Amrit Limited

Safe Harbour Dementia Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 1 June 2015 and was unannounced. We arrived at the home at 9.30am and left at 7pm.

Safe Harbour Dementia Care Home is registered to provide personal and nursing care for up to 49 older people. On the day of the inspection 12 people were living in the home.

The home has single room accommodation over two floors. Each floor has lounges, dining areas and bathing and toilet facilities. There is also a garden, which has a summerhouse.

The home has not had a registered manager for two years. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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.

We carried out an unannounced inspection of this service on 28 January and 2 February 2015. Breaches of legal requirements were found. After the inspection, the registered provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We have had a number of concerns about this service for the last two years and have taken enforcement action against the registered provider. We asked the provider to take action to make improvements in obtaining consent to care and treatment, care and welfare of people who use the service, safeguarding people from abuse, management of medicines, safety of premises and equipment, supporting staff and assessing and monitoring the quality of service provision. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements.

A new manager and deputy manager had been appointed and the manager had applied for registration.

At this inspection we found that some improvements had been made to the décor and furnishings to provide a dementia friendly environment in the part of the home that was occupied by people who used the service, but the ground floor of the home was in need of refurbishment. We also found that the provider had not taken any action to address matters identified as requiring 'immediate remedial action' in a report of the examination of the electrical installation, although action was taken following the inspection.

We found that the experiences of people who lived at the home were more positive.

People's needs were assessed and care plans were developed to identify what care and support people required.

There were regular reviews of people's care and welfare and people were referred to appropriate health and social care professionals to ensure they received treatment and support for their specific needs. Medicines were administered safely.

There were enough staff to meet people's needs. The staff ensured people's privacy and dignity were respected. We saw that bedroom doors were always kept closed when people were being supported with personal care.

People could choose how to spend their day and they took part in activities in the home and the community. The home employed activity organisers who engaged people in activities in small groups during the day.

Staff had received specific training to meet the needs of people using the service and received support from the management team to develop their skills. Staff had also received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff spoken with were confident that any allegations made would be fully investigated to ensure people were protected.

There were processes in place for responding to complaints.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

The new manager had implemented processes to monitor the quality of the service and seek people's views and we saw these had been acted upon to improve the service.

The previous rating for this service was inadequate. The manager at the time of the inspection had been in post for two months and had made a number of improvements but it was too early to determine whether the improvements would be sustained.

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?

Requires improvement

The service was not safe.

We found that although action had been taken to improve safety, all of the improvements to ensure the safety of people were not made. Issues identified as requiring 'immediate remedial action' during an electrical installation periodic examination on 12 January 2015 had not been addressed at the time of the inspection.

The registered provider had systems in place to make sure people were protected from abuse and avoidable harm. Staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Recruitment records demonstrated there were systems in place to ensure staff employed at the home were suitable to work with vulnerable people. There were enough staff to ensure people received appropriate support to meet their nursing and personal care needs.

Medicines were managed safely and appropriate emergency procedures were in place.

Is the service effective?

Requires improvement

We found that action had been taken to improve effectiveness but the service was still not always effective. Some areas of the home not currently occupied by people who used the service were in need of refurbishment.

Staff received on-going support from senior staff to ensure they carried out their role effectively. Formal induction, training and supervision processes were in place to instruct staff and enable them to receive feedback on their performance and identify further training needs.

Arrangements were in place to request heath, social and medical support to help keep people well. People were provided with a choice of refreshments and were given support to eat and drink where this was needed. Where the home had concerns about a person's nutrition they involved appropriate professionals to make sure people received the correct diet.

The registered provider complied with the requirements of the Mental Capacity Act. The manager and staff had a good understanding of people's legal rights and the correct processes had been followed regarding Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were provided with care that was with kind and compassionate.

Summary of findings

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their families in order to provide person-centred care.

Is the service responsive?

Requires improvement

The service was responsive.

