

# Always There Homecare Limited







# Always There (Leicester)

## 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	

### Overall summary

We carried out this inspection on 15 January 2016.

Always There (Leicester) is owned by Always There Homecare Limited, a wholly owned subsidiary of Carewatch Care Services Limited. The agency provides personal care to people in their own homes. The service specialises in supporting older and younger adults including people with dementia, learning disabilities or autistic spectrum disorders, mental health needs, physical disabilities, and sensory impairments, people detained under the Mental Health Act, and people who misuse drugs and alcohol,

At the time of our inspection there were 94 people using the service.

The service had a registered manager. This 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.

# Summary of findings

People using the service and relatives said they thought the agency provided safe care. They gave us examples of how staff supported people safely and looked after their physical and mental well-being.

Staff were safely recruited to ensure they were fit to work with people using care services and people said they trusted the staff. Staff were knowledgeable about the people they cared for and had a good understanding of how best to support them.

People told us staff supported them to have enough to eat and drink by preparing and serving the food they liked. Staff were aware of people's health care needs and knew when to call out a doctor if one was needed. Health care professionals provided staff with extra training if people needed support with particular medical conditions.

All the people using the service and relatives we spoke with commented on how caring the staff were and all the staff we spoke had a caring approach to the people they supported. Staff told us they found their work rewarding because they were encouraged to build relationships with the people they supported and take an interest in their lives.

People told us staff listened to them and encouraged them to express their views and be actively involved in making decisions about their care and support. Relatives said they had the opportunity to be involved in their family member's care if this was what their family member wanted. Staff respected people's privacy and dignity and encouraged them to make choices about how they wanted their support provided.

Records showed that people received personalised care that met their needs. Care plans were focused on

people's views and how they wanted things done. People's hopes and ambitions had also been included in care plans so staff could help them to achieve the lifestyles they wanted.

The agency supported people from a range of cultural backgrounds. The multilingual staff team were able to meet the diverse communication needs of many people using the service. People's preferences for staff of a particular gender were respected and people's religious and dietary needs were met.

People using the service and relatives told us they thought the agency was well-led. They said staff listened to them and provided an individual and flexible service. Staff told us they were proud to work for the agency and would recommend it to others.

Records showed the agency actively sought feedback from the people using the service and relatives through questionnaires, telephone monitoring, and face to face meetings. People were listened to when they made suggestions and the agency acted on these.

The agency had a culture of openness and people using the service and relatives said they found the staff and managers approachable. Records showed the agency was committed to continually improving its service by promoting best practice in care and support.

We found that people using the service and their relatives had a high regard for this agency. All the people we spoke with were satisfied with all aspects of the service and made many positive comments about the staff and the quality of care provided. We did not receive one criticism or negative comment about the agency from anyone we spoke with.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe using the service and trusted the staff.

Staff were safely recruited and knew what to do if they had concerns about the well-being of any of the people they supported.

People had risk assessments in place and staff knew what to do to minimise risk.

People were supported to take their medicines safely with appropriate records kept.

Good



### Is the service effective?

The service was effective.

Staff had the training they needed to provide effective care and support.

Staff used the principles of the Mental Capacity Act 2005 Code of Practice when assessing people's ability to make decisions.

People who were assisted with their nutrition were satisfied with how their meals were prepared and served.

Staff understood people's health care needs and knew when to request medical assistance for the people they supported.

Good



### Is the service caring?

The service was caring.

People told us the staff were caring, kind, and thoughtful.

People were actively involved in making decisions about their care, treatment and support.

Staff treated people with dignity and respect and protected their privacy.

Good



### Is the service responsive?

The service was responsive.

Staff provided personalised care and support that met people's needs.

People knew how to make complaints if they needed to and staff responded appropriately.

Good



### Is the service well-led?

The service was well-led.

People were satisfied with how the service was managed.

Their views were sought using a range of methods, including surveys and telephone calls, to check they were getting the quality and type of care they wanted.

Good



# Summary of findings

There was evidence of changes and improvements to the service being made as a result of staff listening to people's views.

