The Villas Care Homes Ltd

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Inspection report

69 - 71 Wilson Street
Derby
LE1 1PL
Tel: 01332 383187
Website:

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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 14 July 2015 and was unannounced.

The Villas Care Homes Limited is registered to provide residential care and support for 16 people with mental health needs and/or a learning disability. At the time of our inspection there were 13 people using the service. The service is a converted residential property which provides accommodation over three floors. The service is located within a residential area and has an accessible garden to the rear of the property.

At the last inspection of the 6 June 2014 we asked the provider to take action. We asked them to make improvements to systems that assess and monitor the quality of the service. We received an action plan from the provider which outlined the action they were going to take and identified their intention to implement changes to be in place by 24 June 2014. We found that the provider had taken the appropriate action and had entered into a contract with an external agency. The provider had undertaken an audit as to environmental improvements, of which some had been acted upon with others having targets dates for achievement over the next eighteen months.

Summary of findings

The Villas Care Homes Limited did not have a registered manager in place. A manager had been appointed and had been in post for six weeks at the time of our inspection. The manager advised us of their intention to submit an application to the Care Quality Commission to become registered. We will monitor this situation to ensure that a registered manager is in post to ensure that the service is managed well.

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.

People we spoke with told us they felt safe at The Villas Care Home and were confident to speak with staff if they had any concerns. Staff were knowledgeable as to whom they should report information to should they believe someone was at risk of or experiencing abuse. People's records included information as to how staff were to keep them safe.

People's safety was not fully supported as those who were prescribed medicine to take as needed did not have a protocol in place that provided guidance for staff to follow to ensure people received their medication consistently. There was not a robust system for recording the quantity of medicine prescribed for this purpose; therefore it was difficult to determine whether the stock of medicine on site was accurate.

We found there were sufficient staff on duty to meet people's needs. Staff training systems were not robust as not all staff had received training relevant to their role to meet the needs of people using the service. The provider had recently entered into a contract with an external provider for the purpose of training staff.

Staff until the appointment of the manager had not had been supervised or had their work appraised for some time. This had meant that the service people received had not been monitored for its effectiveness. Staff supervision and meetings had begun to take place and staff spoke positively about the manager stating they were supportive and available.

People were protected under the Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS). We found that appropriate referrals had been made to supervisory bodies where people were assessed as not having the capacity to make decisions.

People could speak with the provider, manager or staff if they had any concerns. However they were unclear as to whom they could speak with outside the service, including independent advocates. People were unclear as to their rights. People's records did not in all instances contain information as to their capacity to make decisions and record their views about aspects of their care. Staff had not undertaken training in the MCA and DoLS.

People's dietary needs were met and people we spoke with were complimentary about the food. The provider had commissioned a dietician to review the menus and had made suggestions as to how the health of people could be promoted through the implementation of changes to their diet. The provider told us that the service had a smaller kitchen, referred to as the rehabilitation kitchen which was accessible and provided people with an opportunity to make themselves drinks.

People's health and welfare was promoted as people had timely access to health and social care professionals and were supported by staff to attend appointments.

People spoke positively about the staff. We saw that staff were caring and supportive. Staff provided reassurance when people became distressed and our discussions with staff showed that they were committed to providing a good quality service for people they supported. .

People were involved in the development and reviewing of their plans of care. However their views about their lifestyle choices, for example smoking and the management of their finances were not fully documented to ensure people's rights and choices were protected. People who smoked were seen smoking outside in a designated area which protected them from the weather.

We noted that people in the afternoon had the opportunity to be entertained by a visiting singer and we saw some people dancing and clapping to the music and singing. We found that people in the morning listened to

Summary of findings

the television or radio. However, there were few activities taking place in the morning and we did not see any items for people to access to entertain themselves such as games or puzzles.

People told us that they had contact with their relatives, which included going out to local cafes and going on holiday. A number of people were looking forward to a holiday that was being planned by the manager.

