

Xtracare Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 7 June 2016. The inspection was announced. We gave short notice before the first day of the inspection because the manager was often out of the office. We needed to be sure that they would be available to speak with us.

At the last inspection on 10 February 2015, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The breaches were in relation to carrying out robust recruitment checks, the recording of information in people's records regarding protection from risks and a lack of effective systems to monitor the quality and safety of the service. The provider sent us an action plan telling us how they were going to make changes to improve the service.

At this inspection we found that the provider had taken action to address the breaches from the previous inspection and had made many improvements to the service provided.

Xtracare Ltd was registered as a domiciliary care agency with an office base in Maidstone, providing personal care and support to people in their own homes. They were providing personal care services to approximately 85 people in Maidstone and the surrounding areas at the time of our inspection. The agency was privately owned and the providers were fully involved in the day to day management of the service. There was a registered manager based at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood their responsibilities in keeping people safe from abuse and how to report any suspicions they had. People themselves said they felt safe and knew who to contact if this wasn't the case.

Risks had been identified for individual people and their circumstances and measures had been put in place to reduce the risks helping to keep people safe. The home environment of people was checked for hazards before support was commenced to ensure the safety of people and staff. Most people either managed their own medicines or their family members helped them. Some people required staff assistance with medicines. The provider checked the staff were safe to administer people's medicines by carrying out regular competency assessments.

The provider had a robust recruitment process in place to make sure new staff were suitable to work with people in their own homes. The provider recruited staff as needed to ensure they had enough staff to provide the assessed care people required.

Staff were supported to gain the skills necessary to be able to support people in their own homes. Staff had the relevant induction and training updates to feel confident in their role. Support and the opportunity to develop was given through regular one to one supervision, observational assessments and annual

appraisals.

Staff had an understanding of the basic principles of the Mental Capacity Act 2005 and how it related to their role. Staff could talk confidently about how they supported people to make their own choices and decisions each day.

Staff presented a caring approach as did the staff working in the office who supported the delivery of care. People were happy with the staff and made many positive comments about the staff who supported them. The provider made sure people had information about the service people could expect within a service user guide at the commencement of care and support.

The registered manager or the assistant manager undertook a thorough initial assessment of people's personal care needs to make sure they had the resources available to support people. People had a care plan that detailed all the individual support people required as a step by step guide for staff. People, and their families if appropriate, were involved in the process to ensure support was given in the way they wanted.

People were given information about how to make a complaint and the people we spoke to knew how to go about making a complaint if they needed to. The provider had asked people for their views of the service by sending out a questionnaire each year. The provider acted on responses, resolving issues and feeding back to people.

People and their families generally thought the service was well run. Some people said they did not see or hear from office staff very often, but said this was not a problem as they could contact the office if they needed to.

Staff felt they were well supported and their requests were responded to quickly. They found the managers approachable and would be happy to raise any concerns with them, confident they would be acted on.

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 had a good understanding of how to safeguard vulnerable people and knew their own responsibilities to maintain people's safety.

Individual risks were assessed without impacting on people's independence. Risks to the environment were checked to help keep people and staff safe.

Robust recruitment practices were in place to safeguard people from unsuitable staff. Sufficient staff were available to provide the support required.

Is the service effective?

Good ●

The service was effective.

Staff had regular supervision within their role and had suitable training to develop their skills appropriately.

People were able to exercise choice and control in decision making.

Staff contacted health professionals when necessary to get the appropriate support for people.

Is the service caring?

Good ●

The service was caring.

People said the staff had a kind and caring approach.

People's life histories were documented to give staff a good understanding of an individual's life. Those who did not want to take part in doing this had their decision respected.

People experienced care from staff who respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People and / or their family members were involved in the whole care planning process and had the opportunity to change things.

Complaints were dealt with appropriately and people knew how to make a complaint.

People's views of the service were sought on a regular basis.

Is the service well-led?

Good ●

The service was well led.

The providers were involved in the running of the service on a day to day basis.

