Ark Home Healthcare Limited

Ark Home Healthcare Leeds

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 05 January 2016 and was announced. We carried out an inspection in January 2015, where we found the provider had breached one regulation associated with the Health and Social Care Act 2008. This was in relation to people's consent to care and treatment. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to people's consent to care and treatment. We inspected again in July 2015, where we found the provider was meeting all the regulations.

Ark Home Healthcare is a domiciliary care agency which provides personal care to people living in their own homes in Leeds and surrounding areas. Ark Home Healthcare provides assistance and support to people to help them maintain and improve their independence.

At the time of our inspection the service did have a registered manager who was no longer in day to day charge. A new manager had started in October 2015 and was in the process of registering with the Care Quality Commission. 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.

Due to the lack of historical staff training information we were not able to see if the training provided always equip staff with the knowledge and skills to support people safely. Staff received support to help them understand how to deliver appropriate care. However, staff appraisals were not carried out. There were enough staff to meet people's needs and visits were well planned. Checks were carried out before staff were employed by the service.

People's care and support needs were assessed and care and support plans identified how care should be delivered. People and relatives we spoke with told us they were very happy with the service they received and staff were kind and caring, treated them with dignity and respected their choices. They said the staff stayed the agreed length of time. However, not everyone was happy with the visit times, the unfamiliar staff that attended the visit or not been introduced to new staff members.

People received assistance with meals and healthcare when required. We found there were appropriate arrangements for the safe handling of medicines.

People told us they felt safe. Arrangements were in place for managing risk appropriately, which included completing a section in each person's care and support plan that identified hazards, the likelihood and severity of harm and action to remove/reduce risk.

People told us they made decisions about their care and we saw they or their relative had signed to say they consented to care. Staff we spoke with were confident that people's capacity was taken into consideration

when care and support was planned.

People's care and support plans contained information about what was important to the person. Staff were confident people received good care and were able to tell us about people's likes and dislikes, needs and wishes.

Complaints were investigated but people and/or their relatives were not always happy with how these were responded to or the outcome. Systems were in place to help make sure people received safe quality care. The manager and regional operations director had introduced positive changes and had identified further improvements to ensure service delivery met the required standard.

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 knew how to recognise and respond to abuse correctly. Individual risks had been assessed.

There were enough skilled and experienced staff to support people and meet their needs. We saw appropriate recruitment processes were in place.

We found there were appropriate arrangements for the safe handling of medicines.

Is the service effective?

Requires Improvement

The service was not always effective in meeting people's needs.

Staff training had been arranged for January 2016 in three subject areas but the manager was not able to find previous training certificates for all staff. Supervision meetings were unstructured and staff did not get the opportunity to attend an annual appraisal meeting.

The staff had completed training in respect of the Mental Capacity Act (2005) and understood their responsibilities under the Act.

People's nutritional and healthcare needs were met.

Is the service caring?

Good

The service was caring.

People were very happy with the care and support provided to them. They said staff were kind and friendly and had developed good relationships with people.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive to people's needs.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative.
People said staff who visited stayed the agreed length of time. However, not everyone was happy with the visit times, the unfamiliar staff that attended the visit or not been introduced to new staff members.

People were given information on how to make a complaint but people and/or their relatives were not always happy with how these were responded to or the outcome.

Is the service well-led?

Good

The service was well led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up.

Some staff, people who used the service and relatives spoke very positively about the management team, the changes implemented and how the service was run and some were not as positive.

Ark Home Healthcare Leeds

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 05 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. The inspection team consisted of one adult social care inspector, a specialist advisor in governance and an expert-by-experience who had experience of people who used a domiciliary care service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of this inspection there were 47 people receiving personal care from Ark Home Healthcare Leeds. We spoke with, on the telephone, eight people who used the service, six relatives, nine staff, the manager and the regional operations director. We visited the provider's office and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at four people's care and support plans.

We reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Good

Is the service safe?

Our findings

At the last inspection we rated this key question as requires improvement. There was no 'as and when' guidance in place to help support and direct staff when this type of medication should be given and people who used the service had concerns regarding the use of agency staff and there were mixed views from people in regards to call times being adhered to.

People we spoke with told us they felt safe when the staff were in their homes. One person said, "I feel absolutely safe. The carers are like my own family."

Staff we spoke with had a good understanding of safeguarding and were able to confidently describe what they would do should they suspect abuse was occurring. They said they had received training in safeguarding. The training records we looked showed some staff had completed safeguarding training in November 2015 and other staff were due to completed the training in January 2016. We saw safeguarding and whistleblowing policies were available.