The provider had recently appointed a manager. The manager had begun to introduce changes with regards to the day to day running of service in conjunction with the provider. The provider had very recently entered into contracts with external organisations for the provision of staff training along with a quality assurance package that would be used by the provider to audit the quality of the service provided across a range of areas. In addition they would keep the provider abreast of any changes in legislation and provide them with updated policies and procedures. These systems had not as yet been fully implemented and therefore there was limited information for us to view as to their effectiveness.

The manager had, since their appointment, introduced meetings for people using the service as well as staff meetings and staff supervision. This was as a result of feedback from people using the service and staff. Meetings and supervisions were in their infancy and therefore we had limited information to determine whether these had had an impact on people who used the service.

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 consistently safe.

People felt safe at the service and were confident that they could speak with staff, however they were not aware as to whom they could speak with independently of the service. Staff were aware of their role and responsibilities in reporting potential abuse, however they had not all received the relevant training.

There were enough staff on duty to keep people safe and meet their needs.

Staff were safely recruited to help ensure they were appropriate to work with the people who used the service.

Medicine was administered by staff that were trained and records showed people's medicine was administered. Systems for recording medicines which were prescribed to be taken as and when needed were not robust.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff had not attended training in all areas that were relevant to the needs of people using the service. The appraisal and supervision of staff had recently been introduced.

People's consent to care and treatment was sought in line with legislation, however decisions about their care, support and treatment within their records did not fully reflect guidance as detailed by the Mental Capacity Act 2005.

People had sufficient amounts of food and drinks and people told us they liked the food served. We found people's ability to get food and drinks when they wanted was limited.

Staff understood people's health care needs and referred them to health care professionals when necessary.

Is the service caring?

Good

The service was caring.

People said the staff were supportive and our observations showed that staff responded to people's needs.

Staff encouraged people to make decisions about their daily lives.

Staff supported people with empathy and understanding with regards to their dignity.

Summary of findings

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People's needs were assessed prior to moving into the service and they were involved in some aspects when reviewing and developing their plan of care.

People we spoke with told us that the staff team were approachable. People's views as to their opportunity to influence and comment upon the service were mixed as systems for seeking people's views had recently been introduced.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

The manager had recently introduced systems to provide opportunities for people using the service and other stakeholders to share their views to influence the service.

The service did not have a registered manager. The manager who had recently been appointed had introduced staff supervision and appraisal and had developed systems to improve communication between staff.

The provider had recently introduced a quality assurance system. The system was in its infancy and therefore systems to monitor improvements were not available to view. An audit of the environment had identified changes, of which some improvements had been made.

The Villas Care Homes Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 June 2015 and was unannounced.

The inspection was carried out by two inspectors.

We contacted commissioners for social care, responsible for funding some of the people that live at the service and health and social care professionals who provided support to people and asked them for their views about the service.

We also reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service.

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

We spoke with five people who used the service. We spoke with the provider and manager and three members of care staff. We looked at the records of three people, which included their plans of care, risk assessments and medicine records. We also looked at the recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe at The Villas Care Home, one person saying, "Yes I feel safe, if I was unhappy I'd talk to staff." We asked them who they would speak with if they were unhappy with the staff they told us, "I'd speak with [manager's name]. A second person told us, "I do feel safe here, but I don't like it when other residents get upset and shout at each other." One person was aware that they could contact their social worker if they had any concerns, however they did not have any contact details for them, which restricted their opportunities to express concerns.

We looked at how the provider protected people and kept them safe. The provider's safeguarding (protecting people from abuse) policy provided staff with guidance as to what to do if they had concerns about the welfare of any of the people who used the service. The provider had recently through an external agency introduced new policies and procedures.