# Always There (Leicester)

## 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 15 January 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to meet with us.

The inspection team consisted of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our experience by experience for this inspection had experience of the needs of people using domiciliary care services.

Before the inspection we reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about. We also spoke with staff from the local authority who contract with this service.

We used a variety of methods to inspect the service. We spoke with six people using the service, 10 relatives, the registered manager, the regional director, and four care workers.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at the care records of four people using the service.

# Is the service safe?

## Our findings

People said they thought the agency provided safe care. One person using the service told us, “I feel safe when they are helping me with my shower and tasks like that.” A relative commented, “I feel the carers work safely and treat my [family member] very kindly.”

Staff were reminded in care plans to contact the relevant people if they had a concern about a person’s well-being. For example one person’s care plan stated, ‘Please report any concerns to the office who will inform my social worker and my next of kin.’ Records showed that staff had done this, where necessary. For example a staff member had found a person in a distressed state due to accommodation issues. They immediately reported this to the person’s social worker so they could provide the support the person needed.

If people needed support with their finances there were detailed protocols in place to help ensure this was done safely with appropriate records kept. Staff were told to double check and sign all financial transactions and report any concerns to the office. People who needed support with their finances had care plans in place for this so staff knew how to provide them with the appropriate assistance.

Staff were trained to keep people safe and understood the signs of abuse and how to report any concerns they might have. One staff member told us, “Everyone here understands safeguarding. We would go straight to the manager if we thought someone was being abused.” The agency had policies and procedures in place, linked to staff training, so staff knew what to do if they had concerns about a person’s welfare. Records showed the agency had taken appropriate action if safeguarding concerns had arisen and informed the relevant agencies including the local authority and CQC.

Relatives told us they thought the agency provided their family members with safe care. One relative said, “When they are providing personal care they make sure my [family member] is safe by walking to the bathroom with them.” Another relative commented, “They make sure my [family member] is safe when handling and moving them from one place to another. I think this is done very safely.”

We looked at people’s care records to see how the agency managed risk so that people using the service were protected. We saw that when people were assessed for

care with the agency any areas where they might be a risk were identified. The agency’s ‘Care delivery’ risk assessments covered: General and Physical Health; Mental Health and Emotional Well-being; Medication; Home and Electrical Appliances; Finances; External Activities; and Lone Working. Each person using the service was assessed under each heading and where appropriate detailed risk assessments were put in place for them. This helped to ensure staff had the information they needed to support people safely.

We looked at a range of risk assessments and saw they were easy to follow and fit for purpose. For example, in one risk assessment staff were given advice on what to do if the behaviour of someone they supported became challenging. Staff were told, ‘Please stay calm and be patient with me. I need you to communicate slowly and clearly with me as this helps me understand better.’ Care plans also contained general safety advice for staff to help them keep people safe, for example ‘Please make sure my property is safe and secure when you leave.’

People said they thought there were enough staff employed by the agency to keep them safe and meet their needs. One person told us, “There are enough staff to care for me as they always make the calls as we arranged.” Another person commented, “They are not late and have not missed me so that means they must have enough staff to care for us all.” And a relative said, “I think there’s plenty of staff to support my [family member] as they are on time and have never failed to turn up.”

Records showed that the numbers of staff people needed for each visit was decided prior to their care commencing. So, for example, if people needed two staff to support them safely this was provided. This helps to ensure that people using the service and staff remain safe.

Records showed that no-one worked for the agency without the necessary background checks being carried out to ensure they were safe to work with people using care services. We checked four staff recruitment files and all had the required documentation in place.

People told us staff at the agency helped them to manage their medicines safely. One person said, “They make sure that I’m safe and well by making sure I take my medicines

## Is the service safe?

and they stay with me until I have.” Relatives were also satisfied with how the staff assisted with medicines. One relative told us, “The medication is given at the same time every day and is administered as we agreed.”

Records showed that staff were trained to support people with their medicines. Their training included gaining an understanding of the types of assistance they could safely provide, for example ‘verbal prompt’ or ‘administering with customer instruction’. Training on medicines recordings and the guiding principles of medicine administration was also provided. This helped to ensure that staff knew how to help people to take their medicines safely.

