Nestor Primecare Services Limited

Allied Healthcare Ormskirk

Inspection report

8 Swan Alley
Ormskirk
Lancashire
L39 2EQ

Tel: 01695571991
Website: www.nestor-healthcare.co.uk/

Date of inspection visit:
13 June 2017

Date of publication:
07 August 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This comprehensive inspection was announced, which meant that we gave the provider 48 hours' notice of our inspection, in line with CQC guidance for inspection of domiciliary care services. This is so we can arrange for someone to be at the agency office to assist with access to information we need to see.

An inspector from the Care Quality Commission visited the agency office on 13 June 2017. An expert by experience spoke with eight people who used the service or their relative by telephone. An expert by experience is a person who has had some experience of the type of service being inspected or has been involved in caring for someone within this particular client group.

The service delivery manager was on duty when we visited Allied Healthcare [Ormskirk] agency office. She had worked for the company for a period of 17 years and was in the process of applying as registered manager of the service 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 and associated regulations about how the service is run.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The MAR [Medication Administration Record] for one person did not include the dose and frequency of one medication. We found hand written entries on the Medication Administration Records (MARs) had not been signed, witnessed and counter signed, in order to reduce the possibility of medications being transcribed incorrectly. We made a recommendation about this.

Records showed new staff received a good induction and that staff were regularly observed at work by supervisors. The staff team were well trained and those we spoke with provided us with some good examples of modules they had completed. Regular supervision records were retained on staff personnel files and annual appraisals were evident.

Staff were confident in reporting any concerns about a person's safety and were aware of safeguarding procedures. Recruitment practices were robust, which helped to ensure only suitable people were appointed to work with this vulnerable client group.

The planning of people's care was based on an assessment of their needs, with information being gathered from a variety of sources. Evidence was available to show people who used the service or their relatives, had been involved in making decisions about the way care and support was being delivered. However, one plan of care we saw could have been more person centred in one area. We discussed this with the manager at the time of our inspection. We were satisfied that she would provide more detailed guidance in this area without delay.

Regular reviews of needs were conducted with any changes in circumstances being recorded well. Areas of risk had been identified within the care planning process and assessments had been conducted within a risk management framework, which outlined strategies implemented to help to protect people from harm.

Complaints were well managed and people were enabled and supported to make choices about the care they received. People we spoke with were very complimentary about the care workers and the management of the agency. Everyone felt the agency was well run and that staff were well supervised.

People were supported to maintain their independence and their dignity was consistently respected. People said staff were kind and caring towards them and their privacy and dignity was always respected. Staff spoken with told us they felt well supported by the manager of the agency and were confident to approach her with any concerns, should the need arise.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Health and social care risk assessments appropriately reflected any safety issues. The recording of medicines could be improved.

People were safeguarded from abusive situations and staff had received training in relation to safeguarding vulnerable people.

Recruitment practices were robust and staffing levels were sufficient to meet the needs of those who used the service.

Environmental risk assessments were detailed and emergency plans helped to protect people from harm.

Is the service effective?

Good

The service was effective.

New staff received a good induction and were well supported. Staff were regularly observed at work and the staff team were well trained. Regular supervision records were retained and annual appraisals were evident.

Staff we spoke with were knowledgeable about people's needs and interacted well with those in their care.

Staff had received training in The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Consent was obtained from people before care and support was provided.

Is the service caring?

Good

The service was caring

Staff treated people with respect. Their privacy and dignity was consistently promoted. People were able to develop a good bond with their care workers.

Staff were kind, respectful and caring towards those they supported and they respected what was important to them. People were able to make decisions about the care and support

they received and their personal details were maintained in a confidential manner.

Is the service responsive?

Good

The service was responsive.

The planning of people's care was in accordance with their assessed needs and although the plans of care were well written, these could have been more person centred in places. However, we were satisfied that the one area discussed with the manager would be addressed without delay.

People were able to make choices about the care and support they received and staff were kind and caring towards those who used the service.

Complaints were well managed and people were confident to discuss any concerns with the manager at any time.