We spoke with staff and asked them how they would respond if they believed someone who used the service was being abused or reported abuse to them. We found staff to be clear about their role and responsibilities. Staff comments included, "I would have no hesitation in going to one of the managers, CQC, or the council. I couldn't live with myself if something happened to one of the residents and I didn't do anything about it." Staff we spoke with told us they had not received training on protecting people from abuse, whilst the nurse on duty told us that they had but had arranged the training themselves. The provider told us they had entered into a contract with an external company to provide training, which would be undertaken on-line and staff would have their competency and knowledge assessed. The manager was able to provide confirmation as to the training planned.

Plans of care included risk assessments where potential risks had been identified whilst providing care and support to people. Examples of identified risk included where someone was at risk of poor nutrition. The person's records showed that staff were to encourage the person to eat and that a 'fortified' diet was required, which included the use of ingredients to promote weight gain and the use of supplement drinks. Another example of identified risk was with regards to the safety of someone who had seizures. There was guidance as to how staff were to support the person to maintain and promote their safety.

We found risk assessments were in place for emergencies or untoward incidents that may take place and when questioned staff we spoke with all confirmed they had looked at people's plans of care and were aware of how to deal with emergencies.

There was an accident and incident reporting policy and procedure and we found records had been completed when required. The incident records included a chronology of events, control measures and recommendations. All relevant information had been completed however when we looked at an incident and cross referenced the this with the person's plans of care we found the information had not been used to review or update the person's plan of care, this had the potential to compromise the safety of the person. We spoke with the manager and staff about this, they told us they had liaised with health care professionals and had organised an earlier appointment to so the person and them could discuss their concerns, however this had not been documented and therefore could impact on the consistency of care and support the person received.

We found there to be certificates in place for equipment and maintenance of the building, which included heating and water systems and equipment which included hoists and slings. The fire risk assessment was dated May 2014; however the manager was able to evidence that an external contractor was visiting the week following our inspection to review the fire risk assessment. People's plans of care included personal evacuation plans should there be a fire. The provider and manager told us that once the fire risk assessment had been reviewed they would ensure people who used the service were aware of the fire procedure by talking with them in resident meetings. This would ensure people using the service knew how to respond should there be a fire at the service.

We looked at staff rotas and found that the manager undertook weekly assessments with regards to staffing numbers to ensure there were sufficient staff to meet people's needs. We found there was a nurse on duty at all times, who were supported by a senior carer and two

Requires improvement

Is the service safe?

carers during the day and a carer during the night. The provider confirmed that they had on occasions used agency staff, however this was rare and the rota for the four weeks we viewed did not include the use of agency staff.

The provider used an external agency to support with legal matters with regards to staff employment. People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. We found that the relevant checks had been completed before staff worked unsupervised at the service, which included a check as to whether nurses were registered with the appropriate professional body.

We looked at the medicine and medicine records of three people who used the service and found that their medication had been stored and administered safely. One person told us, "I have my medicine, the nurse gives it me." People's records showed that their medicines were regularly reviewed by a range of health care professionals, which included psychiatrists, general practitioners and nurses.

People's plans of care included information about the medicine they were prescribed which included the use of PRN medication (medication, which is to be taken as and when required). We found there to be no PRN protocols in place, which meant there was a potential that PRN medicine may not be administered consistently as there was no clear guidance for staff to follow. We spoke with the provider, manager and nurse who told us they would put into place PRN protocols, with the involvement of health care professionals where necessary.

A clear audit of PRN medicines received into the service was not in place which meant the provider could not be confident that people had received their medicines as prescribed; this had the potential to impact on the health, safety and welfare of people. We spoke with the provider, manager and nurse who told us they would improve the system of recording information about medicines, which they would audit to ensure people's medication, was managed safely.

Requires improvement

Is the service effective?

Our findings

Staff we spoke with said that the training they had received was not sufficient. Staff said that their training needed to be updated since the service's re-registration with a new provider.

The provider and manager confirmed that a contract with an external agency had been agreed and that they would provide training consistent with the recently introduced Care Certificate. The Care Certificate provides a set of standards for social care workers to enable them to have the necessary introductory skills, knowledge and behaviour to provide compassionate, safe and quality care and support. The manager told us they were meeting with the trainer during the week of our inspection to discuss specialist training to include mental health, the management of behaviour which is challenging, diabetes and epilepsy awareness.

