just know they will clean the plate." Staff told us if they had concerns about a person's nutrition or weight they would discuss this with the staff in the office and medical advice may be sought.

People and their relatives spoke positively regarding the support they had received to access appropriate care from appropriate health care professionals. The service operated a system whereby if staff noticed anything 'out of the ordinary' either with a person's health or well-being a 'concern form' was completed and returned to the office. These were reviewed by senior staff and held in people's care documentation for future reference. People told us, if required staff, would assist to ensure they received appropriate medical care. One person said, "I have needed some help to get a booking at my GP." Staff told us they were clear on their responsibilities as carers and if there were changes in people's health and well-being they would raise these concerns with the provider and other health care professionals.

Is the service caring?

Our findings

People spoke positively about the staff who supported them in their homes. One person told us, "My carers go out of their way to help with other little things." People told us staff were mostly prompt and reliable and came at the times they expected. Staff spoke about the importance of knowing people well, one staff member said, "When you know your clients well that's when you can start to anticipate what their needs are."

All people spoken with said staff were approachable and felt they could talk freely with the staff who visited them. Staff we spoke with were aware of the principles of equality and diversity and gave examples of how they reflected these values in their work. For example making adaptations to the way they supported people. One staff member told us how they altered their position when speaking to a person whose hearing had deteriorated.

People told us staff were friendly and enjoyed them being in their homes. One person said, "I enjoy a chat and even though they (the staff) are busy they make time to chat with me." The registered manager told us an important factor to developing good relationships with people was to have regular staff continuity. A person said, "I see the same staff all the time, this has been really helpful for me." Most people spoke positively about the continuity of care they received.

Staff knew the people they supported well and spoke about them in a kind and caring way. One staff member referred to a route they completed after a person who used the service, they said, "They (the person) have been with us a long time and I can't do that route without thinking about them." The registered manager told us how they approached their role, "I've been doing this type of work for a long time and feel we really can make a difference to client's lives." Staff knew what to do to make sure people's preferred care needs were met. They described how they would support people in a person centred way, and help people to make their own routine decisions and choices. Senior staff spoke with people and their advocates regularly to make sure their care needs were being met. A member of staff said, "The manager is good as we have quite a lot of clients and she pretty much knows them all well enough to deliver care."

People told us they felt involved in planning their care and the routines staff followed. A person's relative told us, "Oh yes, from the outset we have been asked our opinion on how things could work best." People expressed the importance the service played in enabling them to remain living in their own homes. Staff acknowledged the importance of supporting people to remain independent. A staff member said, "There are no secrets to good care, be patient and kind are the starting points." Another staff member said, "Giving people time and space is important, I won't leave a call until I am happy things are right."

Staff provided examples of how they respected people's privacy and dignity during their time in people's home. These included covering people appropriately whilst supporting with personal care. One person said, "The carers are very good, they will always push the door closed when they are helping me in the bathroom." Another person said, "They (the staff) will always leave the room when I am using the loo, that's the way I prefer it."

Staff understood the importance of protecting people's personal data and information held within care documentation. Office staff each had their own log on to the provider's network and care documentation was stored securely in the office and another copy was kept in people's homes. A staff member said, "Clients like to know where you have been before them and it's important you don't share things which are private, I try to change to subject."

Is the service responsive?

Our findings

At our last inspection in February 2016 we found the service was not consistently responsive. Care documentation designed to guide staff on how to support people did not always provide clear instruction or detail. At this inspection we found significant improvements in the quality of care documentation which staff spoke positively about. The registered manager said, "This has been our main focus since our last inspection."

Before people started using the services provided by Agincare – Eastbourne they underwent an assessment to determine their care and support requirements. These visits were completed by senior care staff. People and their relatives told us they felt they had been involved during the initial discussions regarding their care needs. Based on the information gathered a plan of care was designed which was cross referenced with the person's local authority needs assessment if applicable. At our previous inspection care plans were task focused and had limited reference to a 'person centred care' approach. Person centred care is a way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs. At this inspection we found care plans were person centred and mirrored the content and detail staff told us when they described the support they provided to people. For example, one person became uncomfortable if they were able to see people on the street walking past their window. Staff told us what they would do to avoid this and this level of detail was also recorded for staff to follow in their care plan.

Most people were positive about the level of staff continuity they received. Comments included, "Pretty good on the whole" and "It can't be easy but I see regular staff most of the time." Where a person told us they felt there could be improvements in continuity the registered manager was able to evidence why they considered these comments had been made and the context around them. For example if a person chose not to have a particular staff member undertake their care calls this could lead to a period of staff interchange until a more fixed rota could be established. The registered manager said, "This is always going to be work in progress but we do our best and acknowledge the importance of trying to keep the matchup between staff and clients stable." Staff told us they considered they had 'regular clients' and felt things had improved in recent months.

During our inspection we heard office staff answering and making calls to people to inform and update them if there had been a change to the planned operation. People told us staff were generally prompt but would get a call if there was a disruption. One person said, "As long as you are kept up-to-date you don't mind if things get delayed a bit." Several people did comment that in recent weeks the rota's they received from the service informing them of who was coming were not always available or had not arrived in a timely manner. The registered manager had identified this as an area which required attention and was able to demonstrate the actions they had put in place to rectify this shortfall.