Staff felt supported and listened to. They felt their concerns would be acted upon.

Monitoring processes were in place to check the safety and quality of the service.

Xtracare Ltd

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 on 7 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of two inspectors and one 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. The expert by experience made telephone calls to people who used the service to gain their views.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the agency, what the agency does well and any improvements they plan to make.

Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the provider is required to tell us by law.

We spoke with 12 people who received personal care from the service and two relatives, to gain their views and experience of the service provided. We also spoke to the provider, the registered manager, the assistant manager and five care staff. After the inspection we gained feedback from two health and social care professionals.

We spent time looking at six people's care files, six staff records as well as staff training records, the staff rotas and team meeting records/minutes. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems and how medicines were managed.

Is the service safe?

Our findings

At our previous inspection on 10 February 2015, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These breaches were in relation to Regulation 21, Requirements relating to workers; and Regulation 20, Records. Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the regulations. At this inspection we found that the provider had implemented their action plan and improvements had been made in staff recruitment processes and individual risk assessments.

The service had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. Checks had been made against the disclosure and barring service (DBS) records. This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with vulnerable people. Application forms were completed by potential new staff which included a full employment history including any gaps in employment, for example time off to have a family. The registered manager made sure that at least two references were checked before new staff could commence employment. Applicants had two interviews before being accepted to work for the service, one to initially check suitability and a second more in depth interview.

Risks to individuals were identified, the support required for each task was recorded and the measures in place to control the risks were detailed. Risks assessed included moving and handling, for example when a person required the support of equipment such as a hoist to move them from bed to a chair. Any equipment was checked before use by the assistant manager to make sure it was safe to use and had been serviced as required. Staff told us they carried out visual checks of equipment each time they visited before using it. If they had concerns that the equipment was not safe to use, they would not use it and inform the office staff. Someone would come out to check it themselves and decide what to do. Safe guidance for staff to follow was put in place to safeguard people and staff. All risk assessments were reviewed every six months or sooner to make sure they continued to be relevant and suitable and that people's needs hadn't changed. Staff talked knowledgeably about safety and risk management.

People told us they felt safe when being supported by staff at Xtracare Ltd. People said, "They are good, they listen and that makes me feel safe", "Yes, it's easy to feel safe. They help me to feel safe, to check on me and see if I'm okay, to chat and have an exchange", and "They are good, they listen and that makes me feel safe". The relatives we spoke to thought their loved ones felt safe. One relative said, "Yes, mum feels safe, they talk to her and are so kind".

Staff followed the provider's policy about safeguarding people. Staff spoken to were able to describe what signs may be apparent if people they supported were subject to some form of abuse. They understood what their responsibilities were in safeguarding people from abuse. For example staff knew who they would report any concerns to and how to go about this. They were all confident that safeguarding concerns would be reported straight away by the registered manager. Staff knew who they could report to outside of the organisation if they thought their concerns weren't being addressed.

People's home environment was considered at the initial assessment stage to identify any risks to staff when attending the property. The outside of the property was checked for hazards such as poor street lighting, uneven pathways and safe parking near the property. The inside of the property was looked at to check it was free from obstacles, the flooring did not present a trip hazard and there was a clear and comfortable working area. The whereabouts of fuse boxes, water stop cocks, smoke alarms etc were also identified and recorded so staff had the information to help keep people safe.

The provider had an emergency contingency plan in place, and this was reviewed on a three monthly basis. The plan identified various emergency situations that may affect the service such as system failures, extreme weather conditions or epidemics. A list attached to the plan recorded the contact details of relevant people able to help should this be necessary. The provider had an on call service for contact outside of the normal office working hours. Staff reported they could always get hold of someone quickly should they need to during evenings and weekends.

Very few accidents and incidents had been reported. Those that were had been recorded in detail and investigated where necessary.