Staff told us they were able to raise any concerns with the manager knowing they would be taken seriously and acted on. These safety measures meant the likelihood of abuse going unnoticed were reduced.

Arrangements were in place for managing risk appropriately. We saw before a service was offered the manager completed an assessment which included looking at the person's home environment in order to identify any potential hazards to the individual or staff member. These included internal and external areas of the home.

We looked at care and support plans and found risk assessments identified hazards that people might face. These included falls and mobility. There was guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We saw the staff rotas and visit schedules were maintained on a live IT system. The care coordinator told us they always made sure the last visit had been completed and staff were safe. If there were any problems the care coordinator would contact the staff to ensure their safety. If they could not be contacted, then escalation procedure would be implemented which, included reporting to the police. This minimised risk for the staff member and ensured visits were not missed.

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or well-being of someone who used the service. Staff told us they had completed emergency first aid training. One member of staff said, "I would have no hesitation in calling a GP." Another staff member said, "I would always call 999 or a GP if needed." Other staff said they would phone an ambulance, ring the office and ensure the next of kin were informed.

Staff we spoke with told us they were able to spend sufficient time with people and did not have to rush

when providing care and support. One member of staff said, "We usually spend the amount of time with the person that should be spent." Another staff member said staffing was ok. Some staff told us there were picking a lot of extra shifts to cover. Two members of staff told us the service were trying to recruit more staff.

We spoke with the regional operations director who told us staffing levels were determined by the number of people and their care and support needs. They said the staffing arrangements were flexible and sufficient to meet people's needs. We saw the care co-coordinator planned visits and said this worked well. They explained the service used a monitoring system which recorded the actual visit time and this was monitored to make sure these matched the agreed length and times of visits. Any discrepancies were identified and followed up.

We looked at the recruitment records and found recruitment practices were thorough. Candidates had to complete an application form and attend an interview. The staff files we looked at included an application form, interview notes and references. Appropriate checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We looked at the arrangements in place to assist people to take their medicines safely. Staff told us they administered medicines and creams that were prescribed, and recorded this on a medication administration record (MAR). They said they signed the MAR to confirm what and when the medicines had been taken. The majority of people's medicines were provided pre-dispensed from the local pharmacist, which minimised the risk of errors being made. They said if there were any problems with people's medications they would ring the office immediately.

Staff told us they had completed training which had provided them with information to help them understand how to administer medicines safely. We reviewed the medication administration records and found these were completed correctly and were audited by the service once a month. Where needed, an action plan was developed which included additional staff supervision and training.

We saw there was a clear policy for refused medications. For example, one person often refused their calcium medication and we saw the service had liaised with the GP practice to address this.

Some people we spoke with received medications from the staff. People told us they received their medications on time. The service completed a medication care plan to establish the support people needed with their medication.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we rated this key question as requires improvement. The manager did not have a fully operational mechanism for monitoring staff training and mental capacity assessments had not been completed and staff told us they had not attended training on the Mental Capacity Act (2005).

Most people we spoke with thought the staff were well trained for the tasks they needed to carry out for them or their family members. However, one relative was concerned the staff were not trained in mental capacity or dementia, so they did not fully understand their family member's needs.

Most of the staff we spoke with told us they had received training that gave them the knowledge and skills to carry out their work effectively and all the mandatory training they had to complete was up to date. One staff member said, "We have two full days training a few weeks ago which covered loads." Another staff member said, "I am due all my refresher training in February (2016)." A third staff member said they hadn't received any refresher training but the manager was in the process of setting it up. Two team leaders we spoke with told us they undertook 'spot checks' on all staff which involved ensuring care was provided to the agreed standard in accordance with the individuals care and support plan. We looked at staff training records which showed staff had completed or were due to complete training. These included moving and handling, safeguarding and medication. However, we saw from a previous training matrix that staff had completed arrange of training which had expired in 2011. For example, one staff member had not completed food hygiene or infection control since May 2011. The manager told us due to some of the training certificates not being in some staff files they had arranged for some staff to attend training in January 2016.

Staff we spoke with said they received regular supervision which gave them an opportunity to discuss their role and opportunities for development but the frequency of these varied. They also confirmed spot checks were carried out. We looked at staff records which confirmed staff had received a supervision session, however, the frequency of the supervisions varied for each staff member. One staff member told us they enjoyed their job now. They said in recent months since the new manager and regional operations director commenced, they said they felt better supported and had agreed action plan for development, both personal and service development.

