Mars Care Services Limited

Tavey House

Inspection report

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Ratings

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

Overall summary

This inspection took place on the 14 October 2015 and was unannounced.

Tavey House provides accommodation for up to 12 people who require personal care. There were 12 people using the service at the time of our inspection including people living with dementia.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Not everyone we spoke with felt there were always enough staff on duty to meet the needs of the people using the service. Our observations also questioned whether enough staff members were on duty to meet people's care and support needs. The management team acknowledged this and steps were being taken to increase the staffing levels.

Summary of findings

People using the service were not always protected by the provider's recruitment processes. This was because people had started working at the service before the required checks had been received.

People who were able to talk to us told us they felt safe living at Tavey House and care workers were aware of their responsibilities for keeping people safe.

People's needs had been assessed prior to them moving into the service and plans of care had been developed from this. The risks associated with people's care and support had also been assessed. Assessing risks enabled the management team to minimise risks associated with people's care and support on an on-going basis.

People received their medicines as prescribed and in a safe way but not all of the necessary documentation was in place.

People had been involved in making day to day decisions about their care and support and assessments had been carried out when necessary, to assess people's ability to make decisions for themselves. Although the care manager was knowledgeable about the Mental Capacity Act 2005, not all of the staff members we spoke with had received training on this subject.

People's nutritional and dietary requirements had been assessed and a balanced diet was provided however, choices were not always offered at every meal time.

Throughout our visit we saw the staff team treating people in a caring and considerate manner. People we spoke with told us that the staff team were respectful toward them.

Care workers felt supported by the management team. They had been provided with an induction into the service, however not all of the training relevant to their role had been made available to them.

People using the service and their relatives had been encouraged to share their thoughts of the service provided. Daily dialogue with the staff team and management was encouraged and regular meetings had been held.

There were systems in place to monitor the service being provided, though these had not always been effective in identifying shortfalls, particularly within people's care records.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Recruitment procedures were not always robust.

There were not always enough staff on duty to properly meet people's care and support needs.

People told us they felt safe living at Tavey House and the staff team knew how to keep people safe from harm.

People received their medicines safely though not all the necessary paper work was in place.

Is the service effective?

Requires improvement

The service was not consistently effective.

The staff team supported people well, but had not always been provided with the training relevant to their role.

Assessments of people's mental capacity had been carried out in line with the Mental Capacity Act 2005 however, not all of the staff team had received training in this area.

A balanced and varied diet was provided however, choices were not always offered.

Although people were supported to access healthcare services, this was not always carried out in a timely manner.

Is the service caring?

Good

The service was caring.

The staff team listened to the people using the service, they reassured them when they were anxious and made them feel relaxed and at ease.

People's privacy was respected and their care and support needs were met in a caring and thoughtful way.

The staff team knew the needs of those they were supporting and they involved people in making day to day decisions about their care.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People's needs had been assessed before they moved into Tavey House and a four week trial of the service was offered.

Comprehensive plans of care were in place however, other health related records were not.

Summary of findings

Activities were provided by the care workers working on shift.

People were supported to maintain relationships with those important to them and relatives and visitors were encouraged to visit at any time.

Is the service well-led?

Requires improvement

The service was not consistently well led.

The staff team working at the service felt supported by the management team.

People using the service and their relatives were given the opportunity to have a say on how the service was run.

There was a quality assurance monitoring system in place to monitor the quality of the service being provided. This did not always pick up inconsistences within the records held by the service.

Tavey House

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.

We inspected the service on 14 October 2015. The inspection was unannounced. The inspection team consisted of two inspectors.

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

We also reviewed information we held about the service and notifications that we had received from the provider. A notification tells us about important events which the service is required to tell us by law. We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people that used the service. We also contacted other health professionals involved in the service to gather their views.

We were able to speak with four people living at Tavey House, six relatives, three members of the staff team, the care manager and the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed care and support being provided in the communal areas of the home. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not people were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care, 12 people's medication records, three staff recruitment files and training records and the quality assurance audits that the registered manager and care manager completed.

