

Mrs Maria Louise Watson

# Tamarisk Care Agency

## Inspection report

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Date of inspection visit:  
22 April 2022

Date of publication:  
24 June 2022

## 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

### About the service

Tamarisk Care Agency is a domiciliary care agency providing personal care to people in their own homes. The service provides support to predominantly older people who may be living with dementia and/or have a physical disability. At the time of our inspection there were approximately 30 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People told us they felt safe with their care staff who were kind, caring, patient and compassionate. Relatives and professionals were also complimentary of the quality of care the service provided.

Staff were recruited safely and there were enough staff available to meet people's needs. We found people normally received their visits on time and for the planned duration. Staff rotas included appropriate travel time and staff told us they did not have to rush.

Risk in relation to people's care needs and the environment had been appropriately assessed and local safeguarding procedures were well understood.

Staff had access to good supplies of PPE and there were appropriate infection control procedure in place to manage risk associated with COVID-19.

Staff training had been regularly updated and there were systems to ensure any learning from incidents was shared promptly to prevent similar events recurring.

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

The service worked collaboratively with health professionals to enable people to continue to live at home for as long as possible.

People's care plans were concise, accurate and informative. The provided staff with sufficient guidance on people support needs and daily care records had been accurately completed.

The provider led the service well and quality assurance system were effective. Staff told us they were well supported and people and their relatives were complimentary of the service's leadership.

People were happy to recommend the service and told us, "The company is well managed and we would recommend them to anyone".

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This is the first inspection since the service reregistered with CQC under a new legal entity on 20 August 2019. The last rating for this service under the previous provider was good (22 February 2019).

#### Why we inspected

We undertook this comprehensive inspection as the service is now operated by a new provider and thus needed to be rated.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was Well-led.

Details are in our safe findings below.

Good ●

# Tamarisk Care Agency

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

One inspector and an Expert by Experience completed this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We spoke with five people who used the service and five relatives about the quality of care the service provided. We spoke with six members of staff the deputy manager and the provider. We also gathered feedback from two professionals who worked with the service regularly. We reviewed a range of records. This included two people's care records, medication records, staff rotas, a training matrix and the provider's policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered provider at this location. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt safe with their support staff. Comments from people and relatives included, "I feel very safe with the carers who come to me. They show their faces at my window on arrival and then I let them in", "I do feel my partner is safe with the carers" and "The carers are kind and gentle and help us with whatever we require".
- The provider and staff team had a good understanding of local safeguarding arrangements. Staff knew how to report safety concerns outside of the service but were confident this would not be necessary as any issue they raised with the provider would be promptly addressed.
- The provider, deputy manager and wider staff team focused on ensuring people's safety. Staff and the provider were confident challenging or questioning advice from professionals and relatives, where they were concerned proposed actions may impact adversely on people's wellbeing.
- Where staff had identified possible safeguarding issues, the provider had supported and encouraged the appropriate reporting of these safety concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care needs and the environment of homes were identified, assessed and recorded. Staff were provided with appropriate guidance on how to mitigate identified risks and ensure safety.
- The service rotas were well organised and there were robust systems in place to ensure people received their planned care visits. We did not find any evidence of missed care visits during this inspection. Staff told us this happened very infrequently and that they could not remember the last time any visits had been missed. A near miss had recently occurred as a staff member had failed to record an amendment to their rota. This issue had been promptly identified and resolved by the on-call manager.
- Some people's mobility was variable. Staff were provided with guidance to how to assess people's mobility needs during each visit to identify what equipment to use while supporting people to remain as independent as possible.
- The service had emergency procedures in place to ensure people's support needs were met during periods of adverse weather and travel disruption. These plans had been further developed in response to additional security measures necessary during the G7 summit in nearby Carbis Bay. Although this had caused significant challenges people's needs had been met.

Staffing and recruitment

- Recruitment practices were safe. Records showed all necessary checks, including Disclosure and Barring Service (DBS) checks, had been completed before new staff were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The

information helps employers make safer recruitment decisions.

