

Tranquillity Care Solutions UK Ltd

# Tranquillity Care Solutions UK Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 25 November and 15 December 2016. It was announced to make sure there was someone available at the provider's offices. We last inspected this service on 29 September 2014 and found that the provider was meeting the legal requirements in the areas we looked at.

Tranquillity Care Solutions UK Ltd is a domiciliary care agency providing personal care and support to people who live in their own homes. There were 10 people using the service at the time of our inspection.

Although the service had a registered manager in post, they had tendered their resignation to leave the service on 2 December 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was not always safe because people's risk assessments were not compliant with current health and safety guidance and they did not always include instructions for staff on mitigating risk. Additionally, staff were trained in safeguarding people and they knew how to keep people safe from avoidable harm. However, some staff did not know about external agencies that they could report concerns to.

There were enough staff to safely meet people's needs. People's medicines were managed appropriately and there were robust policies and procedures in place for the safe recruitment of staff. Staff were knowledgeable about people's care needs and were trained to meet these needs. They understood the importance of seeking people's consent prior to providing care or support in line with the requirements of the Mental Capacity Act 2005. People were supported with the preparation of their food and drinks.

People were able to express their views and be actively involved in making decisions about their care. Staff were caring, friendly and supportive. They were also respectful of people's dignity and privacy. People's needs had been identified prior to them starting to use the service, and were reviewed regularly. People were supported in a personalised way and they all had individualised care plans in place. However, improvements were required in the management of records.

People knew who the provider was and were highly positive in their comments about them. The provider sought the opinion of people who used the service and their relatives to aid the development of the service. Staff were also involved in the development of the service by way of two monthly team meetings. Improvements were however required in the provider's quality assurance system as this was not always effective in identifying and addressing shortfalls in the service.

## 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 always safe.

Risk assessments were not compliant with current health and safety guidance and in did not always include instructions for staff on mitigating risk.

Staff were trained in safeguarding people and they knew how to keep people safe from avoidable harm. However, some staff did not know about external agencies that they could report concerns to.

There were enough staff to safely meet people's needs.

People's medicines were managed appropriately.

There were robust policies and procedures in place for the safe recruitment of staff.

### Is the service effective?

**Good** 

The service was effective.

Staff were knowledgeable about people's care needs and were trained to meet these needs.

Staff understood the importance of seeking people's consent prior to providing care or support in line with the requirements of the Mental Capacity Act 2005.

Where required, people were supported with the preparation of their food and drinks.

### Is the service caring?

**Good** 

The service was caring.

Staff were kind, caring and supportive.

People were able to express their views and be actively involved in making decisions about their care.

Staff were respectful of people's dignity and privacy.

### Is the service responsive?

**Good** ●

The service was responsive.

People's care needs had been identified before they started using the service.

People were supported in a personalised way and they all had individualised care plans in place.

The provider had effective processes to manage complaints.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

The provider's quality assurance system was not always effective in identifying areas of improvement.

Improvements were required in records keeping.

There was a registered manager however, they had tendered their resignation from the service.

People knew who the provider was and were highly positive in their comments about them.

The provider sought the opinion of people who used the service and their relatives to aid the development of the service.

Staff were also involved in the development of the service by way of two monthly team meetings.

# Tranquillity Care Solutions UK 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 25 November and 15 December 2016. We visited the provider's registered office on the first date of the inspection having given them 48 hours' notice of our inspection because we needed to be sure there would be someone in the office when we arrived. On 15 December 2016 we spoke with members of the staff team in order to obtain their views on the quality of the service. The inspection was carried out by one inspector and an expert by experience who contacted people by telephone to gather their feedback about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the service's previous inspection reports along with information we held about the service such as notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with two people and six relatives of people who used the service. We also spoke with three members of the care staff, the business manager and the provider.

We reviewed the care records and risk assessments of three people who used the service, and we looked at the recruitment and training records of three members of staff. We also reviewed information on how the quality of the service, including the handling of complaints, was monitored and managed.

# Is the service safe?

## Our findings

Risks posed to people by the care and support they received had been assessed, and personalised risk management plans put in place to reduce the potential for harm. For example, one person had risk assessments to manage risks associated with their personal care and use of medicines. However, risk assessments were not compliant with current health and safety guidance on risk assessment, for example, people's risk management plans did not clearly detail the hazards that could pose a risk to them, the levels of risk and the people responsible for mitigating risks. We found in one case, a person's medicines risk assessment identified hazards but did not include instructions for staff on mitigating the risk. We feed this back to the business manager who was going to raise this with the provider as an area requiring improvement.

People or their relatives, where necessary, had been involved in developing risk assessments which were reviewed regularly to ensure they were still current. Staff told us they had access to these risk assessments which were in people's homes, as well as the office. One member of staff said, "They [People] have their risk assessments in their folders in the office and in their homes. We check them regularly, if something changes or if there is a problem we speak to [Provider] and she will come and do a review." In addition, there were 'Home safety checklist' in place to identify and manage risks relating to people's homes in order to assure staffs' safety and that of people, as much as applicable.

Staff told us they had received training on safeguarding people however; most of them received this training when they worked for a different provider prior to joining this service. In discussions we had with them however, we were satisfied that they recognised the different types of abuse that could affect the people they supported. One member of staff told us, "I did my safeguarding training with [previous employer] before I started here." This member of staff further explained what constituted abuse, the different types of abuse and said, "I have never suspected or seen abuse here but I would report it to my manager or [provider] and to the CQC. We found that the provider had a safeguarding policy that gave guidance to the staff on how to identify, manage and report safeguarding concerns." Another member of staff told us, "I have been on a safeguarding training course. I would contact my boss [the Provider] or [member of the care staff] to report any safeguarding concerns. We have the numbers of the other agencies I could report to in the care folders and I am happy to call them if I can't get hold of [the provider]. Reporting abuse will make sure it stops and the person responsible dealt with."

There was also a whistleblowing policy that provided a way in which staff could report concerns without fear of the consequences of doing so. Whilst all the staff we spoke with were aware of the safeguarding policy there was one who was not aware of the whistle blowing policy. We also found that some staff did not know about external agencies such as safeguarding authorities and CQC, that they could report concerns to. Their knowledge on reporting concerns was limited to within the organisation. We raised this with the provider as an area for further staff development.

People and their relatives told us that the service was safe and that they knew who they would speak with if they felt unsafe. One person said, "I do feel safe, and I think that is because I have carers that I know well,

and who know me equally as well, they appear to have been trained well and know what they are doing and this in turn, gives me more confidence." Another person told us, "I feel safe with them. I've never had carers come into my home before and I wasn't very keen to start with. However now I know the carers, and they know me, and I can see how they look after both me and my home, I have been able to relax much more and not worry about what is going to happen all the time." One relative told us, "Yes, [relative] is safe."

Staff we spoke with also felt that people were safe using the service. One member of staff told us, "They [People] are safe, we always use the correct equipment when we care for them to make sure they are safe. Some [people] use walking frames and sometime they try to take risk by walking without the frames, we remind them to use them to keep safe." Another member of staff said, "Clients as well as staff are safe. We always have [provider's] number and can call for support at any time."

Some of the people who used the service had support from staff to take their medicines. A member of staff we spoke with told us, "We support some clients with their medicines. I have been on a [training] course on medicines [management], we all have to do it before supporting clients with their medicines." This member staff further explained that they were yet to observe a medicines error and comprehensively explained the actions they would take if there was a medicines error. There was a system for auditing people's medicines administration records to ensure medicines had been accounted for and administered correctly. We reviewed three people's medicines administration records and found everything to be in order with no unexplained gaps. We also reviewed the staff training records with confirmed staff had also received training in safe administration of medicines.

The provider had a policy and processes for the recruitment of new staff. Part of this involved the provider carrying out pre-employment checks of potential new staff to safeguard people who used the service, and to ensure new staff were suitable and of good character. These included checking employees' identity, employment history, qualifications and experience. Disclosure and Barring Service (DBS) checks were also completed. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. We reviewed the recruitment records of three members of staff and found one person's lacked adequate references from their previous employer. The business manager told us that the provider had attempted to gain the necessary references from this member of staff's previous employer who is based outside of the United Kingdom but were not successful. A risk assessment was put into place and the member of staff closely monitored to mitigate possible risk to people. A second attempt of this was made by the provider after our inspection and they succeeded in getting the references required. Evidence of this was sent to us after the inspection.

People and their relatives told us there was enough staff to safely meet people's needs. They confirmed staff arrived for care visits on time, stayed for the agreed duration and that their care visits were never missed. One person told us, "My carers always stay for their full [time] and I never feel rushed when they are here. They always make time to make me a hot drink before they leave and they are always willing to do any extra jobs that I can't do for myself." Another person said, "My carers have never been more than 10 minutes late, so I've never had to worry where they are." One other person added, "I wish they could stay longer because I enjoy their company, but to be fair, they get everything done in the time and sometimes will do some extra jobs as well." We reviewed the staff roster and found that care visits had been appropriately staffed, and people received care from a regular group of staff which ensured continuity.

## Is the service effective?

### Our findings

People and their relatives told us that their care and support was effective because staff were trained, skilled and understood their needs. One person said, "I have to be hoisted at least twice a day and I don't particularly enjoy it but I have to say my two carers are very good and make sure that I feel fully supported before they do anything in regards to lifting me either off the bed or off my chair. I think their training is very good." One relative told us, "My mother only really needs help with personal care, like getting washed and dressed so from what I have seen, they all appear to have had sufficient training in order to help her with her requirements." Another relative said, "As far as my husband is concerned, the important thing for him is to feel safe and secure when the two carers are hoisting him. The agency are very strict and it is only fully trained carers that are allowed to use the hoist with him. We will occasionally have a new carer come along with his regular ones so that they can look and learn how to use the sling and the hoist properly. His carers always make sure that they ask him if he is comfortable before they start to lift him and move him around."

Staffs' views were similar to those of people's and their relatives'. One member of staff told us, "Their [People] needs are met, we understand how to care for them, we've been trained. We are not sent out on our own until our training and shadowing is done." Another member of staff said, "The training is quite informative." We found that staff had training in areas relevant to their roles. This included safeguarding people, medicines management and moving and handling. Staff training was delivered both in the form of online training and classroom based training. Some of the staff had acquired qualifications relevant to the health and social care industry such as National Vocational Qualifications (NVQs) or Diplomas. In addition, staff told us they had received an induction when they started work at the service. One member of staff told us, "We do the care certificate during our induction." Another member of staff said, "during the induction, we shadow a senior member of staff. We observe them working with clients and then they observe us until we are both satisfied." A review of staff's personnel records confirmed that they had an induction at the start of their employment to the service.

Staff were supervised in a formal one to one meeting with the management team as a way of supporting them in their roles. A member of staff we spoke with told us, "Yes we have supervisions every six months and appraisals [of performance] every year." The business manager told us that observation of staffs' practices when working with people who used the service and tests of their competencies in areas such as medicines management formed part of the staff supervision process. A review of staff records confirmed that supervisions were held although there were gaps in their frequency. The business manager told us that the issue of the gaps in staff supervision was going to be addressed by the management team.

Staff understood the importance of seeking people's consent prior to providing care or support. A member of staff we spoke with told us, "We always ask permission before entering their [People] homes or giving care. When we go in we make sure we announce ourselves and then talk them through the care we are going to give in a gentle and caring way." This was confirmed by people we spoke with one of whom said, "My carer will always ask me whether I'm ready to start in the morning when she gets here, and if I'm not, she will make me a nice cup of tea and do some of the tidying up jobs until I am ready." Another person told us, "My carer will usually ask me whether I'd like a drink or whether I'm ready to get washed and dressed when she



first arrives in the morning."

A review of people's care records showed that where required, people's capacity to make decisions or to give consent to care had been assessed in line with the Mental Capacity Act 2005 (MCA). The 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. A relative we spoke with told us, "My [Relative's] dementia is at a point where she really can't make proper decisions for herself and the agency will always contact me if there is something that they need in relation to her or her care." Another relative said, "I have my [relative's] Power of Attorney, so I can make decisions on her behalf." We reviewed three people's care records and saw that one person had a blanket mental capacity assessment around their personal and intimate care needs, and their nutritional needs. We spoke with the business development manager about the need for decision specific mental capacity assessments to ensure compliance with the MCA 2005. They told us that they were going to raise the issue with the provider in order to have it addressed.

Some of the people who used the service were supported by staff to have regular food and drinks. A person we spoke with about staff supporting them with their nutrition told us, "I have my breakfast prepared for me every day. I'll either have cereal, or some toast and my carer never mind's what it is I would like. She always tidies up in the kitchen afterwards and to be honest you would never know she been in there." A relative said, "[Relative] has a microwave meal heated up for her every lunchtime and while she is eating it, the carer will make her a sandwich which will be covered over and left for her to have at teatime when she doesn't have a carer. [Relative] is always asked what she would like to have both for her meal and in her sandwich and from what I can see, the kitchen is always immaculate when the carer has gone." We saw that staff had received training in food hygiene to safely provide support people around the preparation of their meals and based on the feedback from people and their relatives, we were satisfied that staff were meeting people's needs in this area.

Some people were supported by staff to access health care services such as GPs, dentists, or to attend hospital appointments. Others had support from their relatives. A relative we spoke with about this told us, "I think my [Relative] has all the equipment that [they] need. We do have problems though trying to get [equipment] but [Provider] from the agency, has been so good because she has been liaising with the district nurse and has at last managed to sort it all out. I'd almost lost the will to live, so I'm very grateful to her." People's care records contained information about their healthcare needs to provide guidance to staff on how to ensure that people had the right support and treatment if they became unwell.

## Is the service caring?

### Our findings

People and their relatives describe the service and the staff as good, caring and willing to help. One person told us, "I think they are all very good. They always think about me as a person, rather than just as a client. It is lovely to be able to just have a normal chat with someone for a change, especially as I don't get the opportunity to meet many other people during the day." Another person said, "I really appreciate the fact that my carers never mind doing any other jobs that I might have when they are here that they know I will have trouble doing when they are gone." A third person told us, "My two carers are like members of my family now and I think they understand me better than I sometimes understand myself!" A relative added, "My [Relative] has three different carers during the week but I have to say they are all lovely and he so looks forward to seeing each and every one of them. This is the first time he has had carers look after him, and I know he was very apprehensive about how it would be. However, [time removed] later he wouldn't dream of being without them."

Staff demonstrated caring and compassionate attitude when we spoke with them. One of them told us, "I have worked for an awful lot of companies but this is one of the best. They take their time and give clients all the time they need. It is an excellent agency to work for." Another member of staff said, "I have come to a good company, they look after clients very well. They are a joy to work with, I am very happy working here." We did not observe any direct contact between staff and people who used the service but witnessed a telephone conversation between the business manager and a member of staff. This was conducted in a professional but caring and endearing way from both parties. Additionally, the business manager told us about the 'extra mile' that staff went to meet people's needs. One example they gave was instances where staff, the provider in particular, usually took a person who used the service on holiday and only charged for the usual one hour a day that they supported this person and no extra. This they said made it possible for this person to have a holiday with care from the staff that they were familiar with. Based on this and the feedback we received from people, their relatives and staff, we were satisfied that positive relationships had been developed and maintained by all parties.

People and their relatives told us that staff were understanding of people's needs and took time to talk with them about the past and things that were important to them. One person told us, "Sometimes my carer will come in and she just looks at me and says 'I think you need a nice cup of tea before we start doing anything.' I don't know how she can tell, but she is usually spot-on!" Another person said, "We always have a good old natter whilst we are getting all the jobs done. The day can be so long if you don't see anybody to have a chat to, so I really appreciate that we have time to do this, even if it's only once a day when I see my carers." A third person told us, "Oh yes, we always put the world to rights when my carer is here with me. We have similar interests so we can have a good old chat about things." A relative added, "Because my [Relative] only has two regular carers, they have taken the time to get to know him and really understand him as a person and they look after him so much better than I would ever do."

People told us that they and their relatives were able to express their views and be actively involved in making decisions about their care. One person said, "When [Provider] comes to visit, we always go through the care plan and see if there is anything that needs changing." Where people could not express their views,

they were supported by their relatives or professionals involved in their care. People's relatives told us that their views were listened to by the provider. One relative said, "There was only one time, when my [Relative] really wasn't getting on with one particular carer. There was nothing really that she was doing wrong, it was just that their personalities clashed a bit. I contacted [The provider] and when I explained, she was more than happy to take that carer out and replace her with someone different." Another relative told us, "I have only really had to ask for very minor things to be changed, insomuch as the order in which something is done. It's certainly not been anything to do with the quality of the care that they are providing." Staff also understood the importance of supporting people to maintain their independence as much as possible. One member of staff told us, "They [People] do what they can for themselves." Aspects of people's care that could be achieved by people independently were noted in their care plans and staff told us they encouraged this.

People's and their relatives told us that staff were respectful and protected people's privacy and dignity. One person told us, "They are always very polite and never raise their voice to me." Another person said, "My carers wouldn't dream of starting to undress me unless the curtains were shut and they had made sure that the water was running warm for my shower. I hate getting cold and having to sit around half dressed." A third person added, "I know it might sound strange, but the most important thing to me is that my home is respected. A previous agency that I had carers from, would never tidy up after themselves and my poor house was in such a mess. Since being with Tranquillity, my two lovely carers have always made sure that everything is clean, tidy and put away before they leave me every day. I know it is only a small thing but it makes such a difference to me." A relative told, "When they go up to my [Relative's] room, they will always knock on the door and say who they are and then wait for him to tell them to come in. They will then always make sure that the door is closed while they are giving him a wash and dressing him for the day." The staff we spoke with demonstrated a clear understanding of the importance of protecting people's privacy and dignity. In a conversation with one member of staff they told us, "You make sure doors are shut behind you when giving personal care and do everything like that in private. You talk them [People] through everything you are doing and treat them with respect." We saw that people's care records had been stored securely to maintain confidentiality.

People were provided with information about the service including the complaints procedure. Some of the people's relatives acted as their advocates to ensure that they understood the information given to them, and that they received the care they needed.

## Is the service responsive?

### Our findings

People's needs had been assessed before they started using the service. This was confirmed by the people and staff we spoke with. One person told us, "I was asked what time I wanted my carers to come and I have to say the agency have been very good and have been able to provide carers at those times." Another person said, "I was asked both my choice of times and whether I preferred male or female carers and with regards to both of those questions, the agency has delivered." A third person said, "When I first started with the agency, I asked if I could just have a bath once a week. I was asked which day I preferred and I told them that I would really like to bath every [day removed] morning. The agency always makes sure I have the same carer every [day removed] morning to help with my bath, which I very much appreciate." A member of staff added, "[Provider] goes in and does an assessment before we go in." We found that people's needs assessment records covered areas such as people's healthcare needs and medicines, their interests and hobbies, their care needs around mobility, communication, nutrition and personal care. They also identified the level of care people needed and formed the basis from which their care plans were developed.

People who used the service had care plans that were personalised to them. Care plans took account of people's preferences, wishes and choices, and included information on people's identified need and the support they needed from staff. People's care plans were stored in the provider's offices and also in people's home. People told us that they were involved in planning and reviewing their care. One person said, "When [Provider] comes to visit, we always go through the care plan and see if there is anything that needs changing." A relative told us, "My [relative's] care plan is always looked at when we have a review meeting and we make sure it is still up-to-date."

Staff were aware of people's care plans. A member of staff told us, "They [People] all have care plans, they are kept in clients' homes and in the office. We look at the care plan before giving care." Staff were knowledgeable about the people they supported. Care plans included people's preferences, as well as their health and support needs, which enabled staff to provide a personalised service. People also told us that they had consistency of the staff that visited them which meant that staff knew them well.

The provider had a complaints procedure and the people we spoke with told us they knew who to complain to if they had any concerns. One person told us, "I certainly know how to make a complaint, and if I did have any issues I would take them up directly with [Name removed] the owner." Another person said, "I have seen a leaflet which explains about what to do if something goes wrong, but I think I would probably ask my son to do that on my behalf if I did have a problem." A third person told us, "I honestly couldn't find a single thing to complain about with this agency. They are so professional, caring and understanding that for once, I wouldn't hesitate in recommending them to anybody." One relative said, "If I had any concerns, I would phone and ask to speak to [Provider] straight away and I'm sure, knowing her, she would sort things out for me." Another relative told, "There has never been anything to complain about since my [relative] has had care from this agency, unlike the previous two agencies, which I have to say, in comparison, were dreadful." A third relative added, "On behalf of the family, I am [relative's] go-between to the agency so if [relative] did have any concerns, it would be me that would phone and speak to [Provider] in order to sort whatever it was out." We reviewed the records of complaints that had been made and found that they had

been resolved to the complainants' satisfaction.

## Is the service well-led?

### Our findings

The provider had a quality assurance system in place. Quality audits were carried out by the registered manager and the office manager. They included random spot checks, audits of care records and Medicine Administration Records (MAR), and daily visit records to ensure that all relevant documentation had been completed and kept up to date. Improvements were however required in the provider's quality audits because they failed to identify issues around records keeping and in shortfalls noted within this report. We found that people's care plans were laid out in a way that was difficult to follow, and pertinent information such as the times of people's care visits, duration of care visits and the days that people needed care, was not included in care plans. Care plans were also not always coherent, for example, one person's care plan stated that their night time medicines were to be administered by staff half an hour before they were supposed to arrive for the person's care visit. Another person's stated that staff must ensure that they offer them assistance daily however; this person did not receive daily care visits. These inconsistencies or issues were not only isolated to people's care plans. They affected documents such as risk assessments and daily records as well. Daily records we looked at needed to contain more information to fully explain what happened during care visits. Staff were clearly knowledgeable about people's care needs and people told us that staffs' support met their needs. However, a great deal of emphasis was placed on the delivery of care and the paperwork somewhat neglected. The business manager told us that the right balance was going to be achieved once a new registered manager takes up post.

The service had a registered manager in post however; at the time of our inspection, they had tendered their resignation to leave the service. The provider told us that they were working to recruit a new manager who would then registered with the CQC as the service's registered manager. The registered manager was supported by the provider and the business manager in providing leadership to the staff. People and their relatives told us they knew who the provider was in person and they were complimentary in their comments about the provider. A person we spoke with told us, "Yes, the owner is called [Name removed], she even helps out with some of the care when needed." One relative said, "Yes, we saw [Provider] last week when my [Relative's] regular carer was off sick." Another relative told us, "I have been really impressed with the management of this company. It probably helps that they are quite small, but I have to say [Provider] is very caring and certainly knows everything about my [Relative's] care if I call her to ask any questions. I like the fact that she will actually go and do the hands-on work herself, when this is needed and I think this really helps them with their understanding of the clients' needs."

Staff were also complimentary about the provider. A member of staff said, "[Provider] is very supportive. She always says please come to me if you have any problems, she is really approachable." Another member of staff told us, "This is a very good service, I would use it myself if I needed to." We did not have contact with the registered manager because they were on leave but the provider was knowledgeable about their role and responsibilities in providing care that was safe, compassionate and of high quality. The staff were also aware of the role and responsibilities. They took part in the development of the service by attending team meetings where they could collectively discuss issues that affected the service and ways in which the service could be improved. These team meetings were usually held every two months although the last one was held in August 2016.

People and their relatives were also able to contribute to the development of the service. One relative we spoke with told us, "The owner is a lady called [Name removed] and we met her when we first started with the agency and she has visited us probably every 3 to 4 months since. In between she will call us to see how things are going and I have her telephone number to contact if I have any concerns in the meantime. Compared to other agencies we have used, she is the most approachable, professional and caring of any we have met." Another relative said, "We see [Provider] when she comes out probably every three months to do a review of my [Relative's] care. She will always ask our opinions about how the service is and we look to see if anything needs changing." As well as these reviews of the service's performance, annual satisfaction surveys were also carried out to gather feedback about the quality of the service.

The results of these surveys were used to identify areas of improvement to be made. The latest satisfaction survey was carried out in April 2015. We reviewed the outcome of this survey and found responses to be mainly positive, with comments such as, "Tranquillity care are people who go the extra mile. I have every confidence in them", and "Everything is fine – happy with the service", made.