Requires improvement

Is the service safe?

Our findings

At our last inspection we found that there were not enough staff appropriately deployed to ensure the safety of the people using the service. We found this to be a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which following the legislative changes of 1st April 2015 corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan telling us the actions they would take to address the lack of suitably deployed staff.

At this inspection we discussed staffing levels with both the registered manager and the care manager and looked at the staffing rota. We found that staffing numbers had increased since our last visit. We identified that there were three staff members rotared on during the day (including the care manager) and two waking staff members rotared on at night. We questioned as to whether this was currently enough, particularly on the morning shift as the senior on duty was also required to cook the lunch time meal. This meant that when the lunch time meal was being prepared and served, only two members of staff were available to support people. We identified at least two people who required the assistance of two members of staff for their care and support. If these people required support whilst the senior staff member was working in the kitchen, there would be no other staff available to keep the remaining people using the service safe.

A relative we spoke with also shared their concern with the numbers of care workers working at any one time at the service. They told us that they had evidenced an occasion recently when there were only two care staff on duty, both of whom were in the kitchen preparing food, leaving no one on the floor to support the people using the service.

The care manager explained that concerns about staffing numbers had been identified by both themselves and the registered manager and actions were being taken to look at employing someone each day to take over this task. We were told following our visit that interviews had commenced for the position of cook at Tavey House.

Relatives we spoke with shared that they did not see many activities offered when they visited and wondered how much stimulation people were offered on a daily basis. Activities were being provided on the day of our visit by the care workers on shift. These tended to be one to one activities which were fitted in around the care workers other tasks. Activities seen on the day we visited included card games and skittles.

We saw that there was always one member of staff present in the lounge area. Though we did note that at times this was the registered manager who had come in to the service because of our visit. We were told that by having a member of the staff team in the lounge at all times, this kept the people using the service safe from possible harm.

There were no dedicated staff to carry out the cleaning of the premises. We were told that this was carried out by both day and night staff alongside their care and support tasks. All the areas of the service seen during our visit were found to be clean and tidy. We were told following our visit that interviews had commenced for the position of cleaner at Tavey House.

The care staff who were working on the day of our visit told us that they felt there were enough members of staff on each shift to meet the care and support needs of the people in their care. One care worker told us, “I think three of us on duty during the day is enough.”

At our last inspection we found that incidents of concern had not been referred to relevant agencies. We found this to be a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which following the legislative changes of 1st April 2015 corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan telling us the actions they would take to address.

At this inspection, following discussion with both the registered manager and the care manager, it was evident that they were aware of their responsibilities with regard to referring incidents to the relevant authorities.

We looked at three recruitment files to see whether the appropriate checks had been carried out before new people started working at the service. We found that on the whole they had, but these had not always been carried out in a timely manner. Two of the files showed that although checks with the Disclosure and Barring Scheme (DBS) had been carried out, these had not been obtained prior to the people starting work at the service. A DBS check provides information as to whether someone is suitable to work at

Requires improvement

Is the service safe?

the service. Both the registered manager and the care manager acknowledged this and assured us that this would not be repeated. One of these files also only included one reference.

People who were able to speak with us told us they felt safe living at Tavey House. One person told us, "Yes I do feel safe, they [staff team] don't treat me badly, I wouldn't allow it." Another told us, "They look after us very well." We observed the staff team supporting the people using the service throughout our visit and we saw that people were relaxed and at ease in their company.

Relatives we spoke with told us that they felt that their loved ones were kept safe from harm. One relative told us, "I would say [their relative] is safe, I am glad they are here." Another told us, "Yes [their relative] is safe, you always worry but I think [their relative] is safe."

