



WESTERN SERVICES

SERVICE QUALITY REPORT

JANUARY 2016 – DECEMBER 2016

Introduction

This report brings together a number of feedback and data analysis mechanisms which have historically been treated separately. The aim is to produce an overall picture of the feedback from stakeholders on the quality of service delivery. It will outline the delivery and analysis of service user feedback and any areas for improvement and actions taken as a result. It will also cover any feedback and recommendations received from quality inspections and actions taken to address these.

The areas covered in this report are:

- | | | |
|---------------------------|--|-------------------------------------|
| 1. CSE Report | 3. Outcome Star Analysis | 6. Complaints |
| 2. RQIA Inspection Report | 4. Customer Service Standards Analysis | 7. Monitoring Visits |
| | 5. Improvement Tracker | 8. Commissioning Stakeholder Survey |

1. CSE Report

The CSE assessment was carried out in February 2016, it was a very positive assessment with great feedback from Commissioners, Service Users and partners. All elements fully compliant, with no partial compliance awarded.

There were a few suggested areas for improvement. The following outlines the areas and actions taken to improve:

- *Performance under target: standards; 1. monitoring visits and 2. senior staff visiting service user within 3 days.*
 - Senior member of staff appointed, performance improving in both areas. Monitoring visits have increased from 47% in 2015 to 93% in period 2 of 2016. Senior Staff member visiting service user within 3 working days has increased from 62% in 2015 to 79% in 2016.
- *External Benchmarking*
 - Senior Business Improvement Manager has met with Audrey Allen from Action Mental Health and plans are in place to benchmark performance against standards. Other possible areas of benchmarking were discussed and will be taken further at future meetings.
- *Customer Service Standards Review*
 - The Customer Service Standards have been reviewed annually as usual, but there are plans in place to undertake a full review of the Standards to include the Belfast Trust Domiciliary Care Service who are considering undertaking CSE accreditation.

- *Staff Survey*
 - Analysis of Survey completed and breakdown across the Group disseminated.
- *Service User's understanding of information received*
 - After a meeting took place to discuss this recommendation, it was decided not to pursue this action.
- *Privacy Notice*
 - This has been adjusted in consultation with the Senior Business Improvement Officer responsible for co-ordinating Data Protection procedures across the Group.

2. RQIA Inspection Report

RQIA inspection took place on 16th May 2016 unannounced. The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe effective and compassionate care, and if the service was well led.

On the day of inspection the agency was found to be delivering safe care, effective care and compassionate care. On the day of the inspection, the agency was found to have been well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. However, there was 2 recommendations for improvement made.

1. It was recommended that the registered person monitors the quality of services, and completes a monthly monitoring report in accordance with minimum standards.
2. It was also recommended that an annual quality report is completed containing the views of service users, their representatives, staff and service commissioners. A summary of the annual report should be shared with service users and their representatives.

Actions taken: Bryson Care's responsible person now ensures that monthly quality monitoring reports of services are completed in compliance with standard 8.11. Bryson Care's responsible person ensures the completion of the annual quality review reports and a summary of these are shared with service users and their representatives.

3. Outcome Star Analysis

The following outcome star results are for the periods January – June 2016 and July – December 2016. Sampling is used in the surveying of service users. A third of service users are surveyed every 6 months to gauge their satisfaction with the quality of service. In an 18 month period, all service users have been given the opportunity to complete an Outcomes Star Survey. The Outcome Star analysis measures a number of the Customer Services Standards.

60 Stars were distributed in January, with 31 returns – 52% return rate, similar to other surveys.

Using an Outcome Star the service user is asked to rate their satisfaction with 10 questions relating to the quality of service delivery. Table 1 shows the questions and the percentage results attained in each question. The rating scale is 1 – 6 with a benchmark target set of 100%: 4 & Above for all questions. Where the results fall below the benchmark, the Service Manager is required to contact the service user concerned and explore further what the issue might be behind the lower score and take action where appropriate.

| Questions | My Care Worker treats me with dignity and respect | My Care Worker treats me fairly and doesn't judge me | My Care Worker listens to me and follows up on what I have to say | My Care Worker is open and honest and professional | I am encouraged to do things for myself | Contact information is clear and easily accessed | My Care worker carries out the tasks agreed and on time | The information I receive is easy to understand | The Care Service I receive is a confidential service | How satisfied are you with the service overall |
|-----------|---|--|---|--|---|--|---|---|--|--|
| Result % | 97% | 97% | 97% | 97% | 94% | 94% | 100% | 97% | 100% | 100% |