Is the service well-led?

Good

The service was not consistently well-led.

There was a culture of openness and transparency within the agency and people we spoke with felt the service was managed well.

The processes adopted by the agency for assessing and monitoring the quality of service provided were good and highlighted areas for improvement. However, medication audits were not always effective.

People who used the service were asked for their feedback and this was taken into consideration by the management team.

Allied Healthcare Ormskirk

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Allied Healthcare [Ormskirk] is located in the town centre. There is ample office space to facilitate meetings, private interviews and staff training. There is a public car park in very close proximity to the agency office. At the time of this inspection the service was supporting 120 people in the community and 55 care staff were appointed.

Agency workers provide personal care and domestic duties for people who live in their own homes, so they are able to remain in the community for as long as possible. Good support is provided by the administrative staff working in the agency office. Allied Healthcare [Ormskirk] is owned by Nestor Healthcare Limited and is inspected by the Care Quality Commission.

Prior to this inspection we looked at all the information we held about this service, including things the provider had told us. We also listened to what people had to tell us and we were in regular discussion with local commissioners and community professionals about the service provided.

During our site visit to the agency office, we spoke with the registered manager and we looked at the care files of 15 people who used the service. This enabled us to establish if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed. We spoke with four members of staff and checked their personnel records. Other records we examined included, policies and procedures, accident records, methods for assessing and monitoring the quality of service provided and the complaints register.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us that they felt safe using the service of Allied Healthcare. Their comments included: "Oh, yeah, I trust them [the carers]"; "They [the carers] wouldn't dream of harming me." And, "Oh yes. I feel safe."

One person told us that the care workers did their shopping twice each week and recorded it in a book, which the service user signed.

We asked what people would do if they were worried about something. Their responses included, "I would speak to the office. I have the number"; "I would ring the head office"; "I would ring the number in the book for the office." And, "I would tell them [the carers]. After that I would tell the office. I don't want to go behind their backs."

The care staff were described as being, 'Caring', 'Friendly', 'Nice' and 'Humorous.' One person said, "We have a good rapport."

Relatives we spoke with told us that they felt their loved ones were safe when receiving support from Allied Healthcare, but some highlighted issues at weekends, in relation to staff not turning up and different staff arriving to deliver care. One relative commented, "I have the head office phone number. I rang them, due to some staff not turning up at weekends, so there was no food and drinks. This has happened about half a dozen of times. No carer went from 5.30pm, through to the next day at 10.30am. [Name] was still in bed without breakfast and not up. I was not happy that [name] had no breakfast and supper."

Detailed medication policies and procedures were in place at the agency office, which covered areas, such as self-administration, consent, mental capacity, risk assessing and refusal of medications, storage and disposal. This helped to ensure that current legislation and good practice guidelines were available for the staff team.

Staff spoken with confirmed they had received training in the administration of medications and were periodically observed giving out medications, which was formally recorded. Records showed that this training was renewed every three years.

During our inspection we assessed the management of medicines. We looked at a selection of Medication Administration Records [MARs]. The MAR for one person, contained a hand written entry, which stated, 'Cetrizine'. No dose or frequency was recorded. The MAR showed that one tablet of Cetrizine was being given each morning, which was the prescribed amount. The hand written transcription on the MAR chart had not been signed by the person making the entry or by a witness. If this had been done, then the missing dosage may have been identified.

We noted that a medication audit had been conducted to cover this period, which showed that some shortfalls had been identified. For example, one member of staff had used blue ink, instead of black and

gaps on MAR charts had been highlighted. The provider had taken appropriate action to address these areas.

It is recommended that the system of producing handwritten MAR charts be reviewed. This would help to ensure that prescribed dosages are always recorded and that any handwritten records are signed, witnessed and countersigned, in order to reduce the possibility of transcription errors.

A recently updated business continuity plan was in place, which provided staff with guidance of action they needed to take in the event of an environmental emergency, such as severe weather conditions, failure of utility supplies, flood, extreme heat, fire, gas leak, vandalism or power failure.