We were not able to see an appraisal had been completed in 2014 or 2015 in the staff files we looked. Staff we spoke with confirmed they had not received an appraisal. The regional operational director told us the manager had completed 11 staff supervisions since starting at the service in October 2015 and was due to complete all staff supervisions by 11 January 2016. They said a programme of supervision, spot checks, and meetings would be implemented and this had been identified in there action plan which was due to be completed by the end of January 2016. They accepted staff had not received an annual appraisal in line with the provider's policy and told us this would be reviewed and rectified immediately.

The service had an induction programme that was completed by all new members of staff on commencement of their employment. We saw from the staff files we looked at this included training,

policies and procedure for the service, knowledge checks and shadowing of other staff members. This ensured staff had the skills and knowledge to effectively meet people's needs. Staff told us the induction was 'good' and 'informative'. One staff member said, "I'd not worked in care before. It was good and prepared me for the role." However, another staff member told us the training was not sufficient if you had not worked in care before. The regional operations director told us they were looking at implementing a new induction programme which would include three weeks of learning about the service and its operation, policy and procedures and an individual personal development plan.

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 we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. They said they would not force people to receive care or make decisions. They stated they would talk with the person and discuss their reasons first. If this was not successful they would record this and inform the office. Some staff said they were aware of what to do if they saw signs of people beginning to lack capacity.

The staff we spoke with told us they had completed Mental Capacity Act (2005) training as part of the induction programme. One member of staff stated they had not received this training at ARK but had done so in a previous job.

The regional operations director told us people's care and support plans included an assessment of people's mental capacity if needed. We saw clear capacity assessments had been completed where necessary in people's care and support plans.

People, where appropriate, were assisted to maintain their nutritional and fluid intake. Staff told us they would prepare meals for people and this would be from items already purchased by family members. They said before they left their visit they made sure people had access to food and drink. Staff we spoke with were aware of people's specific dietary requirements and were clear it was a person's choice what they ate. However, they would encourage them to eat a balanced diet by talking to them, giving suggestions, showing them the food and/or pictures of food. One staff member told us, "People can have exactly what they want." We saw information in people's care and support plans about their meals and the daily records evidenced staff were providing appropriate support. This meant people's individual dietary needs and preferences were being planned for and met.

Some people we spoke with received help with their meals. These people told us the food was usually microwaved meals and they thought these were prepared well. One relative told us the staff blended their family member's meals and supported them to eat. But there was often not enough time to finish the support so the relative would be asked to support the person to finish the meal.

We found people who used the service or their relatives dealt with people's healthcare appointments. Staff members told us if people became unwell during their visit then they would call either a GP or an ambulance and would stay with the person until help arrived. They also said they contacted the office promptly and reported any concerns about people's health.

Good

Is the service caring?

Our findings

At the last inspection we rated this key question as requires improvement. Some people who used the service were not complimentary about staff.

People we spoke with were very complimentary about their regular staff. Comments included: "They're all brilliant. They're lovely people"; "These carers are like part of my family. I couldn't do without them"; "I think [name of person] gets excellent care from the regular carers. She really looks forward to them coming"; "The carers are very good to us. They couldn't be better", "The carers are magnificent" and "The carers are lovely and caring people."

People we spoke with told us staff were kind, caring and patient. One relative said, "Even the new carers are lovely people. They're not as experienced as our regulars and they need more help, but they're still kind and caring people." People told us the staff members did not rush them, or their family members.

People we spoke with told us their regular staff members knew them well and all staff listened to them and would do anything they wanted. One relative was pleased because staff had advised them to go to the GP to get a certain cream prescribed that would help their family member, and this cream had been effective.

Every member of staff we spoke with told us they were confident people received good care. They felt they received enough information to know how to provide care to meet people's needs. They said care and support plans provided details to help them understand people's backgrounds, cultural needs, likes and dislikes. One member of staff said, "I look after people how I would look after my own mum and dad." We were told the manager had contacted every person who used the service when they first started in the role to check what people thought about the service.

People told us staff would help them, or their family members, to retain as much independence as possible. One relative said, "[Name of person] is almost blind, but she can do many things herself, so the carers do let her do what she can." Another relative said, "We've made so much progress that [name of person] can now sit out of bed for a while, and that's down to the carers really helping her gain confidence in herself." People told us staff maintained their privacy and dignity, by drawing curtains, closing doors and being discreet when providing personal care.

Staff told us they always treated people with dignity and respect. They had a good understanding of equality and diversity and we saw support was tailored to meet people's individual needs. Staff gave examples of how they maintained people's dignity. One staff member told us, "Dignity is definitely respected." Another staff member said, "I talk to the client so they know what I'm doing." A third staff member said, "I respect their wishes."

