

Agincare UK Limited

Agincare UK Bridport

Inspection report

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Ratings

Overall rating for this service

Good ●

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 inspection took place on 2 and 6 August 2018 and was announced. This was our first inspection of this service. This provider had moved to a new office and this was the first inspection from this new location.

Agincare UK Bridport is a domiciliary care service. It provides personal care to 78 people living in their own houses and flats in the community. It provides a service to older people and younger adults some of whom have a physical disability, learning disability, sensory impairment or dementia.

Not everyone using Agincare UK Bridport receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided

The service had 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 received their care and support at their agreed time, and received rota's letting them know who would be visiting them. They told us that they were supported by familiar staff, who they had got to know and saw regularly. At the time of the inspection, staff told us they were working additional hours to support a number of vacant hours.

Arrangements were in place to identify and manage risk appropriately. Risk assessments were monitored to keep people safe whilst promoting people's independence and rights to make their own decisions.

General environmental risks to people were assessed such as fire safety and home security. People also had personalised risk assessments to reduce risks associated with things such as their skin integrity, medicines and health conditions or dementia.

There were sufficient numbers of staff to ensure people received their agreed support on time. People told us they were happy with the support they received, including when two members of staff should be supporting them.

People were supported by staff who had received safeguarding training and knew how to keep people safe from harm or abuse. People were supported to understand what keeping safe meant, but staff also respected their right to make decisions that may not keep them safe.

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

People received their medicines on time and as prescribed. Staff understood the importance of infection prevention and control, and wore protective equipment appropriately when supporting people. Learning from accidents and incidents was analysed and shared with the team to reduce the chance of them happening again.

People were supported by staff who had an induction and an on going programme of training. Training covered mandatory topics and areas specific to people's needs such as diabetes and end of life care.

Initial assessments were completed with people to establish whether the service would be able to meet their presenting needs. From the initial assessment a care plan was drawn up to show how people's needs would be met by the service. People told us they had been involved in their assessments. One person told us, "I have been fully involved in my care plan." When people's needs changed the support was amended to reflect this.

People felt the service listened to them and made changes to support their requests. A complaints process was in place and people told us they would be happy to raise a complaint if they needed to. Complaints had been resolved in line with the provider's policy.

Staff consistently demonstrated a kind and caring approach towards people. People's privacy and dignity was supported at all times. People were supported by staff who were respectful and knew them well. People were encouraged to maintain their independence.

People we spoke with were very complimentary about the service and felt it was well led. The registered manager led by example, including working alongside staff. Staff felt included and encouraged to contribute their views and ideas.

The service worked alongside other providers in the local area. They understood the importance and benefits to people of working closely with health professionals and did this to help maintain people's health and well-being. The registered manager told us they had established and maintained good working relationships with district nurses, GPs, learning disabilities and social work teams.

Quality assurance measures were in place and used to identify gaps and trends. There was a clear vision to deliver high quality care and support. The provider kept the day to day culture of the service under review, to ensure the attitude and behaviour of their team remained positive. Staff told us they were proud to work for the service and people told us they remained happy with the support they received. The registered manager told us, "I run a transparent branch, not without its issues, we're not perfect, but always looking at lessons learned and ways of improving quality and services".

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.

People told us they felt safe. People were protected by staff who had a good understanding of how to safeguard people from abuse or harm.

There was a recruitment and selection process which meant people were at a reduced risk of being supported by unsuitable staff.

Medicines were managed safely. People received their medicines on time and as prescribed.

Risks to people had been assessed and actions to minimise the risk of avoidable harm were being followed

Lessons were learnt and improvements were made when things went wrong.

People were protected from avoidable risks of infection

Is the service effective?

Good ●

The service was effective.

People were asked to consent to their support and staff understood the principles of the Mental Capacity Act 2005.

Staff received training and supervision to give them the skills they needed to carry out their roles.

People had their eating and drinking needs met.

The service worked with other healthcare services to deliver effective care.

People's needs and choices were assessed and effective systems were in place to deliver good care and treatment.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were compassionate and kind.

Staff knew how people liked to be supported and offered them appropriate choices.

People were supported by staff that respected and promoted their independence, privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Care plans and support were person-centred. These were regularly reviewed with involvement from people and relevant others.

People knew how to complain and had confidence that issues would be investigated. Complaints were resolved in line with the service's policy.

Staff had received end of life care training and were therefore able to link with other agencies when people, and those important to them, required this support

Is the service well-led?

Good ●

The service was well led.

Staff felt happy and supported in their roles.

Staff felt their work was valued and recognised with opportunities to develop their skills and knowledge.