People who lived at the home and their representatives were consulted about their care, treatment and support. Information was recorded to provide staff with the most up-to-date information about people's needs. However, the information was not always easy to find because the files were not in any order and there was some out of date information contained in them.

People were given choices throughout the day. People were given choice about activities, food and how they spent their day. People were supported to go out into the community and see their families.

People who lived at the home and their relatives were listened to and their feedback acted upon.

Is the service well-led?

Requires improvement

We found that action had been taken to improve leadership but the service was still not well-led.

The service had not had a registered manager for two years. The manager at the time of the inspection had been in post for two months and had made a number of improvements but it was too early to determine whether the improvements would be sustained.

The staff we spoke with said they were confident they could raise any concerns about poor practice and these would be addressed to ensure people were protected from harm.

There were new systems in place to make sure the staff had reflected and learnt from events such as accidents and incidents and investigations. This helped to reduce the risks to the people who used the service and helped the service to improve and develop.

Safe Harbour Dementia Care Home

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 took place on 01 June 2015 and was unannounced. We arrived at the home at 9.30am and left at 7pm. This inspection was done to check that improvements to meet legal requirements planned by the provider after our previous inspection had been made.

The inspection was carried out by two adult social care inspectors, a pharmacist inspector and a specialist adviser with qualifications, skills and experience in caring for people with dementia.

Before the inspection we reviewed all the information we already held on the service and contacted the Health and Safety Executive, and the local authority who funded the care for some of the people living there.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported during their lunch and throughout the day. We reviewed five staff recruitment files, staff training records, and records relating to the management of the service such as audits and policies and procedures. We also spoke with the manager, the cook, the maintenance person, the administrator, the activity organiser and three care staff.

People who lived at Safe Harbour were not able to communicate verbally with us because they were living with advanced dementia, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot talk with us. We also reviewed the care records of five people.

Requires improvement

Is the service safe?

Our findings

At our last inspection in January 2015 we found that people weren't being adequately protected from the risk of abuse. This was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to take action to make improvements and this action has been completed. People who used the service were protected from the risk of abuse.

At this inspection we found that the registered provider had safeguarding policies and procedures in place to guide practice on keeping people safe from harm and staff training records showed that safeguarding training had recently been delivered to staff. All staff had been given a copy of the whistleblowing procedure. Staff that we spoke with told us what steps they would take if they suspected abuse and were able to identify the different types of abuse that could occur. They said they were confident about raising concerns with the manager and that appropriate action would be taken. Records demonstrated that the current manager followed the correct procedures when any concerns were identified and reported them to the appropriate authorities.

Individual risk assessments were completed for people who used the service, including a personal evacuation plan in case of emergency. Staff were provided with information as to how to manage risks and ensure harm to people was minimised. Each risk assessment had an identified hazard and management plan to reduce the risk, which was reviewed at least monthly. Staff were familiar with the risks and knew what steps needed to be taken to manage them. Where people had behaviours that challenged the service, care plans were drawn up to inform staff about what may trigger this behaviour and the best way to manage that person's behaviour to defuse the situation. Staff we spoke with were familiar with people's risk assessments and care plans.

Staff took appropriate action following accidents or incidents. These were reviewed by the home's manager to make sure that steps had been taken to minimise risk.

On the day of the inspection there was one nurse, one senior care assistant and two care assistants on duty until midday, when one of the care assistants went off duty. We looked at the staff rotas and saw that these were the usual staffing levels in the day and that at night the home was staffed by one nurse and two care assistants. We asked three members of care staff if there were enough staff to meet people's needs. They considered that there were enough staff and the additional member of staff on duty in the morning meant that they could work in pairs to assist people getting up and having breakfast. They said that agency nurses were used but not agency care staff. The nurse on duty was an agency nurse, but worked at Safe Harbour regularly so knew the people who used the service well. The manager told us that staff rotas were planned in advance according to people's support needs. In addition to the care staff there was an administrator, a maintenance person, two domestic staff and two catering staff.

We looked at the staff recruitment files and saw that all the necessary checks had carried out on staff before they were employed, with the exception of one member of staff who had worked at the home for a year. This person had no references on their file, although other required documentation such as a criminal records check were present. The manager and administrator could not explain this because they were not employed at the home at the time. Staff who had been employed later had two references as required.

At our last inspection in January 2015 we found that the management of medicines was not safe and that some people were being given their medicines disguised in food or drink without obtaining the appropriate consent . The provider had continually failed to protect people against the risks associated with the poor management of medicines since 2013 and had previously paid a fixed penalty for this offence. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to take action to make improvements and this action has been completed.

At this inspection we found that the management of medicines was much improved.

We looked at the medicine records of all 12 people living in the home. All the medicines people needed were available in the home and the receipt and disposal of medicines accurately recorded, which meant that all medicines could be accounted for. Medicines were kept safely and at the right temperature. However, no explanation had been recorded when occasionally the maximum temperature reading for the medicine refrigerator was too high.

Requires improvement

Is the service safe?

One person had been given a medicine in the early morning before our visit. This was recorded in the person's daily notes but not on their medication administration record (MAR). All other records on MARs were complete.

We found that four people who lived at the home were being given their medicines covertly (hidden in their food or drink). This was clearly documented in their care plans and authorised in the right way. However, the home had not received any advice as to which food or drinks to use when disguising particular medicines. The medicine could be ineffective if mixed with a food or liquid (for example, milk) with which it was incompatible.

We watched the nurse give some people their morning medicines. We saw that medicines were administered in a safe, kind and respectful way. One person was given their medicines hidden in a drink; the nurse stayed nearby until the person had finished drinking to make sure no-one else took the drink. Where the timing of medicine administration was important for a person's well-being, the nurse recorded the exact time the medicine was given.

Emollient creams were kept in locked cupboards in people's rooms and the person's carer kept the key. We visited three people's rooms to look at application records for these creams and found that carers were using and recording creams the correctly.

Medicines that are controlled drugs were stored and recorded in the way required by law. This reduces the chances of mishandling or misuse. We checked that the stock balances written in the controlled drugs register were correct.

People who were prescribed one or more medicines 'when required' had individual care plans that were kept with their MAR. The care plans explained why the medicine had been prescribed and how staff could tell if the person needed the medicine. However, two people prescribed a mild painkiller when required had pain measurement charts but no care plan.

The manager had carried out a thorough assessment of the new deputy manager's ability to handle medicines safely, and planned to assess all the nurses employed by the home. Checking that staff are competent to use medicines helps to protect the people living in the home from harm.

At our previous inspection in January we found that proper checks had not been carried out and that brakes on some beds were not working, which had resulted in somebody falling out of bed. We reported this to the Health and Safety Executive (HSE). Prior to this inspection the HSE said they had no current outstanding concerns.

Since the last inspection the maintenance person had attended health and safety training and he provided a number of files and folders that contained information about repairs, maintenance and servicing that had been carried out. These showed that equipment was checked and serviced at the required intervals and staff were trained in its use. However, we noted that a five yearly examination of the electrical installation carried out in January 2015 identified that 7 matters required 'immediate remedial action'. A quote had been obtained for the work, but it had not been carried out. When this was pointed out to the manager, who had not been in post in January and was unaware of the report, she arranged for an electrician to visit the next day. She has since notified us that the work has been completed.

A fire risk assessment had been completed three years ago, but had not been reviewed in light of the fact that people who used the service were only accommodated on the first floor.

Emergency procedures and contact numbers were available for staff.

Requires improvement

Is the service effective?