Staff told us they were confident in reporting any concerns they had about the safety of those who used the service. Records showed staff had completed training in safeguarding adults. This helped to ensure the staff team were fully aware of action they needed to take should they be concerned about the welfare of someone who used the services of Allied Healthcare [Ormskirk]. Detailed safeguarding policies and procedures were in place at the agency office and staff we spoke with were aware of these.

Staff members confirmed that all relevant checks were conducted before they were able to start working for Allied Healthcare [Ormskirk] and records seen confirmed this information to be accurate. All employees worked a probationary period of three months, to ensure their work performance was satisfactory and to decide if they wished to continue with their employment.

We found the recruitment practices to be robust. We looked at four staff personnel files and found that details about new employees had been obtained from records, such as application forms, rehabilitation of offenders act declarations, written references, health assessments and Disclosure and Barring Services [DBS] checks. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can make a decision about employing or not employing the individual.

Recognised forms of identification had been obtained and rigorous documented interviews had been conducted to ensure prospective employees were suitable candidates for employment. One member of staff told us that a DBS had been completed by a previous employer three weeks prior to starting work at this location. However, Allied Healthcare conducted their own police check before this staff member was able to provide care and support for people in the community. Records showed that DBS checks for Allied Healthcare workers were repeated every three years. This helped to ensure the staff team remained suitable to work with this client group.

A variety of care assessments within a risk management framework were in place, in accordance with the policies of the agency. Detailed environmental risk assessments were also in place. This helped to ensure environments were kept safe, so that people were protected from injury.

We noted that a personalised plan for maintaining a safe environment had been generated for one person who had complex medical needs. Health care risk assessments had also been carefully developed, to ensure appropriate measures were implemented in order to reduce the risk of harm. These covered areas, such as nutrition, pressure care, emotional well-being, moving and handling, falls, medicines and the environment.

The agency premises were situated on the first floor of the office building. The office was suitable for its needs, with ample technical equipment being provided. There were rooms available for meetings, interviews or staff training, which were clean and well maintained.

Accidents were documented accurately and records were maintained in line with data protection guidelines. This helped to ensure personal information was retained in a confidential manner. Staff spoken with confirmed risk assessments were conducted and these were retained at people's homes, as well as the agency office.

Records showed that staff completed basic life support training every three years and staff spoken with felt confident in dealing with emergency situations and were fully aware of the policies and procedures in place at the agency office. They told us of action they would take in the event of certain emergencies arising. Policies and procedures had been developed, which instructed staff about action they needed to take, should an emergency situation arise.

Good

Is the service effective?

Our findings

We asked people if their care workers were punctual and if they stayed for the allocated amount of time to complete the duties expected of them. The responses we received included: "Oh they are always on time. They are very good and very punctual"; "They see to my needs. We have perhaps ten minutes for a nice chat. They stay here for a good half an hour, as agreed"; "Sometimes they may bit a bit late. It's just the traffic and weather. I don't mind if it's just the traffic"; "They leave a bit late. Five minutes or so. They stay right through"; "They often arrived on time. One off lateness and no phone call. I asked for the reason why and the carer said she didn't know how long it would take the ambulance to get to an emergency with another client. Recommended to ring me if she is late"; "They stay for 20-25 minutes for a 30 minutes session." And, "They do what I asked them to do."

We noted that new staff were provided with a wide range of important information, such as a staff handbook, policies and procedures, terms and conditions of employment, contracts of employment and job descriptions relevant to individual roles. Together these documents covered important information, which people needed to know at an early stage of their employment, such as codes of conduct, grievance and discipline procedures, safeguarding adults and whistle-blowing policies, health and safety, complaints, lone working, promoting independence, medical emergencies, advocacy and the management of medications. We noted that a regular newsletter was also circulated for staff, which told them about training, timesheet completion, compliments received, hours of work and carer of the month. This helped the staff team to keep up to date with any relevant information.