Table 2 below shows what the ratings 1 – 6 refer to and the percentage breakdown of each result area. The results of the survey are based on the answered questions. 92.6% of the survey is made up of Very Good and Excellent responses (80.5% Excellent).

| | Rating | Number | Percentage |
|----------|-----------------------|--------|------------|
| of total | No Answer | 7 | 2.19% |
| | 1 Unacceptable | | |
| | 2 Poor | 2 | 0.6% |
| | 3 Satisfactory | 7 | 2.2% |
| | 4 Good | 14 | 4.5% |
| | 5 Very Good | 38 | 12.1% |
| | 6 Excellent | 252 | 80.5% |

Table 3 below shows the actual results of the Outcome Star Survey January – June 2016 (blank cells refer to questions not answered).

| Date Rec'd | D & R | Treated Fairly | Listens | Open & Honest | Encouraged | Info Clear | Agreed tasks | Info easy to understand | Service Confidential | Overall Satisfaction |
|------------|-------|----------------|---------|---------------|------------|------------|--------------|-------------------------|----------------------|----------------------|
| 09.06.2016 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 5 | 5 | 5 |
| 09.06.2016 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 5 | 5 | 5 |
| 09.06.2016 | 6 | 5 | 6 | 6 | 5 | | 6 | 5 | 6 | 6 |
| 08.06.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 12.06.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 16.06.2016 | 6 | 6 | 3 | 3 | 3 | 6 | 4 | 6 | 6 | 6 |
| 16.06.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 16.06.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | | |
| 16.06.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 16.06.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 5 | 6 | 6 | 5 |
| 23.05.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 06.06.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 06.06.2016 | 6 | 6 | 6 | 5 | 6 | 3 | 6 | 4 | 6 | 6 |
| 06.06.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 5 | 5 | 6 | 5 |
| 06.06.2016 | 6 | 6 | 6 | 6 | 4 | 4 | 6 | 4 | 4 | 6 |
| 06.06.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 23.05.2016 | 6 | 6 | 6 | 6 | 6 | 4 | 5 | 5 | 6 | 5 |
| 06.06.2016 | 6 | 6 | 6 | 5 | 4 | 6 | 6 | 6 | 6 | 6 |
| 20.05.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 24.05.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 24.05.2016 | 6 | 6 | 6 | 6 | | | | | 6 | 5 |
| 27.05.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 27.05.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 27.05.2016 | 6 | 5 | 5 | 5 | 4 | 4 | 6 | 4 | 4 | 5 |
| 27.05.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 27.05.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | |
| 16.06.2016 | 3 | 3 | 5 | 5 | 2 | 2 | 6 | 3 | 4 | 4 |
| 16.06.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 16.06.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 16.06.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 16.06.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |

Table 4 below shows the results for July – December 2016

75 Outcome Stars were distributed, 27 were returned – 36% return rate, a significant drop from other surveys; return rate normally sits around 50% or above. The star has been revised and a new questionnaire has been devised to pilot in February 2017. This will include questions about the quality of service, but also attempts to assess the difference the service makes to the service user and their family. Feedback will be sought from service users on the new method of consulting with them.

| | | | | | | | | | | |
|----------------|---|--|---|--|---|--|---|---|--|--|
| | My Care Worker treats me with dignity and respect | My Care Worker treats me fairly and doesn't judge me | My Care Worker listens to me and follows up on what I have to say | My Care Worker is open and honest and professional | I am encouraged to do things for myself | Contact information is clear and easily accessed | My Care worker carries out the tasks agreed and on time | The information I receive is easy to understand | The Care Service I receive is a confidential service | How satisfied are you with the service overall |
| % Good & Above | 100% | 100% | 100% | 100% | 96% | 96% | 100% | 96% | 96% | 100% |

Overall the above table 4 shows better results than the previous 6 months, albeit that it is based on a little fewer respondents.

Table 5 below shows a breakdown of Satisfaction across the survey for July – December 2016

| Rating | Number | Percentage |
|----------------|--------|------------|
| No Answer | 1 | 0.37% |
| 1 Unacceptable | | |
| 2 Poor | | |
| 3 Satisfactory | 4 | 1.48% |
| 4 Good | 1 | 0.37% |
| 5 Very Good | 10 | 3.70% |
| 6 Excellent | 254 | 94.07% |

98% of results show a response of Very Good or Excellence (94% Excellent).

Table 6 below shows the actual breakdown of results for the Outcome Star July – December 2016, (blank cells show questions not answered).

| Date Rec'd | D & R | Treated Fairly | Listens | Open & Honest | Encouraged | Info Clear | Agreed tasks | Info easy to understand | Service Confidential | Overall Satisfaction |
|------------|-------|----------------|---------|---------------|------------|------------|--------------|-------------------------|----------------------|----------------------|
| 21.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 10.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 07.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 07.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 07.11.2016 | 6 | 6 | 6 | 5 | 5 | 6 | 6 | 5 | 6 | 6 |
| 10.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 10.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 10.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 10.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 10.11.2016 | 6 | 6 | 6 | 6 | 6 | | 6 | 6 | 6 | 6 |
| 17.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 13.10.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 17.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 17.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 17.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 5 |
| 17.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 17.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 17.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 17.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 17.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 17.11.2016 | 5 | 5 | 5 | 5 | 3 | 3 | 5 | 3 | 3 | 4 |
| 17.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 17.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 17.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 17.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 07.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 09.11.2016 | 6 | 6 | 6 | 6 | 5 | 6 | 6 | 6 | 6 | 6 |
| 10.11.2016 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |

4. Customer Standards Analysis

Green = On target Amber = In progress or Ongoing Improvement Red = Target Missed

| Customer Service Standards Analysis July 2015 – December 2016 | | | | | | | |
|---|----------|--------------------------|--------------------------|--------------------------|---|---|---|
| Standard | % Target | Achieved July – Dec 2015 | Achieved Jan – June 2016 | Achieved July – Dec 2016 | Reason for % Difference | Action to Improve | Comments on Target/Trend |
| 1a Referral responded to within a day | 100% | 100% | 100% | 100% | | | On target |
| 1b Welcome letter within 3 days | 100% | 100% | 100% | 100% | | | On target |
| 1c Senior staff will visit within 3 days | 75% | 62% (target was 50%) | 79% | 78% | | Senior Care Workers appointed. | Target increased from 50% to 75% |
| 1d Information folder received | 100% | 100% | 100% | 100% | | | On target |
| 2 Care Worker showing Identity Card | 100% | 87% | 100% | 100% | | | On target |
| 3 Care Worker is: | | | | | | | |
| a professional | 100% | 87% | 97% | 100% | Just under target in period 1; 3 people scored below the benchmark but increased from previous period. In the second period one person scored below the benchmark on 4 questions. | To be followed up by the Service Manager. | Target increased. Method of analysis was reviewed. Increasing trend, has achieved above target. |
| b open and honest | | 87% | 97% | 100% | | | |
| c listens | | 85% | 97% | 100% | | | |
| d fair and non-judgemental | | 85% | 97% | 100% | | | |
| e treats you with dignity & respect | | 87% | 97% | 100% | | | |
| f maintain confidentiality | | 85% | 100% | 96% | | | |

| | | | | | | | |
|---|------|------|------|------|--|--|---|
| 4 Care worker arrives on arranged days and carries out agreed tasks | 100% | 100% | 100% | 100% | | | On target |
| 5 Continuity of care | 100% | 100% | 100% | 100% | | | Target increased to 100%, 3 sets of data show a consistent achievement of 100%. |
| 6 Information folder signed | 100% | 100% | 100% | 100% | | | On target |
| 7 Informs you first if reporting concerns | 100% | 100% | 100% | 100% | | | On target |
| 8 Care worker informs you when taking annual leave | 100% | 100% | 100% | 100% | | | On target |
| 9 Organisation is fair in their dealings with you | 100% | 100% | 96% | 100% | | Slight dip experienced in 1 st analysis, but up again in 2 nd set. | Target increased to 100%, 3 sets of data show a consistent achievement of 100%. |
| 10 Meeting Quality Standards | 100% | 100% | 100% | 100% | | | On target |
| 11 Letters responded to within 3 working days | 100% | 100% | 100% | 100% | | | On target |
| 12 Telephone enquiries | 100% | 100% | 100% | 100% | | | On target |

| | | | | | | | |
|--|------|------|------|------|---|--|---|
| responded to same day | | | | | | | |
| 13 Out of Hours contact details in SU Agreement | 100% | 100% | 100% | 100% | | | On target |
| 14 Visits to office spoken to within 10 minutes | 100% | 100% | 100% | 100% | | | On target |
| 15 Email response within 24 hours | 100% | 100% | 100% | 100% | | | On target |
| 16 Monitoring Visit annually | 100% | 47% | 73% | 93% | Still slightly below the target of 100% but vastly improved over the last 18 months | New staff member will bring the achievement up to 100% in next period of analysis. | Increasing results |
| 17 Concerns and issues passed to relevant professional | 100% | 100% | 100% | 100% | | | On target |
| 18 Each care worker receives formal/informal supervision | 100% | 100% | 100% | 100% | | | On target |
| 19 Survey processed (33%) | 100% | 100% | 100% | 100% | | Changing method of survey. Will hopefully increase return rate. | On target for distribution. Returns down slightly |

5. Improvement Tracker

The following tracker was introduced in 2016 to assist the gathering of ongoing information on areas that have been introduced/ improved/changed.

| Area | Source / Suggestion | Actions / Outcome | Date |
|---|---|---|------------|
| Bryson CareWest Induction | WS Staff: | Annual review of document | 27/01/2015 |
| Home Care Referral Form | Trust/Brokerage | New process for Referral | 27/01/2015 |
| Monitoring Visit Form | WS Staff: | Annual Review/SU Complaints Awareness. | 27/01/2015 |
| Service User Information Pack | WS Staff: | New Book Format | 27/01/2015 |
| Service User Monitoring Visits | WS Staff: | Questions Amended | 27/01/2015 |
| S U Agreement - Privacy Notice | Bryson Staff: | Extended Data Protection Statement | 01/02/2015 |
| Letter to service user (re Smoking in Home) | WS Staff (Focus Group) | Reduction by SU during care calls | 27/02/2015 |
| Letter for Key Safes/Codes | WS Staff (Focus Group) | Minimal Uptake to Date | 27/02/2015 |
| Balanced Score Card (BSC) | Director: review as part of strategic review | Review and adjust for new year if needed | 27/03/2015 |
| Supervision Meeting | WS Staff | Changing Structure for Formal Supervision | 27/03/2015 |
| Staff Meetings | Reduce Frequency | Better Attendance | 27/04/2015 |
| Updating Website | I.T. Officer | Overhaul of Information | 27/07/2015 |
| Staff Handbook | Staff: Get the handbook binded to make it more durable | Staff handbook binded | 27/07/2015 |
| Blue Folders - Data Protection | WS Staff: | Folder in Weekly Use by Care Staff | 27/07/2015 |
| Standards - Reviewed | WS Staff: | Annual Review | 27/08/2015 |
| Torches - Staff | Staff: need torches as during winter it can get very dark | Staff provided with torches | 26/11/2015 |
| Outcome Star Review Date | WS Staff: | Date Amended | 27/01/2016 |
| Outcome Star Analysis | WS Staff | Generating Report for CSE inspection | 27/01/2016 |
| Monitoring Visit | WS Staff: | Addition of Group Privacy Notice | 27/01/2016 |
| Standards 5, 7, 9, Target Increased to 100% | WS Staff | Ensure Target Met/Maintained | 27/02/2016 |
| Employment of Senior Support Worker | WS Director | In Post from 01/08/2016 | 27/07/2016 |
| Accident Report Form | H&S Committee | Implemented Within Business Unit | 27/07/2016 |
| Quality reports | CW Senior Staff + BIU: make into a summary report | Reporting moved into one summary document (standards, issues, complaints) | 27/07/2016 |
| Complaints Leaflet | WS Staff: Ongoing Review | Reviewed at least once per year | `--- |
| Corporate Induction | WS Staff: Ongoing Review | Reviewed at least once per year | `--- |
| Customer Service Standards | WS Staff: Ongoing Review | Reviewed at least once per year | `--- |
| Outcomes Star Analysis | WS Staff: Ongoing Review | Reviewed at least once per year | `--- |

6. Complaints

As part of the review of the Complaints Policy and supporting processes, PwC carried out an audit on the policy and its implementation as part of an ongoing assessment of risk across selected corporate policies. As part of this review it was recommended that Bryson Care Western Services deal with Expressions of Dissatisfaction as Complaints for internal recording purposes. Expressions of Dissatisfaction were raised when a service user did not want to use the formal complaints procedure but did want to raise an issue. An investigation into the matter was still carried out. This has now become part of a full internal review of the Complaints Policy that is being carried out by the Business Improvement Unit, involving representatives from all Group Companies. The action plan, approved by the Audit & Risk Committee in December 2016, is now in implementation.

The following table shows a breakdown of recorded complaints in 2016, transferred from Expressions of Dissatisfaction.

| | |
|--|--|
| Person (s) Dealing with Complaints | Liz Logan & