Anchor Trust

Normanby House

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

The inspection took place on 3 December 2015 and was unannounced. We carried out an inspection in September 2014, where we found the registered provider was meeting all the regulations we inspected.

Normanby House is owned and managed by Anchor Trust and is registered to provide personal care and support for up to 25 people who are elderly and may be living with dementia. The home is in Scarborough and is close to local amenities, such as shops and public transport. There is a small car park at the rear of the home.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). 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. The registered manager was on authorised planned leave at the time of our visit. Alternative management arrangements had been put in place to cover for the

Summary of findings

absence. An interim manager was working at the service and was due to leave in April 2016 when the registered manager returns. The interim manager assisted with the inspection.

We found people were cared for by sufficient numbers of suitably qualified and experienced staff. Robust recruitment procedures were in place to make sure suitable staff worked with people who used the service and staff completed an induction when they started work. Staff received the training and support required to meet people's needs.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

The care plans we looked at contained appropriate mental capacity assessments. At the time of our inspection three Deprivation of Liberty Safeguard applications had been carried out. These had been completed and applied for appropriately. There was opportunity for people to be involved in a range of activities within the home or the local community.

People's care plans contained sufficient and relevant information to provide consistent, care and support. People had positive experiences at mealtimes. People received good support which ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity.

The service had good management and leadership arrangements in place. People had the opportunity to comment on the quality of service and influence service delivery. Effective systems were in place which ensured people received safe quality care. Complaints were welcomed and were investigated and responded to appropriately.

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?

Good

The service was safe.

People told us they felt safe. Staff knew what to do to make sure people were safeguarded from abuse. Individual risks had been assessed and managed to ensure people's safety.

We saw that people felt safe with staff through their body language and the way they reacted to staff.

Care plans described the areas of support needed in detail and had associated risk assessments.

Medicines were managed safely.

There were enough skilled and experienced staff to support people and meet their needs. We saw the recruitment process for staff was robust.

Staff understood what was meant by safeguarding and had been trained in safeguarding adults.

Is the service effective?

Good

The service was effective in meeting people's needs.

Staff training equipped staff with the knowledge and skills to support people safely and staff had the opportunity to attend supervision meetings with their line manager to discuss their performance and identify areas of required training and good practice.

Staff we spoke with could tell us how they supported people to make decisions. People or their relatives were asked to give consent about their care, treatment and support and the care plans we looked at contained appropriate mental capacity assessments. Deprivation of Liberty Safeguards applications were made appropriately.

People's nutritional needs were met and people attended regular healthcare appointments.

Is the service caring?

Good

The service was caring.

People valued their relationships with the staff team and felt that they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care.

We noted caring and compassionate interactions between staff and those they were supporting.

Is the service responsive?

Good

The service was responsive.

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support.

There were opportunities for people to be involved in a wide range of activities within the home and the local community.

Complaints were responded to appropriately.

Summary of findings

Is the service well-led?

Good

The service was well led.

The interim manager was very supportive and well respected by the staff team and people who used the service.

The provider had systems in place to monitor the quality of the service.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys, meetings and daily interactions.

Normanby House

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 registered 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 3 December 2015 and was unannounced. The inspection team consisted of one adult social care inspector and a specialist advisor who was a specialist around care and nursing of people including those with mental health conditions.

At the time of this inspection there were 25 people living at Normanby House. We spoke with twelve people who used the service and five relatives. We also spoke with nine members of staff including a team leader, care assistants, the chef, the planned programme manager, an activity organiser and the interim manager. We 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 plans.

Before the inspection, 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

People told us they felt safe in the home. One person told us, "I feel very safe – they know how to make us comfortable." Another person said, "I don't have to worry about anything. We have everything we need right here. Food, entertainment, clean rooms. There is always someone to talk to if you are worried." One relative told us, "I have had no concerns about the home. It is very good." One person wanted to talk to us about concerns and some historical information, we asked their permission to speak to the interim manager about this and they agreed. We were satisfied that the interim manager was meeting with this person on a regular basis and that there were no urgent matters which had not been resolved.