The service was well resourced with office based staff to support the running of the service. Two office based senior carers supported the staff team, making sure they could carry out their role and offering support where necessary. There were sufficient numbers of staff to support the needs of people using the service. Staff absences such as sickness and annual leave could be difficult, however the registered manager said the staff team were good at covering absences. The majority of people we spoke to were happy that they always got the amount of support time they should and that staff generally arrived on time. One person told us, "Yes they are on time, they do everything, they are lovely". Another person said, "They are not always on time, sometimes there are problems due to traffic but it doesn't happen too often". A relative said, "On the whole it is pretty good. If they are late it's usually because they have been held up by the previous client". The registered manager told us that even when they did have enough staff, recruitment was on going and would continue to be so. The nature of the business meant that the numbers of people the agency supported with their personal care needs fluctuated up and down.

Medicines were managed safely where the agency was involved in assisting people. Staff had regular competency assessments with a senior carer to ensure their continued ability to administer people's medicines safely.

People were asked if they wished to take their own medicines and an assessment was carried out to identify if people needed some support or could manage their medicines fully. People were supported to be in control of their own medicines whenever possible. Many people had a family member who helped them to take their medicines and this was clearly documented. People who needed the support of staff to take their medicines had a care plan for staff to follow to make sure this was carried out safely. People were happy with the support they had with their medicines, one person said, "Yes they give me my tablets, I have memory loss so they make sure I take it on time. I take the tablets while staff are there".

A log was kept of medicine errors or concerns. There were few errors recorded and of those that were most were reported by staff when people had forgotten to take their medicines or were confused about whether they had taken them or not. Where this happened, staff had taken appropriate action, informing the GP or seeking advice from the pharmacy. They also contacted relatives to keep them informed.

Is the service effective?

Our findings

People generally thought that staff were trained well to carry out their role. They felt safe and comfortable with the level of skill and experience the staff had. One person said, "Yes I think so. They wash me well and are careful with me. They tidy up after me too, I feel safe with them". Another person told us, "They do what they are supposed to do, so I guess that they are trained enough".

Relatives also felt confident in the level of training and experience staff had, as one family member said to us, "Yes very happy with them, they are nice people. They are well trained and do a good job on the whole. She can be a bit difficult, and they are still respectful of her".

The registered manager had a good induction process in place. Staff had initial induction training when they first started employment. They then shadowed a more experienced member of staff until they felt comfortable to start working alone. Some staff continued to support people who always needed two people to support them if they felt they needed a bit more time to build their confidence. New staff were supported to complete the care certificate to add to their knowledge and skills when first joining the organisation. One new staff member whose first language was not English was completing the care certificate. Their line manager was positive about the staff member's English speaking skills. However, they noticed the staff member completed their written assignments with minimal words as they were less confident when writing English. The line manager suggested the staff member came into the office for extra sessions to provide support to complete the care certificate and help to improve their written English. New staff were supported to fulfil their own personal development and to ensure they were skilled to provide good support.

Staff continued to receive the necessary additional training and updates to be able to maintain the skills and experience required to complete their role well. The provider had a well-equipped training room with equipment such as beds and hoists to be able to train staff on a practical level. The assistant manager had trained as a trainer and was able to deliver moving and handling training to staff. This meant the provider could be responsive to the needs of new staff or existing staff who required some additional training. The assistant manager also went out to people's homes with an occupational therapist (OT) to check equipment before being used by staff, in case additional training was required.

Staff received two different types of supervision. An observation assessment by a senior care worker while performing their role in people's homes. This enabled the registered manager to be confident about staff competence when working alone in the community. The senior carer looked at all areas of care provided and recorded their observations. They fed back to the staff member after the observation. Records showed positive as well as constructive feedback was given to help the staff member to improve their practice. One to one supervisions were also held where topics such as workload, concerns, personal issues, dress code and standards of care were discussed. Issues or suggestions raised were seen to be acted upon. For example, a staff member raised a concern that a person they supported had missed a favourite activity as their morning carer had arrived late. The member of staff was upset about letting the person down and said this support must be a priority for the precise time requested. The person was seen to be a priority on the rota for a specific time following this meeting. Group supervisions were also held on occasions if the

registered manager had topics or issues to raise that affected more than one member of staff. The provider made sure all staff had an annual appraisal. This was an opportunity for staff to plan and discuss their own personal development for the following year. Staff had the support needed to enable them to develop into their role with the skills and confidence required to support people well.