The staff team were aware of what to do if they were concerned about someone and they explained the actions they would take to keep someone safe from harm. One care worker told us, "I would report it to the manager and would report it further if they didn't do anything." When we checked the training records we found that not all of the staff had received training in the safeguarding of adults. The care manager explained to us that they had been trained to provide this training and they assured us that they would provide this for those members of staff who had not yet received it.

We looked at three people's plans of care and found risk assessments had been completed. Risk assessments had been completed on areas such as moving and handling, nutrition and skin care. These had been reviewed on a monthly basis. Completion of these assessments enabled both the registered manager and the care manager to identify and assess any risks associated with people's care and support on an on-going basis.

Regular safety checks had been carried out on the environment and the equipment used for people's care. Monthly fire evacuation drills had been carried out and fire safety checks had been completed. A fire policy was in place though not all of the staff team had signed to say that they had read this. We did note that the fire risk assessment completed in September 2014 was not totally clear with regards to the evacuation plan and did not make it clear that people who could not walk could be left safely behind the fire doors, until the fire brigade arrived. We were informed following our visit that the risk assessment had been updated and a visit by the local fire officer was being arranged. We looked at the way the provider managed people's medicines. There was an appropriate system in place for the receipt and safe return of people's medicines. Medicines were stored safely and medicines that required refrigeration were kept in a designated medicine fridge.

We did note that not all of the medicines that were required to be dated when opened had been, as recommended in the manufacturer's guidelines.

Medication administration records (MAR) were in place and these recorded each person's prescribed medicines. We saw there was a photograph on each of the MAR's. This helped with identification and reduced the risk of medicines being given to the wrong person.

For medicines prescribed 'as and when required' (PRN) or those offered by variable dose, protocols were in place however, these needed greater clarity. This included clarifying when to offer the PRN medicine and how to support a person with their PRN medicine if they became anxious.

We were told that when people required assistance with the application of creams, body maps were used. These documents showed the staff team the area on which to apply a person's cream. When we checked the records we could only find one such record, even though there was more than one person having assistance with creams. The care manager confirmed following our visit that these had been implemented for everyone assisted with creams.

We observed the senior care worker administering medication to two of the people using the service. A red 'do not disturb tabard' was worn to alert people that they were handling people's medicines and good hand hygiene was adhered to. Drinks were available for people when they were assisted to take their medicines and they were assisted at a pace that suited them.

Requires improvement

Is the service effective?

Our findings

People who were able to talk with us told us that the staff team knew their care and support needs and they had the skills needed to look after them. One person told us, "They look after me ever so well, they know just what I need." Relatives agreed. One relative told us, "They [the staff team] know how to look after [their relative] and she has changed for the better."

We observed the staff team supporting the people using the service. Staff members were knowledgeable of people's care needs and effective communication ensured that people were supported in the way they preferred.

Care workers told us they had received a period of induction when they first started working at the service and this included shadowing a more experienced member of the staff team. They told us that training had also been provided so that they could carry out their work effectively. One care worker explained, "I have recently completed a dementia course and it has helped me to understand more about people's dementia."

We looked at the training records and it was evident that whilst some of the staff had received the training relevant to their roles others hadn't. This included one care worker who had been working at the service for seven months. The record showed us that they had not received training in the safeguarding of adults, dementia awareness or the Mental Capacity Act 2005. The care worker confirmed this during a conversation with us. Although the training had not been provided this did not have an impact on how they supported the people using the service. The care manager acknowledged this lack of training and told us that the training needs of the staff team would be reassessed.

The staff team felt supported by the care manager. Team meetings had been held and regular supervision sessions had been completed. (Supervision provided the staff team with the opportunity to meet with the care manager to discuss their progress within the staff team.)

Assessments of people's mental capacity to make decisions about their care and support were completed and where there were restrictions relating to people's liberty, an application had been made to the regulatory body (the local authority) for an authorisation under DoLS. The Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Assessment and authorisation is required if a person lacks mental capacity and needs to have restrictions on certain freedoms to keep them safe.