Audits were done to help ensure the quality of the service.

People and those important to them felt consulted and involved.

The service had established and maintained good working relationships with partner agencies such as GP surgeries and social work teams.

Agincare UK Bridport

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 2 and 6 August 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by one inspector and an assistant inspector on the first day and by one inspector on the second day. We visited the office location on both days to see the registered manager and office staff; and to review care records and policies and procedures. On the second day we also visited people in their own homes.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority to obtain their views about the service.

Due to technical problems, the provider was not able to complete a 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 took this into account when we inspected the service and made the judgements in this report."

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

During the inspection we spoke with a total of four people using the service and one relative in their own

homes. We also spoke with the registered manager, administrator coordinator, field care supervisor, care coordinator and five members of staff. After the inspection we spoke with four people by telephone and received email feedback that we had requested from one health professional.

We also looked at records relating to the management of the service including rotas, training, medicine administration records, meeting minutes and the recruitment information for five staff. Following our inspection visit, we requested further documentation from the service. The information was provided in the allocated time.

Is the service safe?

Our findings

People and relatives told us that staff provided safe care and treatment. Comments from people included, "Yes I feel very safe with the support I receive". "Staff help me to stay safe, they always make sure I have my walking frame before they leave".

There were sufficient numbers of staff to ensure people received their agreed support on time. People told us they were happy with the support they received, including when two members of staff should be supporting them. The registered manager told us they had a number of staff vacancies but felt their team were "Going above and beyond" to support them whilst they recruited the correct staff, with the right mix of skills and qualifications to meet people's needs.

Staff told us they felt they needed more staff and had been working longer hours than they normally would to cover staff vacancies. Comments from staff included, "We could do with more staff but it seems to balance out." "Weekends are hectic but we cope, just work longer." One member of staff told us they regularly worked long hours through their choice, but some of the hours were covered by sleeping in [this means staff can sleep once the person they are caring for are asleep]. The registered manager informed us, "I ensure I keep an eye on hours to ensure staff are not doing too many hours, and have the correct amount of breaks between shifts". They informed us some of the vacant positions had been filled, and inductions were taking place.

People received rota's letting them know which would be visiting them, and told us that they were supported by familiar staff, who they had got to know and saw regularly. Staff told us that their visits were well planned, with time to travel between people's homes so that they arrived on time and did not have to rush. Systems were in place to monitor if there were any missed or late calls.

The service had safe recruitment practices. Checks had taken place to ensure staff were suitable to support vulnerable people. Pre-employment and criminal records checks were undertaken. Records included photo identification, interview records and references which provided evidence of conduct in previous employment and full employment history.

People were protected from the risks of abuse by staff who understood the signs of potential abuse and were confident to report. One member of staff told us, "I have raised safeguarding concerns and would not hesitate to do so again if I felt people were not safe." Staff were confident any concerns would be acted upon by the provider.

People were protected from discrimination and staff understood how to manage different risks to keep people safe in their own homes. People were supported to understand what keeping safe meant, and staff respected their right to make decisions that may not keep them safe. For example, staff were able to demonstrate their positive approach in managing different risks for people and how they adapted their behaviours and approach. One member of staff told us, "We support people who often put themselves at risk, by the way they choose to live their lives. We respect and manage the risks as best we can. If I felt there

was a new risk for anyone I would ring the registered manager and ask for a new assessment to be completed." The registered manager had a clear understanding of their responsibilities in relation to safeguarding. Concerns were responded to in a timely manner and the registered manager had taken appropriate action to prevent further occurrences and submitted the correct notifications.

Risk assessments were in place and monitored to keep people safe whilst promoting people's independence and rights to make their own decisions. For example, some people required their medicines at specific times due to living with a particular condition, people told us and records demonstrated this happened. One person was at risk if they did not receive prescribed medicines with their meal. The person told us, "Staff help me and know I have to have my medicines with my food, to keep me well. They are here on time".

Medicines were managed safely. People were supported to have their medicines on time and as prescribed. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. Staff were trained in administering medicines and their training was updated regularly to ensure they remained competent to administer medicines.

People were supported by staff who understood what to do in the event of accidents and near misses. The service recorded and analysed these to understand what had happened, identify trends, and help prevent them happening again. Lessons were learnt and shared when concerns were identified. For example, one person had fallen 11 times in June 2018. Records identified the alarm had not been triggered on each occasion. The registered manager told us, "The person, when falling, had not been near their alarm. The person now has an alarm on their body which activates if they fall". They told us the falls were reducing for this person although they would always remain a high risk due to their personal circumstances.