We looked at the safety of the premises and found the home was very clean, odour free, warm and welcoming. People's rooms were varied in size. All of the bedrooms we viewed were personalised and looked comfortable. Corridors around the home were fitted with handrails. The home was also undergoing an extensive modernisation programme. A new lift had been installed, which had clear signage and verbal automated announcements within it to help people find their way to the floor they wanted independently. There was also a large clock and calendar in the lift clearly showing the time and date to help orientate people. The lower ground floor kitchen had been completely rebuilt and during our inspection the temporary kitchen was being dismantled. Despite this extensive refurbishment people who used the service told us they had not had too much interruption and that they still received good well cooked food.

People told us they had been consulted about colour schemes and soft furnishings for the new facilities and that they had enjoyed watching the progress being made. Daylight was supplemented by bright lighting to assist people with visual problems and those living with dementia, which made areas bright and inviting.

Care plans we looked at showed people had risks assessments in place where required and these were updated regularly and where necessary revised. We saw risk assessments had been carried out to cover activities and health and safety issues. These included moving and handling, getting out of bed, falls and nutritional needs. They were management plans in place to manage these. The records identified hazards that people might face and provided 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 minimal restrictions.

We saw people had personal emergency evacuation plans so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. We saw equipment had been regularly tested and all the certificates we saw were in date and valid.

We saw the home's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw fire extinguishers were present and had been serviced within the last twelve months. There were clear directions for fire exits. Staff told us they had received fire safety training and the records we looked at confirmed this.

Staff we spoke with had a good understanding of safeguarding adults; they could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. The staff training records we saw confirmed this. Staff were also aware of the whistleblowing procedure and gave us examples of when this would be used and when they had had experience of this.

The service had policies and procedures in place for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to all members of staff. We saw safeguarding leaflets in the entrance to the home which had the contact telephone number for staff to use. Staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority for them to make referrals or to obtain advice. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

Comments from staff included, "A lovely place to work" and, "It's like they are your extended family" and, "I really love it here, the manager is really open to ideas." One member of staff talked to us about the care provided and told us, "I would be more than happy for a relative of mine to live here, it is lovely."

People we spoke with thought there were enough staff to meet their needs. One person told us, "The staff are very good and there are plenty of them around. I spend time in

Good

Is the service safe?

my bedroom but that doesn't mean I am left alone for hours on end. They call in and make sure I am alright." Another person told us, "There are staff during the night too, they are here if we need anything. I use my buzzer and they come straight away." No one we spoke with raised any concerns about the length of time it took staff to respond to their call bell and staff were spoken about in positive terms.

We found staffing levels were sufficient to meet the needs of people who used the service. On the day of our inspection the home had full occupancy. The interim manager told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff.

The interim manager showed us the staff duty rotas and explained how staff were allocated on each shift. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours. Staff we spoke with confirmed this and stated that agency staff were never used. The interim manager said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

Staff we spoke with told us there were enough staff on each shift and this enabled them to undertake their work in a calm and relaxed way. Staff had handovers twice a day where they discussed changes, appointments and were updated on people's care and support needs. We saw evidence of this recorded in the staff communication book and sat in on two staff handovers.

We reviewed the recruitment process to ensure appropriate checks had been made to establish the suitability of staff to work with people who may be vulnerable due to their circumstances. We found recruitment practices were safe and the service had clear policies and procedures to follow. We saw relevant checks had been completed, which included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

Disciplinary procedures were in place and the employee handbook contained staff code of conduct and the disciplinary appeals process. This helped to ensure standards were maintained and people kept safe.

People told us they got their medication in a timely manner and they were confident that staff had received the right training to be able to manage it properly. One person told us, "I know what I have but I leave it to the staff to give it to me then I don't need to think about it."

Medicines were kept safely and securely in a designated clinical room. This included routine prescribed medicines and controlled drugs, which need to be supervised more stringently than routine medicines. However, it was noted that some stock medicines were being stored on an open shelf. This was highlighted to the interim manager as a concern. Fortunately as contractors were on site, she made immediate arrangements for additional lockable storage cupboards to be installed during our visit.

It was also noted that the clinical room was warm and that routine monitoring of the room was not taking place. Again this was highlighted to the interim manager who arrangements for a surveyor on-site to review the problem. He proposed installing venting in the door to allow a flow of air as the long term solution; this needed to be checked with the fire officer. In the meantime the interim manager arranged for a room thermometer to be purchased on the day of our visit so that temperature monitoring could take place daily.

The service had a designated medicines fridge. This was kept locked when not in use and the working temperature was recorded twice a day. The records showed this was maintained within the required ranges. Each medicines record contained a photograph of the individual resident for identification purposes, and allergies were noted. As and when required (PRN) medicines were also stored. It was noted that there were protocol sheets with the medicines records indicating who could have these, the dosage and what the medicine should be used for.

Creams prescribed for medical conditions were kept in people's bedrooms so that they could be used when people needed them. Staff had detailed instructions about where the cream should be applied and how often. They completed a record and this was checked regularly by senior staff.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were maintained to allow continuity of treatment.

Good

Is the service safe?

We were told by a staff member they undertook regular audits of medication management and staff who administered medication received corporate and local training. They were then supervised and observed before they were assessed as competent to administer medication. The records we looked at confirmed staff had received administration of medication training.

Good

Is the service effective?

Our findings

People who used the service and their relative's told us they thought the staff had the skills and abilities to look after them properly. Everyone spoke positively about the attitudes of the staff, including the interim manager who was described as 'a breath of fresh air.'

We looked at staff training records which showed staff had completed a range of training sessions. These included first aid; health and safety; infection control; mental capacity; food hygiene and dementia awareness. The interim manager said they had a system for monitoring training which highlighted when staff needed refresher training or when new training was required. We saw a programme of training was planned to start in 2016. Staff told us they had completed training, which included moving and handling; fire awareness; safeguarding; food hygiene and nutrition. This ensured people continued to be cared for by staff who had maintained their skills.

We were told by the interim manager that staff completed an induction programme which included orientation of the home, policies and procedure and training. We looked at staff files and were able to see information relating to the completion of induction.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. We saw evidence that each member of staff had received individual supervision and an annual appraisal.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards which provides legal protection for vulnerable people if there are restrictions on their freedom and liberty. 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The interim manager and staff had a good understanding of the MCA and the DoLS application process. We saw three DoLS requests for a standard authorisation had been completed following a mental capacity assessment and had been submitted to the local authority. We saw information was available for people and family members to read and take away if they so wished.

We observed staff supported people to make choices throughout the day. People told us how staff explained things and got their permission before care or supported needs were carried out. One person told us, "The staff ask me before they do anything. I know what is happening and they always check I am happy with things." Another person said, "They explain everything, they make sure I understand. If I am unsure they explain it again."

The care plans we looked at contained appropriate and person specific mental capacity assessments, which ensured the rights of people who lacked the mental capacity to make decisions were respected.

People we spoke with were complimentary about the quality and quantity of food provided. One person told us, "Meals are lovely and there is plenty of it. You can always get more if you want it." Another person told us, "The food is made fresh every day. I always look forward to my meals." Another person said, "We get a lot of choice usually." A relative told us, "From what I have seen the food is of good quality. [Name of person] has never told me otherwise and they would if they didn't like it."

We observed lunch in two separate dining rooms on the day of the visit. There were temporary dining arrangements on the first floor and only part of the lower ground floor dining area was useable as half of the room had been used to house the temporary kitchen. Despite this the arrangements in place were satisfactory. At lunchtime the new refurbished kitchen was being made 'live' so arrangements had been made for people to have fish and chips from a nearby takeaway. People who used the service told us they were happy with this arrangement and this had prompted a lot of discussion about the 'old days' and how the price of everyday items had changed over time. It was

Good

Is the service effective?

noted that lunch was served in an unhurried manner, and additional support was given to people who required it. We saw snacks and drinks were available throughout the day with staff having access to the kitchen when the chef had finished work for the day.

We spoke with the chef who was able to explain people's likes, dislikes and was aware of people's dietary needs. For example, people that required a diabetic diet or pureed food. The chef told us they had a four weekly menu with one choice of main course and one choice of pudding for both the lunchtime and teatime meal. They also confirmed that people were able to have alternatives if they wished. They told us menus were discussed at resident meetings which were held every six months. Where required peoples food and drink intake was monitored, for example if people were at risk of dehydration or not receiving adequate nourishment. There were risk assessments in place where necessary and staff used a range of monitoring tools to assist them when making referrals to dieticians or the doctor.

One staff member told us, "People have a choice but we tend to know what people prefer." Another staff member told us, "The food is lovely. People enjoy the food and it is well cooked."

We saw evidence in the care plans; people received support and services from a range of external healthcare professionals. These included GP's, district nurses and chiropodists. Staff we spoke with told us one local GP attended the home on a weekly basis to review individual concerns. The interim manager told us they were in the process of setting up a 'SKYPE' link with the local hospital which would enable a more efficient exchange when required. We saw when professionals visited, this was recorded and care plans were changed accordingly.

Everyone told us other health care professionals were involved in their or their relative's care as required. One relative said, "The staff are quick to act if there is anything wrong. They always let me know too."

Good

Is the service caring?

Our findings

People told us the home was clean and comfortable, the food was good and the staff were kind and attentive. One person told us, "We are all treated with kindness. The staff listen to what you say and help where they can." Another person said, "It's like home from home. They do their best for us, we are looked after very well." One relative said, "So far so good, the staff put you at ease." They went on to say how they had visited the service prior to their relative moving in and were impressed by how the staff made sure they knew what to expect and took time to explain details and the arrangements in place.

Staff we spoke with told us they were confident people received good care. One staff member told us, "We looked after people very well, the care is good and that's what matters." Another staff member said, "The people at Normanby House are important to us, we want to do a good job and we do."

We saw that people were comfortable in their surroundings and were able to spend time in the communal areas or their own bedrooms. The premises were spacious and allowed people to spend time on their own if they wished. One person told us, "I like to spend time on my own; they don't pester me about it. I do what I want. It's my choice." Another person said, "The staff are always there to help me, I go to my room after meals and they know I like to do that." A relative told us, "The staff seem quite relaxed and make sure [named relative] is where they want to be. I visit sometimes and they are in the lounge, and sometimes they are in their room. They seem to be able to choose where they sit and spend their time."

During our inspection we observed positive interaction between staff and people who used the service. Staff were attentive, respectful and treated people in a caring way. It was evident from the discussions with staff and interim manager that they knew the people they supported very well. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information. Staff knew people by name, and some of the conversations indicated they had also looked into what they liked, and what their life history had been. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed their work and were proud to say they worked at Normanby House.

People's care was tailored to meet their individual preferences and needs. People looked well cared for, they were tidy and clean in their appearance which was achieved through good standards of care. One person told us, "They are wonderful here, in every way you could want. I feel happy and content."

People told us they were treated with respect and their privacy and dignity was taken into account when they were being assisted with personal care and support. One person said, "When you have to get undressed they are sensitive to that and take care to protect your modesty." Another person said, "I am kept covered by a towel when getting in and out of the shower, they are careful not to cause me too much embarrassment. That's important."

Staff spoke about the importance of ensuring privacy and dignity were respected, and the need to respect individuals personal space. Staff gave examples of how they maintained people's dignity. One staff member told us, "The door must always be closed when you are helping people to have a bath. I wait outside a toilet when I am helping until they tell me they need my help. I make sure they know I am there if there is a problem." Another staff member told us, "I knock on people's bedroom or toilet doors before I go in." We saw examples of this whilst in the home. We also gained the impression that staff had a genuine wish to provide high quality of care

We saw relatives and visitors were able to visit without restriction. A relative told us, "I come

as often as I can. Everyone is made welcome here."

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. We spoke to one relative who had experienced this recently. They explained to us that a senior member of staff had visited their relative to find out more about them before offering them a room. Staff had then followed this up with the relative with a more detailed discussion about the person, so they could write a care plan which included detailed information about the person. Information was also gathered from a variety of other sources, for example, any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life and ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which should have provided staff with the information to deliver appropriate care.

Staff we spoke with told us the care plans contained relevant information to help meet people's individual needs. One staff member told us, "We have a lot of information and the care plans are detailed in a way which helps us get to know the person and how they like their care to be given." Another staff member said, "The care plans are very detailed."

People we spoke with were not aware of their care plan but their relatives said they had been involved in planning and reviewing the person's care.

People told us staff responded quickly if they rang their call bell. One person told us, "If I need to ring my bell they come very quickly." One relative talked to us about their family member's needs. They told us, "Yes, their needs are met. She is always well cared for, they make sure she is comfortable."