The care manager had a good understanding of MCA and DoLS and was able to demonstrate when they had contacted the local authority for an authorisation under DoLS. Not all of the staff team had received training on these subjects though the staff members we spoke with during our visit had a basic understanding of these. One staff member told us, "It is when people cannot make a decision for themselves so someone else has to make it for them." We were told following our visit that training in MCA and DoLS was being sourced.

Staff members gave us examples of how they obtained people's consent to their care on a daily basis. One staff member told us, "It's about asking them [the people using the service], you ask them if you can help them, if they say no, you go away and come back later and try again."

We asked people for their thoughts on the meals served at Tavey House. One person said, "You get your food and have a laugh." Another person told us, "The food is very nice, I like it very much."

During lunch time some people were supported to sit at the dining tables, whilst others had their lunch whilst sat in an easy chair. The dining tables were set with table cloths and place mats, though we noted there were no condiments on the tables such as salt and pepper and none were offered.

The staff were kind and patient with people. One person who was sat in their easy chair was provided with their lunch. The staff member offered them gravy which they accepted. The person asked for a knife and fork and was shown where theirs were on their table. Throughout the meal the person offered their meal to others including the care workers. The care workers reassured them that they would have theirs later and that they should eat their meal as it was theirs, which they did. More gravy was offered and the meal was eaten. Another person had their meal cut up for them. They were eating with a fork but seemed to be struggling so the care worker asked them if they would

Requires improvement

Is the service effective?

prefer a spoon. They accepted. Throughout the meal time care workers showed respect for people's wishes and encouraged and supported them to eat as independently as they possibly could.

The meal was prepared and served by the senior care worker. They had a good understanding of people's dietary requirements and were aware of people's individual likes and dislikes. We noted that there was no alternative to the main meal served. We asked about food choices that were available to the people using the service. The senior care worker explained that choices were available at breakfast and at tea time but there was no formal option to the main meal of the day. They told us that alternatives were always available however, should someone decide they did not like what was on offer for the main meal.

We discussed missed opportunities for main meal choices with the care manager. They told us that previously, choices had been offered but this had caused anxiety for some of the people using the service. They had seen what others had chosen and had then decided that they would want that meal instead. This meant that people who could make a choice were not offered one and people who would struggle to make a choice were not supported to do so.

For people who had been identified as at risk of malnutrition and dehydration daily monitoring charts had been completed. Those seen during our visit were up to date, though they didn't always record fluids provided between the hours of 8.00pm and 7.00am the next day. We noted on some people's charts there was no recommended daily fluid intake for the staff team to follow. This meant staff could not be sure that they had given people the correct amount of fluids they needed to keep them well. Throughout our visit people were offered both hot and cold drinks. We did note that only one flavour of cold drink was offered. By offering more than one flavour, people using the service would be provided with more opportunities to make choices within daily living.

The people using the service had access to the relevant health professionals such as doctors, chiropodists and community nurses. A relative told us, "They always get the GP when needed." They also explained that they were expecting a dentist to visit their relative but this had not yet happened. We discussed this with the manager who was able to demonstrate that a visit had been arranged and the dentist was due to visit in the next week or so. A community nurse visiting at the time of our inspection told us they were always contacted if the care manager had any concerns about anyone.

Good

Is the service caring?

Our findings

People who were able to talk with us told us the staff team at Tavey House were kind and caring and we observed this throughout our visit. One person told us, "The staff are very nice, they are very kind." Another told us, "They look after me well, they [care workers] are all really good."

Relatives told us the staff team were caring and treated their relations well. One relative told us, "They [the staff team] are very kind and give people the time and space they need." Another told us, "I think staff are brilliant."

We spoke with the care workers and they gave us examples of how they maintained people's privacy and dignity. One care worker told us, "I close the door when I'm helping someone and I cover them when providing personal care, it's important."