The service had a business contingency plan which included prioritised visits for the most vulnerable people in the event of unforeseen events such as heavy snow or flooding. General environmental risks to people were assessed such as fire safety and home security.

Staff were trained in infection prevention and control. They told us they had access to sufficient Personal Protective Equipment (PPE) such as disposable gloves and aprons. People were protected from avoidable risks of infection as staff had been trained in infection control and food hygiene. The provider had a business continuity plan and an emergency plan. These plans outlined the actions to be taken to ensure the safety of people using the service in an emergency situation. The registered manager told us this had been put into action during poor weather earlier in the year.

Is the service effective?

Our findings

People received effective care from staff who were knowledgeable, skilled, confident and well trained in their practice.

People were supported by staff who had received an induction into their role. This included shadowing more experienced staff and competency checks. Staff only successfully completed their probationary period when they were judged as confident and competent enough to support people in meeting their assessed needs by the provider.

People expressed confidence in the skill of the staff supporting them. Staff continued to receive training opportunities following their induction. This included training courses specific to the needs of people they were supporting, for example dementia, moving and handling, safeguarding vulnerable adults, and understanding strokes. One member of staff told us, "Training is very good. We can log into our training online, or do some in house training". The provider had a training room in their office which, included an area where staff could practice and be observed using equipment to move and assist people safely.

Staff told us they had an annual supervision and annual appraisals. Staff felt these were a good opportunity to discuss their performance, aspirations, and any training needs. Staff informed us they felt one supervision a year was enough. One member of staff said, "I know I can always come in or ring anyone in the office". This was echoed by all the staff members we spoke to.

The MCA provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

Staff told us how they would consider whether a person was able to make decisions about their care and treatment and what they would do if they were concerned that a person may lack the capacity to make certain decisions. Records showed that staff had been involved in best interest decision meetings, and were able to share examples of supporting people with decisions. Where people lacked capacity to consent to their care and treatment, capacity assessments and best interests decisions were in place and included the views of those important to people. Where there were legal powers in place in relation to decisions about people's support, these were recorded and respected.

Some people required assistance to maintain a healthy balanced diet. Care plans were detailed, specified peoples likes and dislikes and gave instructions on how staff should provide food and drink to ensure health was maintained. Staff told us if they had any concerns about someone eating and drinking they would inform the office who would contact the persons GP.

We observed one person discussing concerns in regards staff preparing their food with the registered manager. The registered manager assured the person they would address their concerns with immediate

effect. The person told us although there had been some issues, staff generally were aware of the importance of ensuring they "Got a meal of their choice at the correct time".

People had drinks left for them to encourage them to drink between visits and staff completed food and fluid charts to monitor whether people were eating and drinking enough and highlight any concerns. Staff told us if they had any concerns or felt people needed to be seen by healthcare professionals such as a district nurse they would either contact the office or the district nurses themselves, then call the office to let them know what they had done.

Peoples care records had 'grab sheets' which were designed to provide essential information about people if they required admission to hospital. Details included people's next of kin, GP, any allergies and relevant medical information. This ensured that relevant information was shared between services to ensure the person continued to receive effective support and that their individual needs were known.

The service worked alongside other providers in the local area, and understood the importance and benefits to people of working closely with health professionals and did this to help maintain people's health and well-being. The registered manager told us they felt they had good working relationships with local GP, learning disability team, health professionals, other providers and commissioners, they gave an example of joint decision making in someone's best interests

Is the service caring?

Our findings

People were treated with kindness and respect. We asked people if staff were kind and caring when they supported them, people's responses included: "Absolutely perfect. We should all be grateful for their kindness."

People were encouraged to be as independent as possible and to do as much for themselves as they could. Care plans included details about what abilities people had and what they were able to do for themselves. One person said, "I like to remain as independent as I can, the personal care is good, [carer name] guides and support me, but lets me get on with it". One staff member told us, "We like to promote choice and independence or how else would you get to know someone."

People and their relatives told us that they were able to make decisions and express their views about the care and support they received. One person told us, "They talk to me, ask if I am happy for them to do things, and respect my decisions." Daily care notes reflect what people had told us had happened at their morning visit. We observed that staff effectively communicated with each other to provide personalised care for people. Examples notes in people's daily notes included 'Can you bring the washing off the line', or 'I will pick milk up and bring back later.'

Staff offered people choices about their care and treatment in ways which were appropriate and enabled people to have control over their support. People were keen to tell us how staff respected their rights to remain in control of their lives. One person said, "I would recommend this service and their staff, I know who is coming to see me, and they know me". One person told us, "They seem to know when I'm not myself". Another example was shared of a person being sent chocolates and flowers from the provider for being 'loyal to the service'. The registered manager told us, "It matters to thank people, and staff". They told us during the hot weather ice creams were always made available in the office for staff or visitors.

