Anglia Home Care Limited

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## Inspection report

30 Gordon Road
Lowestoft
Suffolk
NR32 1NL

Tel: 01502508443

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of this announced inspection of 13 December 2017 there were 287 people who used the personal care service. We gave the service notice of our inspection to make sure that someone was available.

The location of Anglia Home Care Limited was registered in June 2016 and this was their first inspection. The service operates under Manorcourt Homecare, this is the name that people who use the service know.

There was a registered manager in post. 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.

People's care records provided guidance to support workers about how the risks in people's daily living were minimised. There were infection control processes and procedures in place to reduce the risks of cross infection. There were systems in place designed to reduce the risks of people being abused, such as providing support workers with training and guidance in the service's policies and procedures. Where incidents occurred these were learned from and used to drive improvement in the service.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were systems in place to reduce the risks of people not receiving their planned care visits. There were robust recruitment systems in place. People were cared for and supported by support workers who were trained and supported to meet their needs.

The service was working within the principles of the Mental Capacity Act 2005. People's consent was sought before any care was provided.

Where required, people were provided with the support they needed to meet their dietary needs.

People were supported to access health care professionals, where required, to maintain good health. The service worked with other professionals involved in people's care to provide an effective and consistent service.

People said that their care workers were respectful and caring. Care records guided support workers in how people's privacy, dignity and independence was promoted and respected. People were involved in making decisions about their care and support. People's views and preferences were valued and listened to about how their care was planned for and delivered.

People received care and support which was assessed, planned and delivered to meet their specific needs. There were systems in place to provide support to people who were at the end of their life in a dignified and caring manner.

There was a complaints procedure was in place. People's concerns and complaints were listened to, addressed and used to improve the service.

There was an open and empowering culture in the service. People were asked for their views of the service and these were valued and acted on. There was a quality assurance system in place and shortfalls were addressed. As a result the quality of the service continued to improve.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

There were systems in place to reduce the risks to people and keep them safe from harm.

Systems were in place to ensure that there were enough staff to meet people's needs. Robust recruitment processes were in place.

Where people needed support to take their medicines this was done safely.

There were infection control systems in place.

### Is the service effective?

Good

The service was effective.

People were cared for by care workers who were trained and supported to meet their needs.

The service worked within the principles of the Mental Capacity Act 2005.

Where people required support with their dietary needs, this was provided. People had access to health professionals, where required.

The service worked with other professionals involved in people's care to provide a consistent service.

### Is the service caring?

Good

The service was caring.

People were treated with respect and kindness.

People were involved in making decisions about their care and these were respected.

### Is the service responsive?

Good

The service was responsive.

People's care was assessed, planned and delivered to meet their needs and preferences.

There was a complaints procedure in place and people's comments and concerns were addressed.

## Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service.

There was a quality assurance system in place. As a result the quality of the service continued to improve.

# Anglia Home Care Limited

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 announced comprehensive inspection was carried out by one inspector on 13 December 2017. We gave the service notice of the inspection visit because we needed to be sure that someone would be available to support the inspection.

The inspection site visit activity started on 13 December 2017 and ended 14 December 2017. It included a visit to the office location on the first day and on the second day we spoke with 15 people who used the service on the telephone and the relatives of 11 people.

We visited the office location on 13 December 2017 to see the registered manager. We also spoke with the care manager, a care coordinator, the training coordinator, two team leaders and a care worker. We reviewed 10 people's care records, policies and procedures, records relating to the management of the service, training records, quality assurance records, and the recruitment records of six care workers, three of these had recently been employed.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

Prior to our inspection we contacted local authority commissioners for feedback about the service. We received no information of concern.

Prior to our inspection we sent questionnaires to 50 people using the service, 50 to relatives, 24 to staff and four to community professionals. This was to gain feedback about the service provided. We received completed questionnaires from 15 people, none from relatives, three from staff and one from a community professional. One of the questionnaires from staff was from a member of the office team and they added a note that because they did not directly support people they had responded to some questions that they did not know.