We observed the staff team interacting with the people using the service. Interactions were both functional, for example people were asked if they would you like a drink and a biscuit and conversational, when people were shown photographs of famous film stars and were asked if they could remember them. We observed a care worker assisting a person with their drink at an appropriate pace that suited them. Where one person seemed to be confused about something, a care worker engaged them in conversation and reassured them. We observed a person being asked if they would like to go to the toilet in a manner which preserved her dignity. They were then supported to transfer to a wheelchair in a dignified manner.

We saw that whenever possible, people had been involved in making day to day decisions about their care and support. This included what to wear for the day, where to sit once they were up and whether to join in the activities that were provided. We did note that a notice in the kitchen instructed the night staff to 'ensure that everyone is up by 8.00am with the exception of [two people using the service]. However, we were assured that if someone did not want to get up before 8.00am, this was respected. A care worker told us, "I ask them [people using the service] if they want to get up and have a wash, we can't force them so if they don't, we will go away and then go back later." One of the people using the service told us, "You can get up and go to bed when you want to, I get up about 8.00am."

We looked at people's plans of care to see if they included details about their personal history, their personal preferences in daily living and their likes or dislikes. We found that they did. The staff team knew what people liked and disliked. For example, what people liked to do during the day and what they liked to eat and drink, they then ensured that these personal preferences were upheld. One staff member explained, "[person using the service] likes to read the newspaper so we always make sure she has the papers to hand." Another told us, "[person using the service] doesn't like tomatoes with skins on or spicy food."

Care workers had a good understanding of how to respect people's privacy and dignity while providing their care and support. We observed a care worker assist a person to the toilet. They made sure the door was kept closed and they spoke with them discreetly so that their privacy and dignity was maintained. We did note that the toilet door did not have a lock on it.

When the care workers provided support to people who were using the communal areas, this was carried out discreetly and sensitively. During our inspection a community nurse visited to redress a person's legs. A privacy screen was used so that they could carry out the person's treatment in private. Whilst we noted that the screen was quite effective for the people to the right of the person, those sitting to the left of the person could still see some of what was happening. Nothing was done about this.

Relatives told us that there were no restrictions on visiting times and that they were always made welcome by the staff team. One relative told us, "We are always made welcome and offered a cup of tea."

Requires improvement

Is the service responsive?

Our findings

Relatives told us that both they and their relation had been involved in deciding what care and support they needed. They also told us that they had been involved in the reviewing of their relations plan of care. One relative told us, "I can come in and discuss things and we have had a meeting to discuss [their relative] care needs."

Relatives we spoke with told us that on the whole they felt their relation was getting the care and support they needed. One relative told us, "At times we have been a little concerned about the care but at the moment we are reasonably happy, we are satisfied on the whole and feel [their relative] is getting the care she needs." Another told us, "Mum always seems to be clean, smart and well feed, she is generally happy."

A visiting health professional told us, "It's one of the good ones, especially for people who need support with their mental health needs."

The care and support needs of the people using the service had been assessed prior to them moving in and a four week trial period had been offered. This was to ensure that the staff team could properly meet the person's needs and the person was happy with the service provided. From the initial assessment, a plan of care had been developed. This included the needs of the person and how they wanted their needs to be met. The plans of care also included information on their personal history and their likes and dislikes.

We looked in detail at the plans of care for three people using the service. The plans of care were comprehensive and had been reviewed each month or sooner if changes to their health and welfare had been identified. We did note that the monthly reviews had not routinely been carried out with the person using the service and/or with their relatives. Where changes in people's health had occurred, the appropriate action had not always been taken. For one person who had been identified as losing weight, the local dietician had been contacted. However, the daily records for another person showed us that on 11 September 2015 they were found with very sore skin in between their legs and on their bottom. A further two entries showed that this person was still suffering with very sore skin and a break of skin on their bottom. The community nurse was not called until 21 September 2015. This did not demonstrate that staff were responsive to people's healthcare needs.