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we rated this key question as requires improvement. Complaints were not always responded to appropriately and some people we spoke with did not always know which member of staff would be visiting them.

Before people started using the service, the manager visited them to assess their needs and discussed how the service could meet their care needs, wishes and expectations. The information was then used to complete a more detailed care and support plan which provided staff with the information to deliver appropriate care. We found care and support plans were developed, with the person and/or their relative, to agree how they would like their care and support to be provided. Care and support plans contained details of people's routines, visit times and information about people's health and support needs. The regional operations director told us a planned seven day rota was given to each person, if they wanted one, and these showed who was allocated to carry out their care each day.

Staff told us care and support plans were reviewed regularly, kept up to date and contained all the information they needed to provide the right care and support for people. They said they were encouraged to report a change in people's care needs. One member of staff said as a result of reporting a person's change in mobility, staff had been increased from one to two. The regional operation director told us a copy of the care and support plan was kept in the person's own home and a copy was kept in the office.

People we spoke with could recall being involved in care plan reviews and found this useful. None of the people we spoke with could recall being offered the choice of male or female staff. For two people, this had been an issue. One relative said, "I had to ring the office because [name of person] won't have a man help her. But it happened again and I had to get the council involved." A person said, "I asked the office not to send a man again, but they did."

People we spoke with thought their regular staff understood their or their family member's, care needs. However, people were not so sure the new or unfamiliar staff understood their needs. One relative said, "[Name of person] has a care plan. Our regular carers don't look at it because they know what needs doing. But when we get a new carer, they don't look at the plan and I have to explain things over and over again. I don't see the point of a care plan if nobody reads it."

We saw the care and support plans were a little untidy and would benefit from some information been archived where necessary. The regional operations director said they were in the process of checking each person's care and support plan to make sure only current and relevant information was records. The care and support plans were reviewed on 'spot checks', quarterly and annually and we saw evidence of this been undertaken and documented. Care and support plans of people who were new to the service were reviewed after the first six weeks to ensure care and support was been provided as required and to check if they were satisfied with the service. The daily logs we looked at showed they were written clearly and indicated what had been undertaken at each visit, which included people's diet.

Staff told us they had enough time to provide people with the care they needed. However, they said they did not have sufficient time to travel between calls but stated the people who used the service did receive their full allotted time. One staff member told us the geographical areas were zoned and the zones had recently been reviewed to ensure there was minimal unnecessary travelling by staff. The manager told us, "We are currently working on the templating of care calls which will allow staff to have regular calls/runs and people will have continuity of care. Within the allocation of calls the care coordinators are looking at clustering calls to allow staff to remain within specific areas which should minimise travelling."

The IT system enabled the care coordinator to monitor real time, which included the precise visit times and if delays were occurring. If there was a delay the care coordinator checked with the staff member and liaised with the next scheduled person(s) to let them know of the delay. We saw the office was open from Monday to Friday, but the service was covered on a rota basis by the care coordinator and manager, which covered from 07:00am to 23:00pm, seven days a week using the IT system remotely.

People told us they used to be sent a rota for the coming week that listed which staff member would be coming and at what time, but this no longer happened. People we spoke with told us they were not introduced to new staff, unless it was a 'double up' visit.

Some people confirmed they received calls from regular staff they were familiar with and they were pleased they had regular staff. Some people told us they were now receiving calls from unfamiliar staff member, which they were not happy about. Comments included: "We used to have regular carers, but now we have all sorts and they don't know the area so they're often late. It's not good", "I don't like not knowing who's coming, especially in the evening when it's dark", "I'm worried that even more carers are going to leave, and then all the carers will be new."

People had mixed experiences of late or early visits. Some people told us the calls were usually on time. Several people told us their calls were often late, or early, or the times of their calls were changed without being informed. One relative told us the previous night the staff arrived 45 minutes early, saying their rota times had been changed, but nobody had told them. One relative said, "I'm not happy with the new manager because both my regular carers left because they couldn't get on with her. I don't think Ark are bothered about their staff." One person told us, "So many staff have left; you don't know where you are with all these new staff. I think it's a disgrace." Some people told us they thought the communication between staff and the office was poor. One person told us their call was early recently and when the staff member arrived they said they had spoken to the office staff so they could let the person know they would be early, but this had not happened.

The regional operations director told us about the importance of people maintaining links with their communities and was going to look at developing links with local community group to reduce the risk of social isolation.