Good

# Is the service safe?

## Our findings

People spoken with told us that they felt safe using the service. One person said that about their care workers, "I do feel safe, they [care workers] are very gentle, no one if rough or brutal. No one is vicious they are all polite." All of the questionnaires we received from people said that they felt safe from abuse and or harm from their care workers.

There were systems in place designed to minimise the risks to people in relation to avoidable harm and abuse including policies and procedures. Care workers and staff working in the service were provided with training in safeguarding people from abuse and they understood their roles and responsibilities regarding safeguarding, including how to report concerns. All of the questionnaires from care workers said that they knew what to do if they suspected a person was being abused or was at risk of harm. All of these questionnaires said that they felt that people were safe from abuse and or harm from the staff of the service and that they felt confident reporting concerns or poor practice, known as whistleblowing, to their managers.

Where concerns had been identified, the service had raised safeguarding referrals appropriately and acted on guidance to safeguard people. Where incidents had occurred the service learned from them and developed systems to reduce future risks. These had been used to improve the service, for example, taking disciplinary action.

People's care records included information to guide care workers on how the risks in people's lives were assessed and minimised. These included risks associated with people's mobility, pressure ulcers, and risks that may arise in people's own homes. Risk assessments were regularly reviewed with people to check that they were up to date and met with people's needs to reduce risks.

One person told us about their care workers, "I am very happy with the one's I get, even when one [care worker] is off sick I am never let down [for their care visit]." People and relatives told us that when care workers were running late they were told. One person said, "If they [care workers] might be running late, they always let me know."

We had received some comments from people about the time keeping of care workers. One person's relative told us that care workers had informed them that their schedule identified that the finishing time for one visit was the same as the start time for the next visit. The registered manager said that the schedules did not currently show travel times but care workers were expected to stay for the agreed length of time, half an hour lateness of visits had been agreed with commissioners and people had been advised of this. From January 2018 the system for logging visits was being improved and this was planned to be addressed. One person confirmed what we had been told, "If they [care workers] are running late I accept up to half an hour, but if they are late it is not normally more than 15 minutes maximum, they let me know."

One person's relative told us that the schedule of visits were delivered by the care workers by hand on Saturday at their first visit, which meant that they did not know who would be visiting them in advance of

that visit and at what time. The registered manager told us that schedules of visits to be delivered by hand to people were handed out to staff to deliver Thursday/Friday. People had been informed to call or e mail if they wanted to know who was visiting them if their schedule had not been delivered.

We received a comment from a person receiving earlier visits at night and care workers telling them that they were tired and wanted to get home. Also that care workers sometimes moaned about their work schedule and being short staffed. The registered manager told us that the care workers were expected to stick to their schedules and they would speak with the care workers about not sharing their problems with people and to speak with the management team if they were having problems.

There were systems in place to provide people with care workers to meet their assessed needs. The registered manager told us that the numbers of care workers required were calculated to ensure that people's care needs were met. The registered manager told us that if issues arose, such as staff sickness or short notice leave, the management team and office staff were trained to provide care to people and could cover to ensure that no visits were missed. One care worker told us that they felt that there were enough staff to cover all the planned visits to people. They said that they were never pressured to cover extra visits. One team leader told us that they felt that there were enough staff to meet people's needs. They said that as well as their team leader duties they also provided care for people. The team leader added that the service continuously recruited new care workers and there was a rolling monthly induction course to ensure that new care workers received their training promptly.

Records showed that the service's recruitment procedures were robust and systems were in place to check that staff were of good character and were suitable to care for the people who used the service. Records, discussions with the training coordinator and the provider information return (PIR) told us that new care workers completed a five day induction period which was in line with the Care Certificate. The Care Certificate is a set of standards that staff working in health and social care services should be working to. The training coordinator and records identified that care workers were assessed on their behaviours during their induction course to ensure that they had the qualities required for caring for the people using the service. In addition new care workers shadowed colleagues during their induction period where their competency was assessed. Probationary meetings and checks were also undertaken.