People's care plans reflected the needs and support they required. The records included information about their personal preferences and were focused on how staff should support individual people to meet their needs. We saw evidence of care plans being reviewed regularly and the reviews included all of the relevant people.

We saw people living at the home were offered a range of social activities. We saw a noticeboard providing information detailing up and coming events at the home. We saw activities included exercises, quizzes and board games. People told us they enjoyed the activities. We were also told that trips out were organised, including a season outing to the local garden centre. An activity organiser was employed by the service and they spoke enthusiastically about their role and the positive impact activities were having on people. Some activities were organised in a group setting but time was also given to those who preferred to have one to one time, which was organised when people were reluctant to join in group activities.

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the interim manager or the staff team. The interim manager told us people were given support to make a comment or complaint where they needed assistance. However, since the introduction of feedback sessions with people who used the service, any issues or 'niggles' were dealt with immediately before minor concerns escalated. They said if people did complain this would be fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw the home had not received any recent complaints. We saw there was a clear procedure for staff to follow should a concern be raised and a copy of the complaints policy was displayed in the entrance to the home.

People we spoke with could not recall being given information about how to make a complaint but they did not see this as a problem. One person told us, "I would speak to the manager or one of the staff if I needed to. But they are always checking everything is alright so I would tell them if it wasn't." A relative told us, "We are encouraged to give our view, good or bad. If I had to complain about anything I would say it directly. I think everyone would feel comfortable doing that."

Good

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission but was absent from work due to planned authorised leave. An interim manager was in post and this had been notified to us prior to the change. The interim manager was in post until April 2016, when the registered manager was due to return to work. The interim manager worked alongside staff overseeing the care given and provided support and guidance where needed. They proactively engaged with people living at the home and were clearly known to them. The interim manager does not live in the locality and it was agreed with the provider that she would live in on the premises to cut down on travelling time and also spend time getting to know the people using the service and the staff team. This they said had worked out really well and that there had been a positive outcome to this arrangement. This was confirmed by the staff team who had appreciated the 'hands on' involvement and the focussed attention on supporting them in their role.

People who used the service and visitors were very positive about the staff and management of the home. People we spoke with told us they would recommend the home to others. People described the home as, "A proper home from home, the way a residential home should be." One comment was made about the running and management of the home. "The atmosphere is all inclusive; she [the interim manager] wants to get it right, it's important to her."

Everyone we spoke with told us they knew who the interim manager was and that they were visible around the home and spoke with them regularly. The interim manager told us they worked with the whole staff team to create a home they could be proud of and a culture that was open and honest. Staff reported to us that morale was high.

Staff we spoke with told us the home was well managed and the interim manager was approachable and always happy to listen. One staff member said, "I feel supported by the manager and we can discuss anything with her, she is keen to try new ways to see if it works." Another staff member said, "We have a good staff team and work together well."

The interim manager told us they monitored the quality of the service by quality audits, resident and relatives' meetings and talking with people and visitors. We saw there were a number of audits completed, which included clinical environment, housekeeping and falls. The audits were detailed and we saw evidence which showed any actions resulting from the audits were acted upon in a timely manner. We also saw a monthly report completed by the interim manager which included occupancy levels, staff rotas, staff training, complaints, activities and the environment. This meant the service identified and managed risks relating to the health, welfare and safety of people who used the service.

Records showed the interim manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrence. We saw one person had had a high number of falls and slips, usually in their bedroom. We saw a falls assessment had been carried out and as a result of this a new floor covering had been provided in the person's bedroom. The number of falls had reduced significantly meaning this person was being better protected from falling because of the action taken. This meant the service identified and managed risks relating to the health, welfare and safety of people who used the service.

Staff told us they had daily handover meetings, were able to discuss any issues with the registered manager at any time and had no difficulty in raising any concerns they might have.

Although people could not tell us if they had been involved in giving feedback of any kind, other than day to day conversations, we noted that meetings were held regularly with relatives and people who used the service, called 'Friends and Family' meetings. The minutes of these were not available at the time of our visit, but relatives did refer to them during our discussions with them.

The interim manager told us there was an annual survey carried out by the provider but that she was not aware when the last one was done. She agreed to check with the area manager and if necessary send out questionnaires. However, it was clear that the interim manager was in regular contact with people who used the service and their representatives, and despite this not being a formalised process she was confident that the overall levels of satisfaction were good.