People’s care records included detailed information for staff on people’s medicines. This included a list of the medicines people had been prescribed, how they preferred to take them, and information on side-effects and what to do if a person took too much medicine. The staff we spoke with were aware of this information and gave us examples of how they administered medicines safely to the people using the service.

# Is the service effective?

## Our findings

People told us they thought staff had the knowledge and skills they needed to provide effective care. One person said, “The carers are trained well as they are competent in doing their job well.” A relative commented, “My [family member] and I are happy with the care that’s provided by the carers. They are efficient, professional and treat us both very well.”

Staff were knowledgeable about the people they cared for and had a good understanding of how best to meet their needs. They told us they were satisfied with the training they’d had. One staff member said, “I’ve had lots of training – an induction, other courses and a refresher course. I asked for some dementia training and they put me on a course which I did last week. It was really good.”

Records showed staff had a comprehensive accredited induction and on-going training including shadowing experienced staff members. They undertook a wide range of courses in general care and health and safety and these were recorded on the home’s training matrix and updated as necessary.

If people using the service had specific physical or mental health needs staff received extra training in these areas. For example, staff working with particular people had had training in stoma care, learning disabilities, and mental health conditions. People’s records also contained relevant information and fact sheets for staff to read. This meant staff had the training and information they needed to meet people’s individual needs.

The registered manager and staff we spoke with were knowledgeable about how to protect the rights of people who were not always able to make or communicate their own decisions. Care records showed that the principles of the Mental Capacity Act 2005 Code of Practice had been used when assessing people’s ability to make decisions. Where people were deemed not able to consent to aspects of their care, records showed that relatives and other representatives had been involved in the decision-making process.

People using the service told us staff supported them to have enough to eat and drink. One person said, “They provide my meals and clean up after themselves. The food

they provide is good and I enjoy eating the meals as they are nice and tasty.” Another person described how staff prepared their breakfast and left them a sandwich and drinks for their lunch which is what they wanted.

Relatives also said they were satisfied with how the staff prepared and served food. One relative told us, “Staff cook my [family member’s] meals and [assist them to eat] due to their disability. The food is well cooked and looks nicely presented on the plate. They then tidy up and make sure everything is clean and tidy.” Another relative said, “They give our [family member] several choices of food at each meal time so our [family member] has a say in what food is cooked.”

People’s care plans set out how staff were to support people with their nutrition and hydration. If people were at risk in these areas there were instructions for staff to follow. For example, one care plan read, “I have been known to regularly refuse food and drinks and care staff must monitor this at every visit, reporting any concerns to the office immediately.” The registered manager said a referral would then be made to the person’s GP and social worker to help ensure they were not putting themselves at risk.

If staff were concerned about a person’s nutrition and hydration they monitored people’s food and fluid intake in care log books and on specific ‘food and fluid charts’. This information could then be shared with health care professionals if concerns arose about the well-being of a person.

Records showed that staff supported people to buy and prepare their own food, where appropriate, and to choose what they wanted to eat and drink. Staff also encouraged people to eat healthily where possible. For example, one care plan stated, ‘I am able to make my own decisions about what to eat but please encourage me to have a balanced healthy diet.’ Staff also assisted people to store their food safely. For example, ‘care workers should check my fridge every day and dispose of any out of date/spoilt food’. This helped to ensure people were safely and effectively supported with their nutrition and hydration.

People using the service said staff were aware of their health care needs and knew when to consult with families/ seek medical attention if there was a problem. One person told us, “They talk about my health and was I feeling okay and if I’m a bit under the weather they tell the office and



## Is the service effective?

they arrange for my doctor to come in.” Another person commented, “If I’m not well and the staff have concerns they call the office who then arrange for my doctor to come and see me.”

Records showed people’s health care needs were assessed when they began using the service. Staff were made aware of these in care plans so they could support people to be healthy, and alert health care professionals if they had any concerns.

Staff liaised with health care professionals if they needed support and advice to meet a person’s health care needs. For example, local district nurses had provided staff with training in stoma care to help ensure they had the skills they needed to provide this.