Training certificates were on display in the entrance foyer and were dated July 2014 for a range of subjects related to people's health, safety and welfare. We found staff had not received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant people's support and care may not always be reflective of good practice and may put unnecessary restrictions on people's choices and decision.

The manager had an understanding as to their responsibilities and under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager told us that someone who used the service had a DoLS authorisation in place which had been granted by a 'Supervisory Body'. We looked at the persons records and found that the provider was complying with the conditions where these had been applied by the 'Supervisory Body'. A DoLS assessment and authorisation is required where a person lacks capacity to make a decision and needs to have their freedom restricted to keep them safe or to have their needs met.

One person's records showed that they had been supported by an 'IMCA', which is an independent mental capacity advocate, who had acted on their behalf as they had been assessed as not having the capacity to make decisions about the medicine they were prescribed. This showed that the provider had ensured the person's rights had been protected.

People's records in some instances incorporated an assessment as to their capacity to make an informed decision in relation to specific aspects of their care. Where people had been assessed as not having the capacity a best interest decision had been made on their behalf to ensure that they received effective care and support.

We identified some instances where people did not have an assessment to determine their capacity in relation to their day to day their lives, which included the management of finances, medicines and the storing of their cigarettes. We spoke with the provider and manager about ensuring people's capacity was assessed and their views recorded to ensure people's lives were not unnecessarily restricted and that the serviced promoted positive risk taking in order to promote people's independence and choice. The manager during the inspection began consultation with a person's social worker to organise meetings to discuss decisions made on their behalf.

We saw that there were jugs of squash available for people to serve themselves. The service had a smaller kitchen which was referred to as the rehabilitation kitchen. This was accessible to people and could be used to make themselves drinks.

We saw that a member of staff served hot drinks from a trolley during the day. A person who used the service told us, "The trolley comes round every three hours, but you can't have a snack when you want one as staff will say, 'nothing has been left out'. We can have a drink of diluted squash but not pop." The provider told us that facilities for making hot drinks was available to people within the 'rehabilitation kitchen'.

We were told that no one using the service required a specialist diet, with the exception of diets for people with diabetes. The provider told us they had enlisted the services of a dietician who had produced a report which included healthier options to promote the health of those using the service. We saw the report which the nutritionist had produced, which identified changes the provider could make that would improve the health of those using the service.

We observed the lunch time meal and noted that people were offered a choice of food and that the menu was displayed on the wall in another area of the service and not on the wall of the dining room it was therefore unclear as to

Is the service effective?

whether people had had the opportunity to look at the menu. The provider told us they were looking to introduce table menus which would also be pictorial to assist people in making choices about the meals they ate. We spoke with people and asked them about the meals, people's comments included, "It's all very nice." And "It's lovely, thank you." A third person told us, "I don't like liver or mushrooms, but I like everything else."

People's records included information as to their dietary requirements and preferences, which included information to encourage healthy eating. To promote people's health some people were routinely weighed and had assessments in place, which were regularly reviewed with regards to their nutrition. One person who was at risk of losing weight due to a poor appetite had a diet which maximised nutritional content to assist them in gaining weight.

People's records were comprehensive and showed that people had access to timely medical support to promote and maintain their health. Records showed a wide range of health care professionals were involved in people's care, which included psychiatrists, general practitioners, nurses, opticians, chiropodists and dentists. On the day of the inspection a member of staff supported someone to attend a dental appointment. We also observed the nurse on duty liaising with a person's general practitioner about their deteriorating mental health. This showed that staff were effective in promoting people's well-being.