People we spoke with knew how to make a complaint to the office and had the office numbers available to ring. Some of the people we spoke with had made complaints to the service, mainly about timings of calls, unfamiliar staff and not knowing which staff member would be visiting. These people did not feel their issues had been resolved as they were still receiving calls at inappropriate times and from unfamiliar staff they did not know. For example, one person told us their evening call was supposed to be 07:00pm to 07:15pm, but staff member kept coming too early, around 06:30pm. The person told us they would send staff away if they came too early, but the staff member was not happy because they wanted to get home early. They had told office staff about the problem, but it kept happening.

People had contacted the office at some point. Some people found the office staff helpful. One relative said "People in the office have always been helpful with me." Some people were not so happy with their attitude or response. One person said, "I don't think the office staff know what's going on sometimes and you never seem to get your problem sorted."

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the manager. The provider had a complaints policy and procedure which outlined how complaints would be handled. We looked at the complaints records and saw there was a system in place to make sure any concerns or complaints would be recorded together with the action taken to resolve them and the outcome. This showed people's concerns were listened to, taken seriously and responded to promptly.

Good

Is the service well-led?

Our findings

At the last inspection we rated this key question as good.

At the time of our inspection the service did have a registered manager who was no longer in day to day charge. A new manager had started in October 2015 and was in the process of registering with the Care Quality Commission. The service also had a new regional operations director who started in November 2015. The management team had created an action plan which covered several areas of the service, which included quality, recruitment, training and compliance. The action plan was coloured coded so the management team could see at a glance what had been completed and what still needed to be actioned. The regional operations director told us all the actions were due to be completed by the end of January 2016. Staff we spoke with told us they were aware of the action plan and progress was shared with them, however, one staff member told us they had not seen the action plan and had been left in the dark.

The regional operations director told us before themselves or the new manager started, "There was no focus and the service lacked resources." They said they had a clear vision, values and enthusiasm about how they wished the service to be provided and improved. These values were shared with the whole staff team. Most staff spoke positively about the new management arrangements and said they were supportive and making changes for the better. Comments included, "Yes. I have been supported"; "I have always had someone to go to", "I love my job. The down side is the support" and "No. We have yet to develop a working relationship."

Some members of staff who had worked for the service for a number of years talked about positive changes the manager and regional operations director had introduced. One staff member told us, "Management change has been good. They are making positive changes but this does not happen overnight. They have made a big difference and injected freshness in and tightened things up." Another staff member told us, "The managers are a lot better than the last. The body language and attitude is much better. Manager is fair and sorts things out. Teamwork is getting better." Other comments included, "It is too early to say but they have been happy with [name of manager and regional operations director] so far", "They are approachable. You can discuss things", "They have sorted issues out straight away and tell you what's been done", "I'm quite happy. It's even better now we've got a new management team"; "It's had its ups and downs. The change in managers is unsettling. I feel care is good" and "[name of manager] is firm. This is needed but makes her feel unapproachable."

Some people we spoke with were happy with the service they received and thought there had been some recent improvements with the management of the service. These people tended to be those who received care from regular and familiar staff member. Some people were not happy with the administration or the management of the service, despite the new management system. We asked people what improvements could be made to the service, the improvements suggested were: improve the way the service treats its staff to retain good staff, supply weekly rotas so people know who was coming and when, inform people of changes made to times of calls or when new staff are coming and give people choice of male or female staff. The manager told us they were in the processing of addressing these concerns and will continue to do so.

The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received and carried out internal quality monitoring audits, which included care and support plans, MAR charts, complaints and financial transactions. We looked at a range of records which showed the audit were effective. We saw the IT system produced regular alerts to the care coordinator regarding people's care and support needs, medicine prompts and reviews of care and support plans. A 'missed calls and incident log' was maintained and evidenced missed calls had been appropriately dealt with in a timely manner. Any accidents and incidents were monitored by the management team and the provider to ensure any trends were identified and acted upon. The regional operations director told us they had a weekly 'catch up call' with the manager and this included, complaints, compliments, safeguarding incidents, missed calls and action from the previous week.

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the service. We saw the meeting minutes for December 2015 and discussion included Christmas rota, wages and supervisions. The regional operations manager told us they held a 'drop in' session to give staff the opportunity to discuss anything with them. They also said the director had recently carried out a listening event for staff. We saw a quarterly newsletter for staff which contained information relating to services provided by ARK, business changes, listening lunches, 'your opinion matters' and staff survey information.

We saw people were asked about their satisfaction of the service on a quarterly basis as part of the care and support plan reviews. We saw the satisfaction survey on the last quarterly review showed good or excellent levels of satisfaction.