We were able to discuss induction programmes with new employees, who told us that the information and initial training provided was sufficient for them to be able to do the job expected of them. We were told that the probationary period for new staff members was twelve weeks, during which time they progressed through a workbook, which was supplemented by written knowledge checks following each training module. This helped to ensure staff, had retained and understood the information provided and was in line with the care certificate. One staff member described their induction as, 'Brilliant'. Another staff member told us that new staff were monitored for the first twelve weeks of their employment, during which time they completed a coaching passport, which included a series of 'shadow shifts' with their allocated care coach. This initial structured training for new staff incorporated feedback from clients and colleagues. One staff member said, "It is important to get to know people and their little ways."

Records we saw showed that the induction programme for new staff covered areas, such as health and social care, role of the worker, duty of care, personal development, principals of care, handling information, lone working, whistle-blowing and person centred support. New care workers completed review records following their first shift, which highlighted areas that had gone well and any challenges or concerns they may have faced.

Staff we spoke with told us they had regular supervision from their manager and records we saw confirmed this to be accurate information. We noted that the first supervision to be held was following week three in the community, then again following week four to discuss progress. After the induction of new staff annual

appraisals were introduced and frequent supervision meetings were held with line managers, in order to discuss work performance and to identify any concerns or additional training needed. Spot checks were also regularly conducted. This helped to make sure that staff members were performing to an acceptable level.

Training records showed that all staff members completed a wide range of learning modules regularly. Certificates of training were retained on staff files and staff we spoke with gave us some good examples of training they had completed, such as health and safety, safeguarding adults, infection control, the Mental Capacity Act and moving and handling. On the day we visited the branch office we observed one care worker being trained to administer eye drops. It was explained to us that one person, who this carer supported had just returned home from hospital with prescribed eye drops. The care records of another person showed that a contingency plan was in place, which showed that staff who supported them had received specific training to ensure they were able to meet their complex health care needs, with easy access to clinical advice, as needed. Therefore, individualised training and competency assessments were being provided in accordance with specific needs.

The computerised training plan incorporated a traffic light system, which highlighted the level at which an individuals' training programme was at. For example a green light showed the training was up to date, amber showed training was due and red indicated training was overdue. This enabled the registered manager to be aware when a staff member's training had lapsed and where a red light showed then the individual staff member was unable to work until all relevant training had been completed.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

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.

Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. Policies and procedures were in place at the branch office, which covered the MCA and Deprivation of Liberty Safeguards [DoLS]. Staff had received training in these areas.

Where possible written consent had been obtained from people in a variety of areas, including consent for care and support and consent to the written plans of care. However, the records of one person who used the service showed that a relative had signed their loved ones' consent forms. The registered manager told us that the relative had Lasting Power of Attorney. However, there was no evidence available to confirm this. The company policy in relation to consent indicates that if a client is unable to sign a consent form, then there must be evidence of a Power of Attorney authorised to sign on their behalf. Otherwise decisions need to be made in the clients best interests and this was confirmed as being completed in the files we examined. The registered manager contacted the relative by telephone whilst we were at the agency office to arrange for a copy of the legal authorisation to be provided.

Good

Is the service caring?

Our findings

We asked people about the approach of their care staff. The comments they made included: "They are nice. I can have fun with them."; "Previously the young one had an attitude problem, but not since I told her off"; "They are respectful. No problems with that." And, "Yes, they are nice."

We asked if people were involved in planning their own care. We received mixed responses, such as: "Yes, it is drawn up with [name] involvement. An annual review is done with [name] attending and staff from the local authority"; "Not really. I don't think I have a care plan. They do know what they are doing." And, "No, my care plan is done on a general basis by the head office."

When we talked about people being supported to be independent and staff respecting their privacy and dignity we were told, "Yes, she does [promote independence and respect privacy and dignity]. She is a good kid"; "Oh, yes, always has done"; "Yes, in general, they do." And, "Oh yes. They have been here with me so long now. They know what to do."

One relative commented, "I was given a whole load of information to read, when [name] first started." Another told us of a situation in which they felt the need to discuss it with the office staff. They told us that the concerns they had raised were sorted out appropriately.