- The service had enough staff to meet people's care needs. Visit schedules included appropriate travel time between consecutive visits and staff told us visits were long enough to enable them to care for people. Staff told us, "We get travel time between visits" and "There is no need to rush, definitely not."
- People and their relatives told us staff normally arrived on time and that care visits were not rushed. Their comments included, "I always get my full time as the carers are very patient with me" and "No matter what time they arrive I always get my full time and am never rushed."
- The provider only took on additional packages of care when they had sufficient staff to meet people's needs. The service employed a small number of staff who were not normally included on the service's visit schedules, these staff were used to provide holiday and sickness cover for other staff members.

#### Using medicines safely

- People were supported to take their medicines as prescribed. Staff had received training on how to support people with medicines in accordance with current best practice.
- Staff had received training in medicines administration and medicine administration records (MAR) were accurately completed. These records were regularly audited by the provider.
- Relatives and people who used the service were confident the service was safely supporting people with their medicines. One relative told us, "All [my relative's] tablets come in blister packs which the carers give [them] and record what they have given on a MAR chart".

#### Preventing and controlling infection

- People were protected from the risk of infection and cross contamination including COVID-19. People told us staff always wore their personal protective equipment (PPE) and regularly washed their hands during care visits. Comments received included, "They all wear masks, aprons and gloves. Some also wear visors. They wash hands on arrival and after removing gloves, as well as gel. They leave the areas used clean, tidy and hygienic" and "They do wear full PPE and wash their hands. They come in a uniform and always look clean and tidy".
- The service had good supplies of PPE and appropriate systems were in place to enable staff to collect additional equipment whenever needed.
- Staff had received additional infection control training during the pandemic and the provider's policies had been regularly updated to ensure they accurately reflected current guidance.

#### Learning lessons when things go wrong

- There were procedures in place to ensure any accidents or incidents that occurred were recorded, investigated, and analysed to help reduce the risk of similar events recurring. Where areas of learning or possible improvement were identified this information was shared promptly with the staff team.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered provider at this location. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service agreed to provide care to ensure the person's individual needs and preferences could be met. Initial care visits were provided by the deputy manager. Any additional needs identified during these initial visits was documented and added to people's care plans.
- When people using the service were admitted to hospital, the provider or deputy manager visited the person prior to their discharge to identify any changes in their needs and update their records.
- The service was operating to capacity and was operating a waiting list style arrangement. Two enquiries about new packages of care were received during the inspection. The provider worked with staff to investigate current available capacity and provide the enquirers with open and honest feedback on their likely availability to provide the requested support.

Staff support: induction, training, skills and experience

- Staff had the skills they needed to meet people's needs and relatives had confidence in the staff team training. Comments received included , "I do feel staff know exactly what they are doing", "The carers are very capable and understand my [relatives] needs" and "Staff are very well trained to meet [my relatives] specific needs and I too have had an input into this training. When it comes to using the hoists etcetera, they have trained me as well as the carers, as I act as the second carer". Where relatives had decided to participate in meeting people's care needs the service had provided these relatives with the appropriate training.
- There was a training plan in place to ensure all staff training was regularly reviewed and updated. The provider told us they often added additional courses and topics to the training plan to, "keep it fresh for staff". Staff were supported and encouraged to further develop their skills and one staff member was in the process of completing an apprenticeship. When new equipment was introduced to meet people's mobility needs, staff were provided with specific training on the safe use of the particular equipment by the providers manual handling trainer.
- The provider and deputy manager regularly completed unannounced spot checks to monitor staff performance and identify any areas of additional training or support needed. Staff told us, "All my training is up to date, they are right on that, sometimes they just turn up to check you are doing your job right" and "They do come round and do spot checks to see what you are doing".
- All new staff completed induction training, were specifically introduced to the people they would be supporting, to ensure both parties were comfortable, and shadowed experienced staff before they started caring for people independently. In addition, staff new to the care sector completed the care certificate training during their probationary period. Staff told us, "At the beginning I did a lot of training, with equipment and manual handling" and "I had a lady shadow me when I first started". Professionals were

complimentary of the staff skills and told us, "They don't have a high turnover of staff and their staff are really good".