People's capacity was discussed and an initial capacity assessment was carried out when the first assessment of their care needs was undertaken. Families were often involved in decision making, supporting people to make choices and decisions about the care they received. Records showed that staff had considered people's capacity to make certain decisions. If people lacked the capacity to make a decision, staff knew decisions must be taken in people's best interests, with the involvement of the right professionals. Staff understood the key requirements of the Mental Capacity Act 2005. They could describe how people had the right to make their own choices and decisions. Staff told us that people could change how their care was delivered any time they wanted. We were given an example, if people said they wanted to go back to bed one day, this would be their choice and staff acknowledged this.

Some people had a family member who had applied to the court to make decisions on their loved one's behalf and had been granted a Lasting Power of Attorney (LPA). Where this was the case, it was recorded in people's care plans to ensure good communication between people, their family members and staff. People's care plans showed that where people had been assessed as lacking capacity to make decisions, the arrangements in place to support decision making were clearly documented.

The agency provided personal care to people living with dementia. Care plans clearly addressed the support each person required, dependent on their individual circumstances. For instance, some people needed a reminder to make sure they did certain things, such as taking medicines. For others, staff needed to help people to make day to day choices and decisions, such as what clothes to wear or what food to eat.

Some people had help from staff with meals, although most people didn't. Those that did said they chose what they wanted from their fridge. One person told us, "They do help. They always ask what I want and heat it up. They don't cook anything, it usually just needs to be heated up". Another said, "I am happy with my meals, if I want a sandwich they will make it, they ask what I want. I have food ready prepared in the fridge and they just heat it up".

People's nutritional needs were looked at closely. Those who did not eat well and were at risk of malnutrition had assessments in place within their care plan for staff to follow. Staff helped some people by preparing and cooking a meal. Often these were ready made meals but sometimes staff cooked from scratch. One member of staff said, "I find there is time to cook, if there was not then I would tell the office".

Generally, people or their family members managed their own health care needs such as contacting the GP or district nurse. Where people did not have someone to help them, staff supported people to make appointments when required.

Is the service caring?

Our findings

People told us that they were happy with the staff and they found them to be caring. People made lots of positive comments about the staff. One person said, "Yes they are kind, we have a conversation and I can ask them what I want, we have a banter. They always ask what they can do for me". Another person told us, "Yes they are respectful, and caring. I am happy with them".

Relatives too thought the staff had a caring approach towards their loved ones. One family member told us, "The care is excellent. They are kind and understanding, mum feels comfortable, they talk to her as if she was their own mum".

Personal information about people's life history was included in people's care plans when staff had been able to obtain this information. The registered manager said that not everyone wanted to complete it. This information was called 'This is me', and people were encouraged to complete this themselves. We saw examples where people had been happy to complete this and their family members added some detail, for example, if their loved one couldn't remember some events. It was an important addition to the care plan, giving staff an insight into people's lives before they knew them. One person told us, "They are very good, they are interested in you as a person".

Staff told us that people always get their full allocated time, if they are running a bit late, the time is not cut short. Staff said they are as flexible as they can be to respond to people's needs. A member of staff gave us one example where a relative said their mum had unfortunately had a few sleepless nights so could they not attend the morning visit and instead extend the lunchtime visit so she could have a lie in. Staff contacted the office staff to inform them of the plan and confirmed they were able to accommodate the request.

Staff told us they enjoyed their work and enjoyed working with people. One member of staff said, "I feel I have found the job for me, I get a lot of job satisfaction". A fairly new member of staff said, "It is a good company and the staff are nice, I'm happy and have settled in well".