Staff were respectful of people's homes and privacy. People told us that staff entered their homes in the way they wished, staff held information securely on entry to people's homes and told us they were respectful not to share any confidential information. One staff member told us they were most proud, "That the team supports the clients to make sure they're clean and happy in their own homes". Another staff member told us how they had visited a person on their day off to spend time with a person who was feeling very lonely. This had resulted in the person feeling much happier.

The service had received a number of thank you cards and compliments; these were displayed on a notice board in the office for all to see. Compliments included, 'Outstanding effort through the bad weather', staff are 'Competent, polite and professional', 'What a lovely manner staff have with [relatives name], really gentle and caring.'

Is the service responsive?

Our findings

People and those important to them were involved in decisions about their care and treatment. Reviews were planned annually or more frequently if people's needs or circumstances changed.

People had an assessment prior to receiving a service. This captured their needs, abilities and some of their preferences. A member of staff told us that they visited people in their own homes to complete pre-assessments wherever possible so that they could see the person in their own environment and understand how they wished to be supported. Pre-assessments included details about people's preferences and risks they faced. They considered whether people had religious or cultural needs which staff needed to be respectful of and formed the basis of the persons on going care plan. One person told us, "It was a good assessment, I have been able to stay independent." Another told us they had recently been involved in a review of their assessment. From the initial assessment a care plan was drawn up to show how people's needs would be met by the service.

Each person had a care plan which was personal to them and gave details of the care and support they required at each visit. A member of staff said, "We follow the care plans but we talk to people too and of course to each other." The registered manager told us a sample of care plans were also reviewed monthly as part of their audits. People told us they were involved in their assessments and reviews of their care plans. One person told us, "I have been fully involved in my care plan." When people's needs changed the support was amended to reflect this.

People were encouraged to remain as independent as possible including being assisted to attend work placements, activities of their choice, shopping or health appointments. Care plans contained information about the support people wanted and times they would like to be supported. One coordinator told us, "Sometimes we have to change the time of our support, this could be because someone wants support to a hospital appointment, or is coming home from hospital."

People received personalised care that was responsive to their needs. One care plan reported that the person had poor eyesight and was unable to read the care plan. Because of this the plan had been read aloud to them. This meant the person could contribute to their own care plan and agree with its content to ensure they would receive care they needed according to their wishes.

The service met the requirements of the Accessible Information Standard (AIS), and had a policy in place describing how they met these standards. AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were assessed and detailed in their care plans. Staff discussed how they adapted the way they communicated to ensure people understood. One staff member told us "I always give eye contact, get close to the ear and use my hands to explain what I'm saying." "If a person wears hearing aids I make sure these are on and working".

The service provided care plans in accessible formats such as easy read. People were given the option of

which care plan they wished to be used to support their individual communication needs. The registered manager told us, "I have established very good relationship with the manager for the learning disabilities services in our area and we maintain open lines of communication. If any of our service users have additional communication needs, I would arrange large print, pictorial or audio care planning as required on a person centred basis. I would also outsource interpreter or sign language as required in regards to giving and receiving information".

The registered manager informed us communication was key to working with people, particularly if the person had additional needs such as learning disabilities. They told us, "The main differences between supporting a service user with additional needs is that a relationship based on communication and trust is imperative or the support work simply won't happen."

People understood how to complain and systems were in place to record and respond to any concerns raised. Each person received a service user handbook when they began to use the service. This handbook contained all the information people needed about the service and how to make a complaint. Where a complaint had been made the registered manager had taken action to address the issue and ensure there was no re occurrence. They had also apologised to the complainant. This showed the service took steps to address complaints and learn from them. One person told us, "I have never had to complain, but know they would listen if I did". Another person told us they had complained to a member of the office team, and told us the registered manager had rung to discuss the complaint. We observed the complaint on record and action taken as discussed.

Staff had been trained in providing end of life care and had given support to people and their relatives on these occasions. One staff member told us that the office had been very supportive when they had called them to advise one of the people they cared for was nearing the end of their life. They said, "The office made all the necessary calls to ensure the person had access to all the applicable care they needed including medication and district nurses to have a pain free and dignified passing". Care plans held information in regards end of life wishes, or evidenced where people had decided they did not wish to discuss their end of life care.

Is the service well-led?

Our findings

The service had 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.