- Throughout the COVID-19 pandemic the provider and deputy manager had provided support, guidance and reassurance to the staff team. Face to face and appropriately socially distanced, supervision had been offered throughout the pandemic and small treats and rewards given to recognise the staff team commitment. Staff told us they had been well supported throughout this challenging period.
- Visits schedules showed people were normally supported by small, consistent staff teams who visited regularly. People told us, "We get the same carer Tuesday, Wednesday and Thursday and another regular girl on a Friday", "I seem to get carers from a small group" and "I have not had any new carers in a long time. I usually get the same one for five mornings and another on the other two days"

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported and encouraged to eat well and drink regularly. Staff prepared meals in accordance with people's preferences and ensured drinks were available to people and left within reach. Comments received from people and relatives included, "They do give me my breakfast. They know what I want as I have usually laid it out for them. They give me plenty to drink and always record what I have been given", "They do give [my relative] meals. They give a choice of what [to have] for breakfast, a hot meal at lunchtime and a sandwich for tea" and "They do my breakfast and suppers but always ask me what I want".
- Where staff had identified concerns in relation to people's nutritional intake this information was shared with relatives and involved professionals appropriately. The provider had worked with local catering businesses to develop arrangements to enable people to access meals they particularly enjoyed. These arrangements had positively impacted on people's nutritional intake and wellbeing.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff and the provider had a detailed understanding of people's individual support needs. They quickly identified, and reported appropriately, to relatives and professionals any significant change in people's support needs or well-being. People said, "If I don't feel right they will talk to me about it and advise me what to do, but as yet they have not had to contact anyone on my behalf". Relative's told us, "They get more success getting hold of the GP than I do" and "They have been very helpful at times. If [my relative] is unwell they will discuss the situation with me and if it looks as if they might have a UTI or pressure sores they will contact the appropriate professional for us".
- The provider had effective systems in place to enable information sharing with local GP practices. One person told us, "Not long ago I couldn't put my foot to the floor; the carer took pictures of it and sent them to the office who sent them to my GP practice. The GP sorted it out for me and the swelling went down".

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider had a good understanding of this legislation and ensured people were involved in decisions about their care and treatment.
- Staff supported people to have as much choice and control of their lives as possible and respected people's decisions. People told us, "They always ask me first before they do anything" and a relative said, "The carers will ask [relative] what they want done. On a bad day [relative] might say no to everything stating they want to stay in bed all day. On those occasions we coax [my relative] along, usually with the offer of a cooked breakfast if they get up for a wash and spruce up. This usually works."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered provider at this location. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us their staff were friendly, polite, kind and respectful. Comments received included, "The staff are friendly, kind and diligent. They do everything with a smile", "Their demeanour and personalities are all very kind" and "I know they would cheer me up if it was required. They are all very kind." Professionals told us, "The staff have a really caring and lovely manner and are very person centred in all their interactions".
- The experienced and stable staff team knew people well and had developed positive and caring relationships with the people they supported. Staff told us they enjoyed spending time with people and did not feel any need to rush. One staff member said, "I always over run as I like to sit and chat with people, I am not good at clock watching".
- People got on well with their carers and told us, "We can have a good chat about what is going on, as well as having a laugh and joke with them", "We chat away and have a laugh and a joke. The girls are supposed to be serious and professional but we do laugh and talk about family" and "We do chat away and have a good laugh and joke at times. They also speak to my partner if they're here when the staff come."
- Staff treated people equally and valued their diversity. Care plans included information about people's faith and beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be actively involved in making decisions about their care. Staff explained their intentions and respected people decisions in relation to how particular aspects of care were provided.
- People's preferences in relation to the gender of care staff were recorded and respected.
- The provider and deputy manager carried out reviews and made changes to care plans in response to people's changing needs.
- Satisfaction surveys were used to gather people's feedback on the service's performance and to provide additional opportunities for people and relatives to share their experiences and raise any issues.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were always respectful and ensured people's dignity was protected. Comments received included, "They always give [My relative] privacy when using the toilet" and "They always shut my blinds before doing my personal care".
- People were supported and encouraged to do as much as possible for themselves and the service had worked with health professionals to identify appropriate aids to enable people to remain as independent as