People made their own decisions about the care they received, supported by family members where relevant. They could change how they wanted their care to be delivered whenever they wanted. Staff did as people asked when they visited and if people wanted long term changes to their care, they would contact the office staff to ask them to change the care plan. We were told by staff their requests were always responded to quickly, within a day or two.

People were given information about the agency in the form of a service user guide following their initial assessment, before their support commenced. The service user guide set out the aims and objectives of the service, what services people could expect to receive and information about the staff. The guide also included important information such as how to make a complaint and who to contact if a complaint was not resolved to people's satisfaction.

There was an emphasis on people's abilities when planning the care they received within their home. People

were keen to remain as independent as possible, only having help with the tasks that were necessary. Care plans reflected this, guiding staff to encourage and support people to do as much as they could themselves. Being respectful of people's dignity and privacy was a key element of the support plan, making sure staff thought carefully about their approach. A family member told us, "They are nice and look after mum. Some are better than others, because they know her well and are very good. They will chat and talk to her, keep her cheerful. They are very respectful of her". This showed that the staff provided caring and considerate support.

Families were often fully involved in people's lives, caring for them most of the time. Staff said they enjoyed not only getting to know people well, but also their family members. One staff member said, "It is nice to get to know the family too".

Is the service responsive?

Our findings

People told us they had a care plan and they were involved in reviewing it regularly. People said, "Yes I have a care plan. It's reviewed every year. The family are involved too", and "Yes there is a care plan, we have been involved with it and if there are any changes that need to be made".

For those people whose personal care was funded by the local authority, a social worker or care manager undertook an assessment with the individual first to establish the care required. The registered manager or assistant manager at Xtracare Ltd then carried out their own detailed initial assessment with people. To establish if the registered manager was confident they could meet the person's needs and to discuss with people how they wanted their support to be and at what times. People were asked what times they would prefer to have their support and this would be accommodated where possible. Personal details such as people's next of kin and health care professionals involved in their care were collected to ensure the information was available if needed. People were asked what their routine was and how they wanted their support to be carried out. This was important information for the staff to be able to provide help in the way the person themselves wanted.

Once support commenced, people had a care plan that recorded in detail their assessed care needs. How people wanted their care to be delivered was discussed with them and recorded in detail in the care plan. Step by step guidance in a methodical order meant people's routines were followed by staff who had the information available to carry out the support required. A member of staff said, "People's choices are respected and we do what they want us to do". Staff told us they found the care plans easy to use. One staff member said, "I find the care plans clear and easy to follow, if anything changes in the plans, this is put at the front of the file in bright yellow". They gave an example of when this had happened. A person's needs had changed and staff were required to sit with the person while they were eating to keep them safe. The staff member said this was clearly highlighted at the front of the care file.

Care plans were reviewed regularly to make sure the information detailing how people's personal care was carried out was up to date and correct. Staff told us if people wanted to change their care plan before a review was due, staff would contact the office who would visit the person to make the requested changes. All the staff we spoke to said the managers were very responsive to people's changing needs or wishes and acted quickly to review the care plan. One member of staff told us, "If a change is going to be more permanent then we would let the office know, then someone would visit usually the same day to do a new assessment".

People received a copy of the complaints procedure, explaining how to make a complaint if they needed to, with the service user guide at commencement of receiving a service. People told us they knew how to make a complaint if they needed to. One person told us, "Yes I can talk to the office, they listen well and are polite. They are responsive. I have not had to raise any issues or complaints". Another person said, "I have not had to make a complaint. I can contact the office or my son does this". Complaints made had been logged. What the complaint was about and who made it, with actions taken by the providers, clearly recorded. One complaint was from a family member who did not like the way a member of staff had spoken to their loved

one. The registered manager recorded that she had urgently investigated this. Disciplinary action was taken with the staff member. The complainant was responded to confirming the action taken without breaching confidentiality. One family member we spoke to confirmed they knew how to make a complaint and had done so in the past, "I have had to make a complaint, one carer was not spending long enough, it was as if she wanted to go. The office listened, and she didn't come back. Also one carer didn't turn up at all, I spoke to the office and they dealt with this".