We looked at the body monitoring chart for one of the people using the service and identified that they had suffered a number of bruises and a tear to their skin over a number of days. Their plan of care told us that they were at moderate risk of falls. When we checked their daily records, there were no body maps to show where these bruises had been found. There was no mention of how these bruises had occurred and no mention of any action taken to investigate these. We shared this with the care manager who told us that this would be investigated.

Activities were being provided by the care workers on shift. These tended to be one to one activities which were fitted in around their other tasks. Activities included card games and skittles. One care worker explained, "I think the residents are happy and I enjoy spending time with them. Some days are better than others. At times it can be hard to spend lots of time with the residents but we do get to do 'little and often' when it's busy. There is always someone in the lounge. Some residents enjoy going out shopping or sitting in the garden when the weather is nice."

We saw pictures of activities that had been carried out throughout the year. An Easter bonnet parade had been enjoyed at Easter. A painting session had been held recently and a trip to Skegness had been enjoyed.

People who were able to talk to us told us they knew who to talk to if they were unhappy. One person told us, "I would go to the head one [the care manager]." Another said, "I'd speak with one of the girls [care workers]." A relative told us, "I would speak to [care manager], she is approachable." A formal complaints procedure was in place though this wasn't prominently displayed. The care manager told us that this would be addressed. They told us that they had not received any formal complaints but were aware of the actions to take if they did. This included carrying out an investigation and informing the complainant of the outcome.

Requires improvement

Is the service well-led?

Our findings

People told us the service was properly managed, they knew who the care manager was and they told us the staff team were open and approachable. A relative told us, "I would talk with [the care manager] she is very approachable and keeps us well informed."

The management team consisted of the registered manager and the care manager. The registered manager attended the service every Monday morning for a meeting with the care manager. They also visited the service on a regular basis through the week. The care manager worked on shift with the care workers providing day to day management.

Care workers we spoke with told us they felt supported by the Management team and by each other. They told us they felt able to speak to the management team if they had any concerns or suggestions of any kind. One staff member told us, "[the care manager] is really supportive and is always contactable if you need her for anything."

People using the service and their relatives were encouraged to share their thoughts of the service they received. Daily dialogue was encouraged and regular meetings had been arranged. Both relative meetings and meetings for the people using the service had been held. Minutes of the last meetings held showed us that issues such as how to make a complaint and activities had been discussed. One relative told us, "They have meetings where we can go and air any concerns that we may have." Staff meetings had also been held, though these had not been held since May of this year. The care workers told us that they were able to share their thoughts or concerns with the care manager on a daily basis.

Care workers we spoke with were aware of the provider's aims and objectives. One care worker told us, "It is to provide personalised care, to keep them [people using the service] happy, to provide a home from home and to make them feel loved and cared for."

There were a number of monitoring systems in place to regularly check the quality and safety of the service being provided at Tavey House. There were daily audits carried out which looked at the cleanliness of the environment and equipment used. These also looked at whether the people using the service were being provided with the care they needed. The care manager had completed audits on general health and safety and on the medication records held. A falls audit was also being carried out. This enabled the care manager to identify any trends around people's falls and involve the falls team where necessary.

Monitoring visits had been carried out by the registered manager. During these visits, checks were made to make sure that the staff team were working in line with the provider's policies and procedures.

Safety checks had been carried out on the environment and on the equipment used to ensure they were safe and fit for purpose. The manual hoists and the stair lift had been tested every six months and the emergency lighting and fire fighting equipment had been checked on a monthly basis.

Although monitoring systems were in place, these had not identified the shortfalls we found during our visit. This included the lack of body maps for people who were assisted with creams. The lack of body maps used to record when bruising was identified and the delay in contacting healthcare professionals when someone needed them. We also noted that training records had not been audited effectively which would have identified the shortfall around MCA and DoLS training.

There was a business continuity plan in place in case of foreseeable emergencies and this provided information including alternative accommodation should a foreseeable incident occur.

The management team were aware of their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service.