possible. People described their staff as encouraging and patient, and told us, "They do encourage me to do what I can. I can wash my face and shave and just about get out into my garden; carers make sure I am using my Zimmer Frame though" and "They encourage [My relative] to do things in a very caring way."

- The service supported people to look after their pets and had been able to care for animals when people were admitted to hospital.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered provider at this location. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans identified people's care and support needs. They contained concise, easily accessible and accurate guidance on the support people needed during each care visit. This included information about people's interests, life history and was designed to enable to staff to provide the best possible care. Staff told us, "No problems with the care plans, they are up to date and they have everything that you need" and "The care plans are very good, everything is there that you need to know, information about hobbies and interests, things like that. It has everything you need to help to get to know people. It is nice to have that bit of information you can work on".
- People and relatives were involved in the processes of developing and updating care plans. They told us, "I was involved in the content of my care plan and had a review three weeks ago. I was informed of the review by letter but didn't require any changes. I have no problems with the care I receive they know my routine now and are well trained to meet my needs. They record everything they have done including times of arrival and departure in a book left here with me" and "We all got involved in [My relatives] plan and got what we were able to get in the time allocated. We have annual reviews and are asked about changes".
- The service acted proactively to reduce the risk of people needing hospital admission. When family carers had become unwell, the service had immediately provided additional support visits. In addition, the provider had worked collaboratively with relatives and care commissioners to make appropriate arrangement to support people while their family carers were unavailable.
- Staff supported people to maintain relationships that were important and to attend family events. The service had recently enabled one person to attend a relatives wedding celebration by arranging for a staff member to accompany the person to the event.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans included details of people's communication support needs and details of any hearing aids or other communication aids people normally used. Staff knew how to communicate effectively with people and information was available in accessible formats when required.
- Staff supported people to manage any written communication they received. Additional support had been arranged to support one person when vital information had been shared in a format they were unable to access.

#### Improving care quality in response to complaints or concerns

- People and relatives knew how to report complaints and were confident any issues they raised would be investigated and resolved. Comments received included, "I have never had to make any complaints or raise any issues. I know if there was anything I was not happy about my sister would help me to do what is required" "We have never had to make a complaint but I would know exactly what to do should something arise we were not happy with" and "We did have an issue with one carer who was not able to meet [My relatives] needs. They dealt with this very well by retraining the carer and that way this got that problem sorted. If I am worried or a change is required, I know I can talk to them about it and if I send an email they get back to me asap. On discharge from hospital we needed more equipment and they were really helpful in getting it sorted."
- Tamarisk regularly received praise and thankyou cards from people and their relatives. Recently received compliments included, "Thank you so much for looking after [my relatives] all these years. We wouldn't have them with us today without your care and love. I have learned so much about the life and work of carers, you have my deepest respect" and "We have been highly delighted with the care given and the service provided from Tamarisk. All the carers we have found to be excellent".
- Where complaints had been received these had been treated as opportunities to improve the service and the quality of support people received. Records showed complaints had been rigorously investigated and changes introduced as a result of learning. We noted one complainant had subsequently complimented the service on the quality of the investigation completed.

#### End of life care and support

- There were systems in place to enable people's wishes and preferences in relation to end of life care to be recorded and acted upon.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered provider at this location. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were consistently complimentary of Tamarisk and the quality of care and support it provided. Their comments included "We are quite happy and would recommend them to others", "I feel the company is well managed and I have no complaints so far", "The company is well managed and we would recommend them to anyone" and "I can honestly say I have not had any concerns with Tamarisk."
- The provider had resisted requests and pressure from the wider health service to grow the service in order to ensure people continued to receive personalised high quality care. They told us, "We don't want to get massive, I like to know who people are and who my staff are, it is straining but works really, really well. Ideally I would like [to grow a little] it's about providing a quality service not making money."
- Professionals were complimentary about the service and its leadership, their comments included, "We have a positive working relationship" and "They are extremely professional".
- Staff told us they were well supported, enjoyed their roles and valued being able to develop relationships with people they cared for and visited regularly. Staff comments included, "I am very happy here", "It is a lovely place to work" and "It is an absolutely brilliant place to work. It is a small agency and we all help, just like a family really".
- The provider recognised and valued the ongoing commitment of the staff team and small gifts and tokens of appreciation had been given to staff regularly. Systems had been operated to ensure all staff had been able to have regular breaks and holidays throughout the pandemic.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well led. Staff were happy, motivated and confident their managers would be available provide support or assistance to resolve any situation that arose. Staff told us, "They are good to work for, strict but fair", "They do look after us" and "The boss is brilliant, and we have a second in command, they are really good and try to help you, if stuck they come out to help you they are brilliant". A professional told us, "They go above and beyond and the staff all love working there".
- People and their relatives were also complementary of the service's leaders. They told us, "There are two ladies who manage the agency and I have met them both. They are very approachable, and I have never had problems getting hold of them. I am sure if I ever had an issue they would resolve it to my satisfaction" and "They are excellent managers. I can speak to either of them and I know they will help me sort things out. I know I can discuss anything with them. Not only do I have the office phone number but the manager as well and she always responds asap."

- The roles and responsibilities of the provider and deputy manager were well defined and understood by the staff team. There was an effective system in place to provide support to staff outside of office hours.
- The provider and deputy manager regularly completed spot checks to monitor the quality of support people received. These processes also provided opportunities for people to meet senior staff and provide feedback on the service performance directly.
- There were appropriate auditing and monitoring systems in place designed to drive improvements in the service's performance.
- The provider was aware of the environmental impact of their business. Staff were encouraged to use sustainable transport methods whenever possible and one staff member had been supported to access funding for an e-bike. The provider was currently introducing a digital care planning system, in part to reduce the service's carbon footprint.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a good understanding of the duty of candour. Records showed the service appropriately updated people's relatives when any concerns or changes in people's needs were identified.
- People told us the service communicated information effectively and that it was easy to contact the manager if necessary. Their comments included, "It is easy to phone the office and get through to speak to someone. If I leave a message, they will always get back to me" and "The office shuts at 3pm but staff do pick up emails quickly and respond. They also monitor the answer machine and respond quickly to messages as well."

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's care plans were reviewed annually or when significant changes in their needs were identified by staff. These reviews included visits by managers to the person's home and provided additional opportunities for feedback to be provided or areas of improvement identified.
- The provider was in the process of introducing a digital care planning system. Staff had received training in this system and there were arrangements in place to prevent the introduction of this system from impacting on the quality of support people received.
- The service regularly received compliments and positive feedback from people and their relatives. Recent feedback included, "The carers are very good and very caring" and "I have always been touched by how gentle and loving everyone is".
- The service employed additional staff to cover for periods of staff leave or unexpected sickness. Staff told us the provider was, "very understanding and flexible" in relation staff with caring responsibilities.

Working in partnership with others

- The service worked collaboratively and in partnership with professionals to enable people to continue living safely at home. The provider told us, "On a daily basis we try to prevent people going into hospital" and records showed the service had taken proactive steps to enable people to access support from healthcare professionals when required.
- On occasions people had been discharged from hospital without access to necessary medicines or equipment. These issues had been quickly identified, reported and resolved to ensure people's safety. One person's relative was grateful for the support and care the service had shown when their relative had been discharged home without necessary continence aids.