There were also a number of compliments received from people and their relatives, often naming individual staff to praise. One relative telephoned to say that a named member of staff was 'Very good with their mum, a credit to the company and an excellent and first class carer'. Other compliments such as 'Brilliant carers' and 'The bed is made perfectly' were received.

The provider sent out a questionnaire to ask people their views of the services provided on an annual basis and had taken action when negative comments had been received.

Is the service well-led?

Our findings

At our previous inspection on 10 February 2015, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This breach was in relation to Regulation 10, Assessing and monitoring the quality of service provision. Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the regulations. At this inspection we found that the provider had implemented their action plan and improvements had been made to their systems for monitoring quality and safety.

Quality monitoring audits were in place to check the quality and safety of the service provided. Systems were in place for each area that required monitoring on a regular basis. For example, people's care files were audited every month to check the quality of information recorded and to make sure reviews had been undertaken. A random sample were picked out to look at each month. On 6 June 2016, 17 care files had been checked. Regular observational assessments of staff through unannounced visits to people's homes while staff were supporting people ensured the quality of care given by staff. Issues found with staff at the observational assessments were addressed and increased monitoring and checks of the person were seen to take place. Regular staff medicines competency assessments ensured people received their medicines safely by staff who were trained to administer medicines.

People said they thought the service provided was good. People told us,, "I'm happy with the service, I don't want to change as it would be like changing and having a new family again. I can't think of any improvements", and "Yes the service overall is fine", as well as "It meets my expectations and all my requirements at this stage".

Relatives we spoke to were more than happy with the service provided. One said, "It's an excellent service, we are quite satisfied. I can't think of any improvements". Another said, "On the whole it's pretty good. It's very good overall".

Staff were encouraged to raise concerns outside of the organisation should they need to. Staff told us they were given a booklet about whistleblowing and how to go about it.

Staff said they found the registered manager, assistant manager and the staff in the office approachable and always helpful. One member of staff told us, "The people in the office are very approachable. They are all good, they said come in to the office if you want to discuss anything we are always there".

There were examples of staff receiving positive and constructive feedback from managers and senior carers, often being praised for their work. Where staff needed extra support to fulfil their role well, this was given.

The providers were fully involved in the running of the service on a daily basis. One of the partnership was the registered manager who provided practical and daily support to the staff team, getting involved in the care of people. The other partner concentrated on policy and the strategic direction and growth of the service. Both had a full and up to date working knowledge of what was going on.

Staff felt they were well supported, they told us they had one to one supervision meetings regularly and were encouraged to call in to the office at any time in between if they wanted to chat or ask for advice or guidance. One member of staff told us, "I find the managers very approachable, when I have had personal issues to deal with and need time off they have supported me straight away". The staff we spoke to understood their role and what was expected of them. Staff were aware of the expectations, and all expressed their own wish to provide a good service to people.

The provider analysed the questionnaires sent out to people in order to look at trends, to see if the organisation was doing particularly well at some things and not so well at others. These showed that people were generally pleased with the services offered. Some people were not happy about the timing of calls. The agency had looked into these to find out what the issues were, then visited people to explain about the timing of calls. The local authority requested calls within a half hour range, for example, 7.30am to 8am, rather than a specific time. However, if people needed a visit at a certain time, for example, if they were diabetic and needed to take medicines and eat at certain times, staff would do their best to be there at a stated time. We saw one comment about evening calls getting earlier, this was looked into by the registered manager who made sure the visit returned to 5:30pm to 6:30pm. The provider asked for people's views of the service and acted on the responses, trying to resolve concerns and feeding back to people.

Staff had made suggestions that had been acted upon. A member of staff told us, "If I had ideas I would bring these to a group meeting, I do feel listened to". The providers had written to staff in September 2015, responding to the results of the questionnaire staff had completed and returned. The letter shared the common issues raised by staff and what the provider's intentions were in response.