People told us that they were happy with the arrangements of the support they received with their medicines. One person said, "I'm very happy with my pills, it is all going well." Another person told us, "I am independent with my medication but they [care workers] keep an eye on it, they will remind me to take them. They will phone the pharmacy if they have not been delivered." One person's relative commented, "[Person] has one of those boxes [monitored dosage system], the carers assist [person], we are quite happy."

Systems were in place to provide people with their medicines safely, where required. Care workers were provided with training in medicines and competency checks were undertaken to check that they were supporting people with their medicines safely. People's records provided guidance to care workers on the level of support each person required with their medicines. Where people were prescribed medicines to be administered 'as required' (PRN), guidance was in place to advise care workers when this was to be administered. Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed. Audits on MAR charts were completed which showed that there were systems in place to identify any discrepancies quickly and take appropriate action to reduce any risks to people.

Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects. All of the questionnaires from people, apart from one who said

that they did not know, said that care workers did all they could to prevent and control infection, for example, by using gloves and aprons. One person we spoke with told us how they felt that the service worked well to reduce the risks of cross infection, "If they [care workers] have diarrhoea or something, I know they can't come to work for 48 hours, they always adhere to that."

There were systems in place to reduce the risks of cross infection including policies and providing care workers with personal protection equipment, such as disposable gloves and aprons. People's care plans included guidance for care workers on the actions they should take to limit the risks of cross infection. This included wearing gloves and aprons and how to dispose of items, such as continence equipment.

Good

# Is the service effective?

## Our findings

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. The service's staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. For example, a team leader told us that if people were provided with new equipment, such as to mobilise, they met with the person and occupational therapist. An assessment was undertaken and care workers were provided with guidance and training on how to use the equipment safely. This ensured that people received an effective and consistent service.

The service worked well with other organisations involved in people's care. A questionnaire from a community professional stated, "I perceive this agency as responsive and prepared to work with my service. I do not hesitate to contact them to support a customer. I know they will be open to discussion. I have good relationships with the risk assessors who I meet with the customers to identify needs/solutions."

All of the staff we spoke with, including care workers and team leaders told us that they were provided with training and support to meet people's needs effectively. There were systems in place to ensure that staff were trained and supported to meet the needs of people using the service. Training included moving and handling, safeguarding, medicines and food hygiene. Care workers were provided with training in subjects on people's specific needs and conditions, such as dementia and equality and diversity. Different methods were used to train care workers including face to face, e-learning and the completion and assessment of workbooks.

Care workers were provided with the opportunity to complete a 'qualifications and credit framework' (QCF) diploma qualification relevant to their role.

Before care workers started working in the service they received a five day induction training programme, which included training such as moving and handling, health and safety, and safeguarding. A training coordinator told us that they had done the same induction course as care workers and had also shadowed care workers in their role. This had enabled them to get to know people and the care that was provided. In addition they said that if there were any issues with staff shortages they were trained to care for people to reduce the risks of any missed visits. One care worker told us that their induction period was, "Intense, [the care coordinator] is brilliant, I learnt a lot."

Care workers were supported in their role and were provided with one to one supervisions. These provided care workers with the opportunity to discuss the way that they were working and to receive feedback on their work practice. The systems in place provided staff with the support and guidance that they needed to meet people's needs effectively and to identify any further training needs.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. People's risk assessments included information of how risks were minimised where people were at risk of choking.

There were systems in place to provide information about people to other care settings, for example if people were admitted to hospital. This demonstrated that other professionals were provided with important information about people to ensure their needs were met consistently and effectively.

People were supported to maintain good health and have access to healthcare services. One person told us, "If I am not feeling well they [care workers] will always call my GP or nurse for me."