People we spoke with expressed their satisfaction about the care they received and the agency staff who supported them. However, four people told us that care workers did not have sufficient travelling time allocated, which meant that they did not always stay for their allotted time. We discussed this with the manager of the branch, who confirmed that this had already been identified as an area for improvement and action was being taken to rectify the situation. The allocation of care workers had been reorganised, so that groups of care staff were working in smaller clusters within specific catchment areas, which reduced the possibility of staff travelling long distances between calls. One member of staff we spoke with confirmed this information as being accurate. They told us, "I can walk around my clients. They are all close together."

Staff we spoke with were evidently eager to do a good job and it was clear that they cared about the people they supported. The plans of care we saw covered areas such as privacy, dignity and promoting independence, particularly during the provision of personal care. Staff we spoke with were fully aware of the importance of these areas and they knew people in their care well, by being knowledgeable about their needs and how they wished care and support to be delivered.

The agency's policies and procedures provided staff with clear guidance about data protection and the importance of confidentiality, so that people's personal details and sensitive information was always protected.

Information about the service could be produced in a variety of different formats. For example, in large print, Braille or on CD for those with varying degrees of sight loss and in alternative languages for those whose first language was not English. This provided everyone with equal opportunities, by enabling them to have

access to the same information, despite their nationality, age or disability.

We looked at the care records of 15 people who used the service and found they or their relatives had been given the opportunity to decide how care was to be provided. This helped to ensure people were supported in a way they wanted to be. Six of the people we spoke with confirmed that a copy of the care plan and a log book was retained at their house for care workers to refer to and for them to record daily events.

Good

Is the service responsive?

Our findings

People told us that their care workers were responsive to their needs and that they would know how to make a complaint, should the need arise. Only one person told us that they had made a complaint in the past, but that it was dealt with promptly. One person said, "Oh, I know how to complain." And another commented, "I would not have any problem in making a complaint if I had to."

We randomly selected the care records of 15 people who used the service. These files were well organised, making information easy to find. We chatted with eight of the people whose records we examined or their relatives and discussed the care received. People told us they were happy with the care and support delivered by the staff team.

Good assessments of needs had been conducted before a package of care was arranged. This helped to ensure the staff team were confident they could provide the care and support required by each person who used the service.

Plans of care had been developed from the information obtained at the pre-admission assessment and also from other people involved in providing support for the individual, such as other professionals, relatives and the individuals themselves. The needs of people had been incorporated into the plans of care and regular reviews had taken place, which clearly identified any changes in needs and which involved those who used the service.

We found the plans of care to be, in the main well written, person centred documents, providing staff with clear guidance about the assessed needs of people and how these needs were to be best met. They outlined people's likes and dislikes well and highlighted individual preferences.

One person, who had complex medical needs was supported to attend university, where they lived during term time, and to continue their passion for training and playing wheelchair rugby for the university team. Clear goals had been developed, to ensure health care needs were being appropriately managed. The care files we saw covered areas of choice and preferences.

The plan of care for another person contained some vague terminology. For example, the care plan for moving and handling read, 'Ensure profile bed is at correct height to prevent injuries to carers'. 'Assess each visit and decide whether to walk [name] with zimmer frame and two carers or use glider commode. Assistance required. Use profile bed controls to position head rest at suitable height.' We discussed this with the manager at the time of our inspection. We were satisfied that she would provide more detailed written guidance in this area.

We noted that 'Early Warning Screening Checklists' were used to identify any concerns in relation to people's health, safety and welfare. These provided prompts for appropriate escalation to external authorities or other professional bodies. For example, a change in skin condition could be an early warning sign that a pressure wound may develop and therefore professional intervention would be required in order to reduce

this potential risk.

A system had been implemented, which helped to ensure a smooth transition when a person was discharged from hospital back home. This involved the agency contacting the hospital to discuss any changes in an individual's condition before discharge, so that appropriate services could be resumed.