Our findings

People's nutritional needs were met. We observed morning drinks, lunch and afternoon drinks being served. People were offered choices, for example in the morning they were offered a selection of hot and cold drinks and snacks such as biscuits, yogurt or crisps. At lunch time the dining tables were set with tablecloths, cutlery, glasses and condiments and a pictorial menu was on each table. There were two choices of main course and dessert. Staff offered assistance where necessary, for example asking people if they would like their meat cut up. People were not rushed and staff checked they had finished or if they would like a bit more before clearing plates. Drinks were available throughout the day and we saw staff regularly asking people if they wanted a drink.

The care records showed that people had a nutritional assessment completed and people's dietary needs and preferences were recorded. People were weighed at least monthly to make sure they were maintaining a healthy weight. One person had lost a small amount of weight last month but we saw that their care plan was reviewed and additional measures were put in place, such as weekly weights, offering food more frequently and offering a fortified diet.

The care records showed that, when necessary, referrals had been made to appropriate health professionals. There were records of healthcare professional visits including GP, psychiatrist, optician, audiology, podiatrist. We saw a record of a medication review by one person's GP in March 2015 and records of people having a flu vaccination.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). At our last three inspections we found that staff had not been supported to deliver care safely and to an appropriate standard, particularly in relation to supporting people who lacked capacity to make certain decisions, such as whether to take their medicines or whether they wished to be resuscitated in the event of a cardiac arrest. This was a breach of Regulations 18 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the registered provider to take action to make improvements and this action has been completed.

At this inspection we found that people received care from staff who were now aware of their responsibilities and had the knowledge and skills to carry out their roles effectively. Staff had received recent training in these topics and had read the policies available. The policies had also been discussed at staff meetings. There was evidence that people's capacity to make decisions had been assessed, and when someone did not have the capacity to make a specific decision a best interests meeting had been held with the person, their family, health and social care workers and where necessary an independent mental capacity advocate (IMCA). The manager had applied for DoLS authorisations as required, and where a person's liberty was being restricted (for example they were unsafe to go out of the home on their own), the correct DoLS authorisation documents were in place. However, there were no care plans in place to evidence that care was provided in the least restrictive manner.

Induction training was provided to all new staff. Staff also shadowed more experienced staff until they were assessed as competent to work on their own. The manager was in the process of reviewing the induction training to ensure it met the standards of the new Care Certificate, which sets out explicitly the learning outcomes, competences and standards of care expected in health and social sectors.

We viewed the staff training records and saw that the majority of the staff were up to date with required training. Staff were supported to continue with their professional development and obtain National Vocational Qualifications in health and social care.

Records showed that staff had started to receive regular supervision, which included individual and group supervision and observations of their practice. Staff said the manager and deputy manager were very approachable and supportive, listened to their suggestions for improvement and were acting upon them.

We toured the premises and grounds to determine whether the environment was safe and suitable for people living with dementia. Some refurbishment had taken place on the first floor, where the people who used the service were accommodated. It was clean and homely in appearance. Bedrooms were personalised and there were appropriate furnishings and equipment. Some vacant bedrooms were awaiting refurbishment. Doors were numbered and had pictures or photographs so that people could more easily identify their own rooms. Bathrooms and communal areas

Requires improvement

Is the service effective?

had dementia-friendly signage. Clocks and calendars showed the correct time and date. There were some themed areas with objects of interest that people could pick up and examine and staff could use as conversation pieces with the people who used the service. The lounge was a comfortable size for the twelve people currently resident in the home, there were fresh flowers in a vase and people had side tables they could reach to place drinks and reading material. The floor was part carpet and part linoleum in differing colours, which could be perceived as hazardous to people with visual perceptual impairment. In addition to the lounge there was a large dining room and a small quiet room.

The manager told us that the ground floor of the home was not ready for occupation because it required redecoration and replacement of soft furnishings. We looked around all parts of the ground floor and made the following observations. The sluice room did not have a lock, just a hook and eye type catch. Some bedrooms were being used for equipment storage. Some bedrooms and en-suites were in need of redecoration and had shabby furniture and wrinkled carpet. Two bedrooms had a smell of stale urine although they looked clean and had been unoccupied for several weeks. Some rooms had very thin curtains that would let light in. We also noted that in the ground floor dining room there was a lot of noise, such as footsteps and the movement of furniture, coming from the dining room above which had hard flooring.

The entrance to the home was well-maintained with a themed area relating to the period of the second world war to commemorate VE day. There was also information displayed including the complaints procedure, information about safeguarding, information about activities and actions taken as a result of the last customer satisfaction survey.

There was an enclosed garden with a summerhouse. There were quite a few weeds and very little colour. The manager said she had just engaged a gardener to improve the grounds.

Good

Is the service caring?

Our findings

People were comfortable and relaxed with the staff who supported them.

Staff we spoke with showed a caring attitude towards those in their care. We saw that staff were patient, friendly, supportive and used people's preferred names. They continually interacted with the people in their care, offering support and encouragement. People were given choices, such as whether they wanted to stay in their room or go to the lounge. We noted that staff interaction with people was much better than on previous inspections.

We also saw staff treating people with dignity and respect. Staff knocked on bedroom doors before entering and ensured doors were shut when carrying out personal care. We did see a notice on the wall in one person's bedroom containing instructions for staff about the person's medication. The date on it showed that it had been there for several months. It was not appropriate for the information to be displayed in this way and should have been with the medication records.

In the morning the activities organiser engaged some people in a game of skittles and sat with another person discussing the news in the paper. One person who used the service was receiving nail care and offered a choice of nail varnish colours. Another person who used the service came in to the lounge wearing a hat from the hat stand in the corridor. Staff complimented them and discussed the detail of the hat and the person enjoyed the interaction. Someone else had their hair done by the visiting hairdresser and asked the staff numerous times if they thought their hair looked nice and the staff complimented them on each occasion as if they had asked for the first time. The visiting hairdresser was supported by the staff and the activities coordinator to do both men's and women's hair.

However, we did note that at one point in the lounge in the morning, the television was on mute, the radio was playing music and people were being engaged in a game of skittles. Although no-one appeared distressed, too much sensory stimulation can cause distress for people with dementia.

In the afternoon nine people were sitting in the first floor lounge. The activities organiser was sitting with people in the lounge and told us people had enjoyed going to the hairdresser. We saw that one person liked to hold hands with staff and was very affectionate. Staff responded appropriately to this.

The activities organiser told us that at the recent relatives meeting, families were asked if they would provide personal information about people's life histories. The staff considered that this would be very useful in helping them to find points of contact to communicate with people, for example they knew that one person had always enjoyed singing and was encouraged to do this.

We considered that people's individuality was acknowledged and respected.

Staff we spoke with were familiar with the information recorded in people's files. People's bedrooms were personalised and contained photographs, pictures, ornaments and the things each person wanted in their bedroom.

People's wishes for end of life were also recorded. For example, some people had a do not attempt resuscitation (DNAR) order document in place and an advanced care plan (a plan of their wishes at the end of life). We saw that the person concerned and their family were involved in this decision and that it had been discussed with the staff.

Requires improvement

Is the service responsive?

Our findings

People received personalised care, treatment and support and were protected from social isolation and loneliness.

At our last inspection in January 2015 we found that he service was not responsive to people's needs. When people's needs changed or new risks emerged, the service was not always responsive and people were put at risk of harm. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the registered provider to take action to make improvements and this action had been completed.

Care staff we spoke with were able to tell us about people's individual needs and daily routines. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. Staff clearly knew the people well and said that two people liked to spend time in their rooms.

The provider employed activity organisers who supported activities and entertainment for people who used the service. The activity organiser on duty told us that three people had a trip out around the Wirral and to Parkgate last week. They were also planning to take one person out shopping. They said when the weather was fine they could use the 'Lighthouse Café' in the garden for activities. They said they were able to do one to one activities with most people, and had found that only one person did not respond at all to social interactions.

The care records we looked at showed that people's needs were assessed and appropriate, person-centred care plans were in place and up to date. These included care plans for short-term needs, such as a chest infection. Care plans were, in the main, detailed and informative and were reviewed at monthly intervals or when needs changed. Daily notes were comprehensive and contained meaningful information. However, care records were not always in a useful order to enable important current information to be accessed easily, for example a short term care plan for a person who had a urine infection was far back in the file. There was old information in some files that was no longer relevant. Some care files had limited information about the person's life history and interests, but this was being addressed by the manager. A short-term care plan relating to a wound on one person's leg was unclear about the size and nature of the affected area. The wound was not described adequately and this meant that it would not be possible to measure whether it was improving.

We recommend that nursing records are maintained in accordance with the Nursing and Midwifery Council Code (Professional standards of practice and behaviour for nurses and midwives).

We observed the manager in various parts of the home throughout the day speaking to people who used the service and staff.

There was evidence that, since our last inspection, meetings had been held with people who used the service and their relatives to keep them informed of our findings and seek their views on the running of the service.

The complaints procedure was available for people to see. There had not been any complaints recorded since the previous inspection and the manager had received seven written compliments about the service. She also handed us a sealed letter, which a relative had asked her to pass to the inspectors next time they visited. It was very complimentary about the care received by her mother at Safe Harbour.

The noticeboard in the entrance area provided people with information on the outcomes of consultation. There was a section entitled 'You Said, We Did', which showed suggestions that people had made to improve the service and what action had been taken. For example; people had asked for a hairdressing service, a gardener and for more information on activities available, all of which had been provided.

Requires improvement

Is the service well-led?

Our findings

The home had not had a registered manager for two years and in previous inspections we had found serious shortcomings in care provision for people who used the service. In that period, there had been four consecutive managers, none of whom had applied for registration with the Care Quality Commission. This was a breach of Section 33 of the Health and Social Care Act 2008 because the registered provider was failing to comply with a condition of registration that requires that the home is managed by an individual who is registered to manage the regulated activities at that location. The manager in post at this inspection had been in post for two months and had applied for registration. She had made a number of improvements but it was too early to determine whether these would be sustained.

Staff told us this manager was approachable, valued their opinions and treated them as part of the team. They said they felt well supported and could easily raise any concerns and were confident they would be addressed appropriately. Staff meetings had been held and issues of concern noted and addressed. In addition, the manager held a daily ten minute meeting with senior staff. Staff we spoke with told us they had been informed of any changes occurring within the home, which meant they received up to date information and were kept well informed.

Since the last inspection two meetings had been held with people who used the service and relatives to inform them of the previous concerns raised by CQC and what the registered provider was doing to improve the service. Meetings had also been held with staff. The manager had engaged the services of an independent advocate who had interviewed staff and relatives to seek their views of the management of the home. We were able to see records of the interviews, and the responses had been positive.

We saw evidence that the manager had implemented audits of the service. These included health and safety audits and care audits as well as a 'walk around' of the building each day making observations of care practice and the environment. The manager also held a short daily meeting with senior staff to discuss any incidents that had happened in the last 24 hours, staffing, any identified risks and planned activities. We saw evidence that the manager had identified areas for improvement and addressed them. For example, she had had made sure that tables were set attractively at mealtimes and newspapers and magazines were available in the lounge.

We saw that she audited all accidents and incidents to identify if there were any patterns to accidents and to review how risks to people who used the service could be reduced. There were key performance indicators for safeguarding, pressure ulcers, weight loss, falls, bedrail usage, infections and hospital admissions. These were also audited monthly.

We had been notified of reportable incidents as required under the Health and Social Care Act 2008.

The registered provider sought feedback from people who used the service and their representatives through questionnaires. There was also a comments/suggestions box by the entrance to the home. In a recent survey, although people had made suggestions for improvement, all said that overall they were satisfied with the service.