People's records identified the support that people required to maintain good health and the other professionals involved in their wellbeing. Records showed that where concerns in people's wellbeing were identified, relatives and health professionals were contacted with the consent of people, including their doctor. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were provided with training in MCA and consent and there were policies and procedures in place which guided staff in the MCA principles. All of the questionnaires from care workers said that they had training in and understood their responsibilities under the MCA.

People's consent was sought before any care and treatment was provided and the care workers acted on their wishes. Prior to us telephoning people, their consent was sought by staff. One person told us, "I am definitely in control of my own care, they [care workers] always ask me before they do anything."

Care records included information about if people had capacity to make their own decisions and if they required assistance to make decisions about their care, such as those made in their best interests. People had participated in their care planning and signed documents to show that they had consented to the care that they were provided with.

Good

# Is the service caring?

## Our findings

People had positive and caring relationships with the care workers who cared for and supported them. People commented on the caring and compassionate attitude of the care workers and staff working in the service. One person said about their care workers, "I love them, they are good to me, we have a lovely relationship." Another person commented, "We have a good laugh, the carers are cheerful, if they are not I say something and we burst out laughing. We have a laugh and a joke."

People's relatives told us about how the care workers were caring with their relatives, which they were positive about. One relative said, "We could not ask for better carers."

We asked, in the questionnaires for people if their care workers were caring and kind and if their care worker treated then with respect and dignity. Of the 15 receiving 93% agreed and 7% disagreed to these questions. One person said in their questionnaire that their regular care workers was, "Outstanding in [their] job and is a credit to the company."

All of the questionnaires from care workers said that people were always treated with respect and dignity. The questionnaire received from a community professional said that the staff that they met were caring and kind towards the people who used the service.

Records of care reviews showed that people were asked about their care workers and if they were treating them in a caring manner. One person said in a review about a care worker, "Outstanding carer goes above and beyond to help me."

People told us that they were provided with a group of regular care workers which they saw as positive because they had built relationships with them and the care workers knew them well. One person said, "My regular carers are very good, always turn up, I could not live without them." Another person commented, "I know who I am going to get [care workers], on the odd occasion I get someone else but it is okay." One person's relative described their relative's regular care worker as, "Fabulous." They said that because of their relative's condition they did not always respond to different care workers and the service did all they could to ensure that they were provided with the same group of care workers.

Compliments received by the service included cards and letters from people and relatives. For example one stated, "Thank you to everyone and Manorcourt for the care you have given to [person] over the past [time person used the service] and for the kindness shown to me."

The registered manager said that they worked on the ethos of always treating people who used the service as member of their own family and this was fed back to care workers. All of the staff spoken with spoke about people in a caring and compassionate manner and understood why it was important to respect people and their rights.

People's care records included information for care workers throughout about how people's choices,

privacy, dignity and independence should be promoted respected. For example, care records advised staff to knock on doors and announce themselves before entering people's homes. One person's records stated that when care workers were supporting the person with personal care they were to, "Cover me with a towel to protect my dignity." One person told us about how they felt that their dignity was respected, "I can tell them [care workers] if I have a sore bottom, they never make me feel embarrassed to ask them to have a look."

All of the questionnaires from people, apart from one which said they did not know, said that the care provided helped them to be as independent as they could be. One person spoken with told us, "They [care workers] encourage me to do what I can."

People told us that they felt that their views and comments were listened to and acted on. One person said, "They [care workers] do listen to me." Another person told us, "If I am not happy about something I tell the carers first and they listen to me. If they did not I would report it to the office, but I have never needed to." One person's relative commented, "They [service's staff] ask us for our input on [person's] care, they listen to us and the care plan covers all angles."

People's care records identified people's preferences, including what was important to them, how they wanted to be addressed and cared for. Records showed that people had been involved in their care planning, including their likes and dislikes. For example, the step by step guidance for care workers included people's chosen toiletries and the order of their personal care that they preferred. People were encouraged to share their views about their care in six monthly care reviews and these were valued and used to improve the person's care. This showed that people's views and preferences were valued and used to assess, plan for and meet their needs.

Good

# Is the service responsive?

## Our findings

People received personalised care which was responsive to their needs. One person said about the care and support they received, "I am very content, no problems to tell you about." One person's relative commented, "Everything is absolutely brilliant." One person said in their questionnaire, "We are highly satisfied with our company. No complaints at all."

One person's relative told us that they felt that the service was flexible and adapted to meet the person's needs. They said, "They [service's staff] never have a problem if we need to change the days around, they work around us and what we want."

People's care records were person centred and included detailed care plans which provided care workers with guidance on people's assessed needs and how these were met. This included people's diverse needs, such as how they communicated, mobilised and their conditions and how they affected their daily living. The records identified any specific information that care workers should be aware of and how they should provide care. For example, information in one person's care plan identified that a person was at risk of dislocating a limb and guidance for care workers advised how they should take care in the area of this person's body. The care records identified, in people's own words, what made them upset and anxious. This helped care workers and the service's staff to take this into account when supporting people.

Records showed that where people's needs or preferences changed, their care records were reviewed and updated to ensure that care workers received the most up to date information about how to work with individuals. In addition there were care reviews undertaken with people every six months to ensure that people were provided with the care and support they needed and preferred. We saw records which showed that where people had raised concerns in their reviews, actions were taken to address them. This included changing their care workers when people had said that they were not happy.

People's daily records included information to show what support and care they had been provided with each day. The registered manager and care manager told us that they had identified that these records could be more person centred to identify how the person had been during the visit, including their wellbeing and the interactions staff had with them. They were in the process of implementing this.

People knew how to make a complaint and felt that they were listened to. One person said, "I had a problem with one carer, I told them in the office and they stopped them coming, which I thought was nice." One person's relative told us that if they raised concerns with the service that they, "Do all they can to resolve it as quickly as they can. I always go to [staff in the office] even if I think it is a little issue, I feel comfortable they do all they can, I know they sent out a memo to the carers to tell them what they should be doing."

There was a complaints procedure in place which advised people and others about how their concerns and complaints would be addressed. Information about how people could complain about the service they received was provided to people in the statement of purpose and service user guide. Records showed that this was investigated and the complainant was responded to and an apology was provided. We saw that

complaints were used to drive improvement in the service, this included disciplinary action.

We received a concern from one person's next of kin about how they had not been kept updated about a concern they had raised. This included issues with the provision of personal care which were not satisfactory, however, this had not reoccurred after they had reported it. We spoke with the registered manager, with this person's permission, and they told us that they would respond in writing to the person apologising for not doing this before and identify the actions they had taken, which included advising care workers on their role to reduce the risks of similar incidents happening again.

Where people were at the end of their life the service provided the care and support that they wanted. People's wishes, such as if they wanted to be resuscitated, were included in their care records. Care workers were provided with end of life training during their induction. We saw compliments received by the service from people and relatives. One talked about the care that a person received at the end of their life which their relatives saw as positive. This stated, "You have certainly played a large part in enabling us to make sure [person] could remain and spend the end of [their] life in [their] own home. A value to us that is priceless. Some of you have really gone over and above your job description and I shall always be grateful. Since [person's] passing you have given so much kindness, thoughtfulness, comfort and support to me personally that I feel very lucky to know each and every one of you. Thank you."

Good

# Is the service well-led?

## Our findings

This location had been registered with the Care Quality Commission (CQC) at this location in June 2016. There was a registered manager in post. The registered manager was supported in their role by a care manager and senior staff who worked with care workers and people to ensure that good quality care was provided at all times.