It has been recommended by the government that a 'health action plan' should be developed for people with learning disabilities. This holds information about the person's health needs, the professionals who support those needs, and their various appointments, along with information as to their likes and dislikes and communication needs. These were not in place. We found that the service did not have for each person an accident and emergency 'grab sheet', this information would be taken with the person should they need to access emergency or planned medical treatment, to assist health care staff in the provision of care and support. The lack of such documentation could potentially impact on the care and support people received when they accessed other health care providers.

Good

Is the service caring?

Our findings

We saw that staff supported people with care and compassion. They spoke kindly to people and observed them for any signs of distress. Where people did become distressed we saw that the manager and staff supported them, providing reassurance whilst promoting their safety. A member of staff told us, "We're keeping an extra eye on [person's name] and trying to support them as much as possible until their mood has lifted."

Several of the staff had worked at the service for over ten years. One member of staff told us, "I love it here; it's a real family atmosphere." And a second member of staff said, "These residents are my second family, I love them all."

One person we spoke with told us they were not aware of their plans of care; however the provider and manager assured us that these were regularly discussed with each person. The plans of care we reviewed had in some instances been signed by the person and included information as to their preferences. This showed that people were involved in their care and support.

Staff were seen to treat people with dignity and respect, they referred to them by their preferred name and gave them space and privacy when they required it. Staff told us that all personal care was undertaken within people's bedrooms. Staff said that if someone displayed behaviour which was disinhibited then they would try and maintain their privacy as much as possible.

We were told that relatives were able to visit whenever they chose and a member of staff told us that families now visited a lot more often than they had in the past. The nurse on duty told us that the care was good and person centred, whilst a carer said "the care is people-led, we are just here to guide and support."

People had independent access to their bedroom, as their door was lockable and they had a key. People in some instances were able to come and go as they pleased, where they had the ability to do so. Some people required the support of staff when accessing community services. The provider told us that people did not have a key to the front door for safety reasons; however everyone had independent access to the rear of the service.

Requires improvement

Is the service responsive?

Our findings

In the afternoon a visiting entertainer arrived at the service, they played songs to which they sang along to and encouraged people to join in. A number of people were seen laughing and enjoying themselves, whilst some stood up and danced.

During the morning we did not see people take part in any activity, a majority of people sitting within the communal area, near to the radio or television. The environment provided limited stimulation for people, as there were no items of interest for people to look at or interact with. We noted that some people chose to sit outside in the garden or within the designated smoking area, where people spoke with each other and had a drink. A number of people went out independently to community services, which included shops.

People had a senior carer and a carer who was their appointed key worker. The keyworkers role was to support the person in attending appointments, to develop positive relationships with people and promote consistent care and information. Keyworkers also liaised with people's relatives. This encouraged and developed relationships between those using the service, their relatives and staff.

The manager told us that a beautician and hairdresser regularly visited. They told us that a number of people visited the local pub every other Tuesday and that people took part in arts and crafts on Friday's.

The manager told us that a fundraising day was being planned for August and that monies raised would be used to buy equipment including games. They told us they had been in touch with local colleges and that a majority of people would be starting a range of college courses in September. One person told us, "I've been out for tea, and I'm going on holiday in October to Butlins at Skegness with some of the others and staff, I'm really looking forward to it". They went on to say "I'm going to college soon but I don't know what course I'm going to do as yet."

We were told that trips had been planned to the sea-life centre, Chatsworth House, Matlock illuminations and that people regularly went to Markeaton Park for picnics. One person told us, "I love craft work, water colour painting, colouring and making animals."

One person told us that they regularly met up with their relatives, which included going out to cafes and restaurants. They told us they also went on holiday with them and that they enjoyed maintaining contact with them.

We were told that one person with religious beliefs was supported to practice their religion through a local Vicar who visited every three weeks and spent time with the person reading the Bible.

The manager since their appointment had implemented employee satisfaction surveys, resident feedback forms, relative surveys and professional feedback forms. Information gathered from these had been used to introduce systems to improve communication between staff and the introduction of monthly staff meetings. As a result of residents feedback, residents meetings were to be held monthly, the first of which had taken place.