Staff told us they felt they had enough time to spend with people and if they felt a care call was becoming too busy they would raise the issue with the office. One member of care staff said, "Timings are about right, the manager is pretty good and will push hard for clients to have more time if they need it." We saw

examples where senior care staff had liaised with families and commissioners regarding the amount of time people had with care staff to ensure needs were responded to.

People or an appropriate advocate was consulted for their opinions on the care and service they were receiving from the provider via scheduled three monthly telephone questionnaires. We saw evidence that actions were taken in response to the feedback received such as changes in carers, care call times or a pulling forward a full reassessment of support needs. The registered manager said, "Care reviews are not set in stone; if a carer has raised issues via a concern form or we have picked up something in a three month review a field supervisor will go out and visit the client."

People and their relatives told us they had the contact details for the Agincare –Eastbourne office and would be confident to call or speak to a carer if they had a complaint, concern or query. One person told us, "I have called the office a few times in the past to check up on things, they have been helpful." The provider had a complaints policy and people received information in a suitable format when they began using the service. The guidance for people contained whom to contact if the complaint was not resolved to their satisfaction. At the time of our inspection there no 'open' complaints however we one recent complaint had been responded to in a timely manner and in line with the provider's policy.

Is the service well-led?

Our findings

Although people their relatives and staff were positive about the service's leadership we found the service was not always well led. At our last inspection in February 2016 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Quality assurance systems had not been used effectively to afford the provider clear oversight of the service. The provider sent us an action plan stating how they would meet the requirements of the regulations by May 2016. At this inspection we found there had been improvements in most areas related to the governance of the service and the provider was meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; however the improvements were not as yet fully embedded in practice.

The registered manager had been registered with the CQC since February 2017 however had been managing the service since July 2016. The provider's regional manager had left their role in March 2017 and a replacement regional manager had been recently appointed. During our inspection the registered manager identified multiple areas where they evidenced they had not received accurate or up-to-date guidance. For example, they had only recently become aware they were able to access local authority training for staff; they had been unaware that field care supervisors were allowed 'log ins' to the provider's main database. In addition they had been previously shown the incorrect way to input staff training records into the database which would flag up timely reminders. The registered manager told us that collectively these knowledge gaps had impacted on their effectiveness and they now felt much better supported and in touch with the provider's head office function. These shortfalls in communication had not been identified in a timely manner by any other tier of the provider's management and during this time had hindered the effectiveness of the registered manager.

The computer software used at Agincare – Eastbourne to schedule and track all care calls was electronically linked with the local authority who commissioned the majority of the service's care. The use of this system was a contractual requirement of the commissioning agreement. The registered manager was open when discussing the limitations of the software in comparison to alternatives commercially available. During care calls staff were required to dial a dedicated telephone number when they arrived and departed, this information was then visible to office staff on a computer screen. The registered manager told us the software did not allow them to 'run an audit' on how many care calls had been missed or late in a defined period. Office staff were able to track this information on a 'live' basis via the data being returned from care staff dialling in and out of calls. However other than making these daily checks that care calls had happened this information was not recorded centrally. During our inspection we overheard office staff checking with both people and care staff if delays had been identified from the returned data. A member of office staff said, "Checking care calls have happened can take up a fair chunk of your time." The reliance on using only this software made it more difficult for the provider to track any potential trends and patterns. In addition office staff told us where a person did not have a telephone in their home they could not always be certain if a care call had occurred as planned. There were currently six people using the service who fell into this category. Office staff told us this could often create additional administrative checks to determine if calls had occurred correctly for these people. Both the regional and registered manager acknowledged the frustrations with the current software but were contractually obligated to use it. The registered manager

said, "We have had meetings with the local authority to express our thoughts on the system however it is unlikely things will change quickly." Although we found the provider had managed the limitations of the software well and found no evidence this negatively impacted on people the risk of errors occurring and going unnoticed was increased without auditable data. This is an area that requires improvement.

However we found there were a range of other audits routinely completed to check the quality of the service, these included areas such as people's care plans and MAR documentation and accident and incidents. The provider's regional manager also completed their own audit of the service on a rolling three month basis. It was evident these had been effective at identifying where improvements were required and provided the leadership with good oversight of many areas of the service.

Personnel files for senior and office based staff were not held at the service's office. This meant records such as supervision and training were not easily accessible for reference to the registered manager. The registered manager acknowledged it would be useful to have this information within the office and committed to organise a local 'work around' so as they could have these records readily available.

At our last inspection we identified one senior role had a high work load which had created a backlog of work. At this inspection we found an additional staff member had been recruited to this position. All staff told us this had a positive impact and records we reviewed evidenced all tasks associated with this role were up-to-date and competently completed.

Staff told us they could recall a recent staff meeting they attended. One staff member said, "It was a good one, we talked about a lot of different things like training and routes." Another staff member said, "We had the chance to have a bit of a moan about rota's coming out later than they used to, we were told this will improve soon." Meeting minutes indicated the meeting had been held over three days to enable as many staff to attend at possible. The registered manager said, "We now have meetings booked well into the future so they can be well planned for."

Annual satisfaction surveys were sent out by and returned to the provider's head office function. The most recent was from October 2016. The majority of responses were positive, however where a lower score had been indicated, the registered manager could not be certain which person had responded. The registered manager said, "We don't get the completed surveys forms back from head office we just get the results which makes it trickier to know if a client has an issue." They committed to being proactive when the next set of results came in so they could 'drill down' into the answers more carefully. They said, "I will work with head office to do this but as we speak to clients for feedback on a rolling three month basis we have a good feel for how things are going."