# Is the service caring?

## Our findings

All the people using the service and relatives we spoke with commented on how caring the staff were. We had many positive comments on this, some of which we have included below.

One person told us, “The carers are nice and polite and very good at looking after me. Great carers and nice people too.” Another person said, “It’s nice when they sit down and chat if they have time. I’m happy with what they do for me, they are lovely people who come to see me. A third person told us how much they enjoyed their relationship with the staff who supported them. They told us, “When I’m in my chair in the shower room we all are laughing and joking and having a good time.”

Relatives’ comments included: “The whole family are delighted with the loving care that the carers give to our relative. It’s dignified caring and compassionately provided”; “The staff are caring kind and polite I couldn’t ask any more of them”; and “They chat away to my relative as if they are friends or family and there’s nothing that’s too much trouble for them.”

All the staff we spoke had a caring approach to the people they supported. One staff member told us, “If a colleague is off at short notice and the agency needs cover I step into help because I don’t want any of our customers to be let down.” Another staff member said, “I’ve worked for the agency for a number of years and have regular clients so I’ve been able to build up good relationships with them and feel very loyal to them.”

Staff also told us they found their work rewarding. One staff member told us, “I absolutely love my work. I love meeting the people we support. Some of my customers are absolutely gorgeous and I love spending time with them.” Another staff member said to us, “You can’t help getting attached to the people you support, they are wonderful.”

Records showed staff were encouraged to build relationships with the people they supported and take an interest in their lives. For example, one person’s care plan read, ‘I like company and need my care workers to take time to sit and talk with me’. Another’s stated, ‘I am like you and enjoy many things [...] so please take the time to get to know me.’ The staff we spoke with understood this was an important part of their role. One staff member said, “Of

course we do all the tasks were supposed to do, but the best part of the job is getting to know the people we support. They are lovely and they make our job very special.”

The registered manager gave us a number of examples of the caring approach of the staff employed by the agency. For examples, one staff member who worked with a person on a long-term basis visited them they were in hospital. At the person’s request they then advocated for them and attended reviews to provide them with support. This showed the staff member had successfully built up a relationship of trust with the person and was able to support them through a time of change in their life.

We looked at the agency’s compliments file where positive comments received about the agency were kept. We saw that one relative had written, “I was really touched that [named care worker] was going back at lunchtime today to make sure my [family member] was OK as I think this would have been in her own time.” This was another example of how staff went out of their way to be caring to the people using the service.

People told us staff listened to them and encouraged them to express their views and be actively involved in making decisions about their care and support. One person said, “They ask me to make decisions about what I need them to do each time they call on me and when they do it ask if it’s alright.” Another person commented, “I feel well treated and respected and they listen to what I say and if I need anything they do it for me like making me a nice cup of tea.”

Relatives also said they had the opportunity to be involved in their family member’s care if this was what their family member wanted. One relative told us, “I meet up with staff now and again to discuss the care provided alongside my [family member] and we both feel that staff listen to us.” Another relative commented, “Now and again we all come together to talk about the care that’s provided and we feel listened to by the staff.”

Records showed that people using the service signed a consent form agreeing that the agency could provide their care. There were also given a ‘Customer Guide’ telling them all about the service and they signed this to say they understand the content. The registered manager said if people were unable to do this, due to their disabilities, family members were involved and consulted, as were social workers where applicable.

## Is the service caring?

People's care plans set out how staff should encourage people to be independent, where appropriate, but also reminded staff that ultimately it was the person's decision. For example, one person's care plan stated, 'Sometimes I may not wish to come shopping but please encourage me to go with you. However do not push me into going as I am able to decide myself whether I want to go.' This helped to ensure that people's wishes were respected.

People told us staff respected their privacy and dignity. One person said, "My personal care is private and dignified. I don't feel treated as a client but as a person and that's the way it should be." Another person commented, "I feel treated with dignity and respect and we just all get on so well together."