Agincare UK Bridport was well run by a registered manager who had the skills and enthusiasm to provide a person centred service which was tailored to people's individual needs. They kept their skills and knowledge up to date to make sure people received care in a manner that was in accordance with up to date best practice. They worked shifts along with their staff team, and had a good understanding of the people they were supporting and their individual needs. They told us, "I have a very good understanding of the role of my staff as I also used to be a carer." People and staff were observed to be relaxed in the presence of the registered manager.

There was an open and supportive culture at the service. The provider and registered manager had a well-developed approach to equality and diversity, which ensured staff felt included and encouraged to contribute their views and ideas. Staff told us they attended regular staff meetings and could go to the office at any time. One member of staff told us, "We have employee of the month, I have received it, but I really don't need it as I know I do an excellent job. I always leave someone's house knowing I have made a difference."

The registered manager used team meetings and engaged weekly with staff to feedback positive comments. Staff told us they felt valued, understood their roles and responsibilities and their achievements were recognised. The registered manager told us, "I share my values and vision with my staff team, compassion, respect, reliability, empathy, honesty and personal values. Sharing my goals is massive to me. If my staff don't have the same values it will not work. I believe my staff go above and beyond. We make a difference the service has improved. I can see this from my audits month after month." People were very complimentary about the service and felt it was well led. Staff told us the staff team got on well with each other and told us they enjoyed working for the service. One member of staff told us, "I am very proud to work for Agincare UK Bridport." Another said, "We have good support, I can always ask to come in or ring anyone in the office".

Comments from people using the service included, "It is a very good service, I am very happy with my support thank you." "The managers come along and do checks on the staff, they always ask if I am happy with the support." "Always ask if I am ok and talk me through any changes". "I just ring the office if I want something." and "They are fine. I have been receiving support for more than two years. The manager does what they are supposed to do."

The service had established and maintained good working relationships with district nurses, GPs, learning disabilities and social work teams. The service was aware of the role it had, and the partnership working required, to help meet people's diverse and wide-ranging health and social care needs. One professional

told us, "The current manager has been in post for some time now and seems to have made some real improvements. We used to get frequent concerns especially with respect to service users with more complex needs, particularly those with a learning disability, but these issues have dropped off considerably".

There were effective systems in place to ensure that staff had the competencies to undertake their roles. They received regular unannounced spot checks which meant that their practice and interactions with people were observed and monitored in areas including infection control, communication and respecting dignity. Staff also received competency checks to ensure that they understood and managed medicines safely and that they were able to move and assist people using the relevant equipment in ways which were safe for people and also staff. These systems meant that the service had oversight about staff skills and were able to highlight and action if any areas for improvement were identified.

The service carried out monthly and quarterly audits which included reviewing people's records, staff files and training. This helped to maintain the quality of the service and identified where improvements could be made. Feedback was sought and used to drive improvements at the service. One professional told us they felt the registered manager had, "Turned the branch around, and whilst there is the occasional issue, [registered managers name] is responsive and does tend to deal with them as they arise."

Quality assurance measures were in place and used to identify gaps and trends. The management team had daily meetings to discuss and agree planned actions and identify priorities for the week. This meant that the office team had a consistent, joined up approach. The registered manager monitored information about different areas of the service including falls, complaints and accidents and incidents. The oversight of the service ensured any patterns or trends were analysed and action taken. The registered manager told us they had regular visits from the provider to ensure governance arrangements were in place and being appropriately managed. They told us there were clear and transparent processes in place that ensured all were aware of their roles and responsibilities. There was a clear vision to deliver high quality care and support. The provider kept the day to day culture of the service under review, to ensure the attitude and behaviour of their team remained positive.

The registered manager demonstrated a good understanding of their role and responsibilities including when they needed to notify CQC, the local authority safeguarding team or the police of certain events or incidents such as the alleged abuse or death of a person. They told us, "I run a transparent branch, not without its issues, we're not perfect, but always looking at lessons learned and ways of improving quality and services".

The registered manager sought people's feedback and took action to address issues raised. They informed us, "I complete a monthly branch audit, to ensure we are providing a service where 100% of our clients are happy. I then complete a quarterly survey". They told us any issues raised were dealt with immediately. For example, they told us, "Last month concerns were being raised about staff arriving late on some of the visits, we addressed the issue and amended times as requested." They told us feedback was always shared at staff meetings. We observed the agendas for the staff meeting listed feedback from people using the service.

People told us they felt the service listened to them and made changes to support their requests. We heard a number of telephone conversations with people whilst in the office, people were listened to and conversations were repeated to ensure the office staff were receiving the correct information. One professional told us, "We hear of fewer concerns since the new manager has been in position.