The feedback from professionals and people's relatives had been limited; however the manager informed us that they planned to continue to send out surveys to hopefully encourage a better response.

People we spoke with were not aware of informal advocacy services, which could limit their options in receiving independent guidance and support. We spoke with the provider and manager as to how they could promote people's rights by providing information to people to enable them to understand what abuse was and the role of external agencies. They told us they would address this through resident meetings.

There was a complaints file placed outside the treatment room, where people were able to fill in the forms enclosed. None were filled in; when we checked with the manager they told us there had not been any recent complaints. There was a notice in the entrance foyer informing visitors of how to make a complaint, and to whom. People we spoke with were not aware of informal advocacy services, which limited their access to independent advice and support.

We spoke with people and asked them if they took part in resident meetings. One person told us, "We have resident meetings; we talk about holidays, craft work and all sorts." Another person said, "In meetings we talk about the laundry and food, at the last meeting we asked if we could have something other than sandwiches for tea and if we could have chocolate biscuits instead of rich tea. We

Requires improvement

Is the service responsive?

haven't had any feedback yet." This showed that the system for gaining people's views had been introduced and that people were as yet unclear as to whether their views would be acted upon.

Requires improvement

Is the service well-led?

Our findings

At our inspection of 6 June 2014 we found that the provider did not have an effective system to assess and monitor the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that the provider had entered into a contract with an external agency that provided a system to enable the provider to undertake audits of the service. Audits were in their infancy and therefore there was little evidence to support changes or improvements and the impact these had on those using the service.

The provider had undertaken an audit with regards to environmental improvements. Improvements had been made in some areas with some bedrooms being decorated, new furniture provided and the en-suites being re-furbished. Other improvements included the replacement and painting of windows and updates to electrical wiring and replacement of the central heating boiler. The provider had improved the rear of the property by providing accessible areas for people to relax, which included a garden area, with decking and places to sit. The environmental audit included further improvements scheduled to take place over the next eighteen months.

The provider prior to the inspection submitted the PIR. This told us the provider's plans for improvement, which in addition to environmental improvements also highlighted areas for staff development which included their attaining the Care Certificate and specific training linked to the needs of people using the service, appraisal and supervision. The provider had identified Improvements were needed with regards to communication and the involvement of external stakeholders through the introduction of meetings, improved communication systems and greater involvement of people in the development of their person centred plans of care.

The Villas Care Home did not have a registered manager in post. The manager had been in post for six weeks at the time of the inspection and told us their intention to submit an application to the CQC to be registered. Since their appointment they had introduced a range of surveys and had held meetings to gain the views of those using the service, their relatives, external health and social care professionals and staff working at service. Where comments had been received the manager had acted on people's views and had introduced changes which included the introduction of meetings and improved communication systems for staff which provided an opportunity for people to comment and influence the service.

We looked at the surveys completed by staff and found that staff comments were mixed when asked if they felt involved in the running of the service. A member of staff told us, "The manager is starting to sort things out, it's going to be alright, and we just need a bit of time." Whilst another member of staff said, "It's been hard without a manager for so long but we have confidence in [manager], they listen to us and ask us questions."

The manager had an open door policy so that staff were able to go and speak with them whenever they wished to. The staff we spoke with described the manager as approachable, with staff stating they felt confident in approaching both the provider and manager for advice. This told us that the provider and manager were available and receptive to people's views.

The manager had recently begun the supervision of staff. Records showed that staff had not been formally supervised or appraised since the previous year. A member of staff said that they did not always feel very valued as they rarely received compliments on their work by the managerial team. The provider and manager spoke of their intention to continually develop staff through supervision and appraisal as well as continuing with regular staff meetings. They told us they wished to ensure staff received feedback as to their work that was constructive and helped to bring about improvements to the service they provided.

The manager was supported by the provider who visited the service five days a week. They told us of their commitment to further develop the service. They were receptive to our comments and told us they were working with the local authority who they had a contract with to provide care to people.