Relatives also commented on how respectful staff were. One relative said, "[The staff] close the doors and curtains to protect my [family member's] relative's privacy, it's

completed in the most dignified way. They tell my [family member] what they intend to do and was that okay." Another relative told us, "When they are giving my relative a shower they make sure it's done privately and safely."

Records showed that staff were trained in respecting people's dignity and privacy and the staff we spoke with confirmed this. One staff member told us, "We're going into people's home and this is a privilege. We are always careful to respect people's privacy and care for them in a dignified way. We ask them how they want things done and they tell us."

People's preferences for staff of a particular gender were respected and met and people's religious needs, where applicable, were recorded with instructions for staff on how to support people with these. Staff prepared and served culturally appropriate foods if people wanted this. This helped to ensure that people received dignified care for staff who had an understanding of their particular requirements.

# Is the service responsive?

## Our findings

People using the service and relatives made many positive comments about the timeliness of their calls. One person said, “The carers come on time and stay for the time they are supposed to be here.” Another person told us, “What I do like is that the carers come at the time I want them here and that’s consistent.”

The records we sampled showed that staff were seldom early or late for calls and stayed for their allotted time. If they were delayed the person using the service was made aware by phone. One person commented, “They are on time most of the time but let me know if they are running late.”

We also talked to relatives about this issue. One relative said, “They arrive on time do all their jobs and stay for the full amount of time.” Another relative told us, “They are on time as we agreed and they never miss coming to see my relative.”

The relatives we spoke with said staff usually arrived on time but if they were ever held up they would inform their family member or themselves. One relative explained, “What we both [relative and family member] like is the carers are mainly on time. It’s very rare they are late and if they are delayed even if it’s for a few minutes they let us know.”

Records showed that people received responsive care that met their needs. All the people using the service had their needs assessed prior to using the service and the information used to write care plans and risk assessments. Care plans were personalised and focused on people’s views and how they wanted things done. They also included interesting facts about people’s lives that staff could use to prompt conversations. For example, one person’s read, ‘It would be great if my care workers like [a particular sport] as this could be an ice-breaker when I meet them and help to build good relationships as this is important to me.’

People’s hopes and ambitions had also been included in care plans so staff could help them to achieve the lifestyles they wanted. For example, one person’s read ‘My ultimate health outcome is to stay as independent as I can and live my life as fully as possible.’ This type of information helped to ensure that staff understood what was important to people and how they wanted their care provided.

The people we spoke with described how staff assisted them in line with their wishes and care plans. One person using the service said, “They come in the morning, get me up shower me, and then get my breakfast and make sure I have taken my medication. They then leave me with drinks and snacks until they come back later.” A relative told us, “We are happy that the carers meet all our relatives care needs as we discussed in the care plan and this is reviewed every now and again.”

The agency supported people from a range of cultural backgrounds. Approximately thirty percent of the people using the service did not have English as a first language. The agency responded to this by making their literature available in Gujarati, English, and other local languages on request. The staff team were multicultural and spoke a number of languages including Gujarati, Hindi, Punjabi, Welsh, Swahili, and Polish. This meant they were able to meet the diverse communication needs of many people using the service.

One staff member told us how using their language skills helped them to communicate well with one person they supported. They told us, “[The person] opens up when I speak to them in their first language and it makes it a lot easier to find out what they want.” This was an example of staff providing responsive care.

People using the service told us they would have no hesitation in raising concerns if they had any and knew who to tell. One person said, “I don’t have any worries but if I did I’d chat to the carers who would do something about it, they are good like that.” Another person commented, “If I wasn’t happy about something I’d call the office and see what they would say. I have spoken to them many times and they are always helpful and polite.”

People told us staff checked with them to see if they were satisfied with the service. One person said, “They ask me how things are going and do I have any worries or things like that.” Staff told us they would advocate for people if they weren’t confident to complain in their own and ring the agency office on their behalf if there were concerns. This helped to ensure that people were supported if they had concerns about their care.

Relatives also said they would have no problem in raising concerns if they needed to. One relative said, “I have no concerns or worries about my [family member] with the care that’s provided. They [the care staff] are good in

## Is the service responsive?

communicating with us and the office staff too. If I did have any concerns I would call the manager who would help us I know.” Another relative told us, “If I was concerned about anything I would call the manager and things would be put right I’m sure.”