All activities completed by the carer had been recorded appropriately within the plans. This included any personal care provided, meals prepared or housekeeping tasks. People who used the service or their relatives had signed the plans of care to indicate they had been involved in their development and were in agreement with the contents. Records showed that people had been given information about how to contact the agency office and people confirmed that they were able to discuss care and support at any time with the management team.

A detailed complaints policy was in place, which was included in the information provided to those who used the service and this clearly explained the process to follow, including expected time scales for responses and investigations. It also provided people with contact details of the organisation's head office and the local authority, should people wish to make a complaint outside the agency itself. A system was in place for the recording and monitoring of complaints received, with a quarterly summary produced in a pie chart format, for easy reference. People we spoke with told us they would know how to make a complaint, should the need arise.

Good

Is the service well-led?

Our findings

On our arrival to Allied Healthcare [Ormskirk] we explained the inspection process to the registered manager and we requested a range of documents and records to be available. These were provided promptly and without hesitation. The registered manager and office staff were co-operative throughout our inspection.

On the whole a good quality monitoring system had been established by the organisation. This helped to ensure that an acceptable level of service was delivered and aided in recognising some shortfalls which needed improvement.

The Statement of Purpose had recently been updated. This provided both current and prospective service users with a wealth of information about the service, such as the aims and objectives of the organisation, the complaints procedure, customer groups and the services and facilities available.

The agency focused on a culture of openness and transparency. A quality policy was in place, which showed the organisation had a clinical governance committee, which looked at areas such as safety, effectiveness, equality and diversity.

Staff we spoke with told us the registered manager conducted regular checks on practices and systems adopted by the agency. These included obtaining feedback from people involved with the service and through the auditing processes. Records seen supported this information and action plans had been developed in some areas where shortfalls had been identified. All positive responses were received from the recent customer surveys, with overall summary ratings being produced in percentages and bar chart formats, for easy reference. The audits we saw covered a wide range of areas such as staff personnel files, care plans, safeguarding referrals, complaints, and health and safety issues.

A recent inspection conducted by the local authority was supported by an action plan, which covered framework criteria, dates actions were completed and types of evidence available, in areas such as support planning, personalisation and choice, safety, medicines, recruitment, training and management.

The manager of the agency told us she felt well supported by the company and had easy access to advice, if needed. She also confirmed that the care delivery director from the organisation visited the branch office twice a week.

A computerised system recorded all relevant information about events, including action planned. This was automatically escalated to the management teams and levels of concern were identified. Lessons learnt and how improvements could be made were recorded, which demonstrated a good management system for monitoring the quality of service provided.

The on-line quality monitoring systems were explained to us. These consisted of a Compliance Customers Reporting Tool [CCRT] and a Compliance Reporting Tool [CRT] for staff. These tools allowed the management team to check that all records for those who used the service were up to date and that staff

members had completed all necessary learning modules. These systems were reviewed and updated each week to ensure full compliance.

We saw minutes of team meetings and branch forums, which were held periodically and we were told of weekly manager's conference calls. This allowed relevant information to be disseminated to the staff teams and encouraged people to discuss any topical issues in an open forum, should staff members wish to do so.

A wide range of updated policies and procedures were in place at the agency office, which provided staff with clear information about current legislation and good practice guidelines. This helped the staff team to provide a good level of service for those who received care and support from Allied Healthcare [Ormskirk]. The registered manager told us that the company had achieved an external quality award. This showed that periodic quality assessments were conducted by an external organisation.

We saw a variety of compliment notes had been sent to the agency office by people who had used or were using the service or their relatives. Records showed that the organisation was an equal opportunities employer, so that all applicants were given a fair and equal chance of obtaining employment. Staff members said the manager was approachable and well-liked. They felt comfortable talking to the manager about any issues.

One member of staff said, "I absolutely love it. If I am not sure about something I just pick up the phone for advice. You have to really want to do this job, because you want to care for people, not just because you want a job." Another commented, "I am very happy in my job. I wouldn't dream of going to work for anyone else." Staff we spoke with had a good understanding of their roles and responsibilities towards those who used the service.