The service operated under Manorcourt Homecare, this is the name that people who use the service knew. We checked the service's statement of purpose which identified the care and support the service provided. This document included information about the name of the service including what they were registered as. The service was registered under the regulated activities personal care and treatment of disease, disorder or injury (TDDI). The service types for this service showed that they did not need to be registered to TDDI. We spoke with the registered manager about this and they showed us an application which they had sent to us in 2016 to cancel this regulated activity. During our inspection they re-sent this document via email to ensure that their registration was appropriate for the service.

The registered manager told us how they had previously been a small company and had recently taken on increased packages of care from the local authority, including staff who were transferred from another care service. They said that this had gone smoothly and the staff team had worked together well to minimise any risks to people during the transition. The registered manager told us that they worked with the commissioners for the service to check that people were receiving good quality care. We received feedback from a team member who commissioned care packages from the service. They told us that they regularly met with the management team to monitor the care and support they provided to people and had not concerns. In addition they said that the service were committed to new ways of working and that they were working together on a pilot to reduce the package of care hours for people who were identified as having potential for independence.

The service listened to and valued people's comments and used them to improve the service. People were asked for their views of the service. This included in satisfaction questionnaires. We saw the results from these questionnaires from August 2017. The registered manager told us that where negative comments were received they were addressed. For example, passing to the senior team to look into, including visiting people to seek a solution. Following the questionnaires we saw a letter which had been sent to care workers identifying the positive comments that people had made and then addressing any areas that needed improvement. For example, advising them that they must ensure that they stayed at the care visits for the planned amount of time.

In addition people received regular six monthly quality reviews both face to face and by telephone. Records of these reviews showed how action was taken following people's comments, including changing their care workers, either when people were not happy with them, or wanted specific care workers more often. A team leader told us that a schedule for care reviews that were due each month which ensured that they were completed when they should be.

Staff meetings minutes showed that care workers were kept updated with any changes to their work role. They were provided with the opportunity to suggest improvements to the service and to receive feedback and guidance following comments from people. This included, a reminder to care workers to keep to the timings of their visits.

Care workers were observed by management in their usual work practice to check that they were working to the required standard and providing people with a good quality service.

All of the questionnaires from care workers said that their managers were approachable and dealt effectively with any concerns they raised. All of the staff spoken with were complimentary about the management of the service. One team leader told us, "If I have any problems I go the management and it gets sorted." Another team leader said, "[Registered manager] and [care manager] are good managers and approachable. I can talk about anything."

The management of the service worked to deliver good quality care to people. There were quality assurance systems in place which enabled the provider and management to identify and address shortfalls. These included audits and checks on medicines management, training, incidents and accidents, and care records.

There was a system in place to monitor late and missed visits to people. Where missed visits had happened we saw that these were fully investigated and actions were put in place to reduce future risks, such as advising care workers of their responsibilities, disciplinary action and apologies to people.

There was an on call system in place which allowed people and care workers to contact a named staff member for any support and guidance. A staff member told us that all information received was written down included dates and times and the management team checked these to ensure that any necessary actions were taken, for example changes in care visits. Management support was also available for the on call staff member if any issues required urgent action.

The registered manager told us how the provider undertook monitoring of the service including monthly visits. This included checking that all training for care workers was up to date and people's visits were completed.

The service's provider information return (PIR) identified what the service were doing and where they had planned improvements. For example, the PIR told us that branch managers had received training in the duty of candour and written guidance had been provided to care workers. Planned improvements were being undertaken on assessments and care planning. Additional training was planned for team leaders in the Mental Capacity Act 2005 and deprivation of liberty safeguards. An electronic mandatory programme of audits had been introduced, to focus on compliance, action planning and continuous quality improvement.

The PIR also told us about how the service had participated in the Norfolk Care Awards and been a finalist in February 2016. It advised that care workers were recognised for good practice. An example was of a care worker who had worked for the service for 20 years. This was confirmed by a person who said that, "They [service] must be good to have somebody working that long." An annual charity event was held and in 2016 an amount of money was raised for a charity. They told us about how they worked with other organisations, including commissioners for the service.