People using the service and relatives told us they were aware of the agency’s complaints procedure and knew where to find it. One person said, “If I was concerned or

needed to complain all the information is in the folder that the carers fill in every time they come.” This showed that information about how to complain was made available to people.

Records showed that if a concern was raised staff kept a record of this and what action had been taken to address and resolve it. Complainants were sent written feedback to show what the agency had done which helped to ensure the concerns were dealt with openly.

# Is the service well-led?

## Our findings

People using the service told us they thought the agency was well-led. One person said, “It’s a brilliant service with excellent carers and I have a good friendship with the people in the office so all round it’s a well provided service.” Another person commented, “The service I get is really good and professionally provided.”

People also said that staff at the agency listened to them and provided a personalised and flexible service. One person told us, “If I have to change the times of my carers coming to the office staff are good and do this for me if I give them notice.” Another person commented, “Staff discuss changes to my care with me and they listen to what I’m saying. I get on well with the office staff as well. I’m pleased with all the agency does for me and don’t need to change anything.”

Relatives also said they thought the agency was well-led. One relative told us, “The service is well managed and efficient and the carers are well trained to do their job. No complaints, no concerns and we don’t need to change anything. Yes, very pleased.” Another relative commented, “It’s a very good personalised service and delivered by well-trained and competent staff. I think the organisation is well equipped to meet the needs of my relative.”

Staff told us they were proud to work for the agency and would recommend it to others. One staff member said, “I would be happy for one of my family to use this agency. The quality of the care is good and I have never heard anything bad about it from anyone.” Another staff member commented, “It’s a good agency to work for. Everyone is caring, the managers, the office staff and the carers.”

Records showed the agency actively sought feedback from the people using the service and relatives. Questionnaires were sent out to 10% of people using the service each month. Some people told us they had received and completed these questionnaires and found them a useful way of sharing their views on the service they received. One relative said, “We sometimes have a survey asking what we think of the service. We have a good working relationship with the manager and the office staff. We think it’s a well-run organisation and we have no complaints.”

The agency also used telephone monitoring and face to face meetings to gather people’s views. Records showed people were listened to when they made suggestions on

how to improve the service. For example, one person asked for more regular staff so they could get to know them. A member of staff from the agency visited them to discuss their requirements and suggested a particular staff member could be assigned to them. This was arranged, with agreement from the person in question, and the regular staff member began working with them. The next time the person was contacted for feedback they said they were happy with their new regular staff member and thanked the agency for resolving this issue.

Staff told us they felt well-supported by their employers. One staff member said, “We get a lot of support, we really are a team, we are not isolated because there is always someone available to talk to if we need advice.” Another staff member commented, “If we’ve got a problem about anything management sort it out. Every three months they do spot checks when they come out and watch us work to make sure we are doing the best we can for our customers.”

We met with the agency’s regional manager who explained how the provider ensured the agency delivered high quality care. The registered manager completed monthly audits of all aspects of the service to help ensure it was running well and these were shared with the provider so they could monitor its performance. The regional manager also visited the agency once a week to support the registered manager and staff. They knew many of the people using the service by name and were aware of their care needs.

We looked at recent changes and improvements to the service. A mentoring system for new staff had been introduced as management felt they needed more support when they began working for the agency. New support plans, which placed more emphasis on the Mental Capacity Act, were being used. And monthly staff feedback sessions had been put in place so those who worked for the agency could share their views with the provider. In addition, improved medicine recording charts had been introduced to make it easier for staff to document when people had their medicines. These improvements helped to ensure the agency continued to improve and implement best practice in care and support.

We also looked at the agency’s compliments file which included many positive comments about the agency from people using the service and relatives. For example, one relative had written ‘you are our eyes and ears as we are unable to visit regularly’. And another had written, ‘[we]

## Is the service well-led?

appreciate your help and encouragement that has helped [our family member] to make such very good progress'. These were further examples of relatives' satisfaction with the service.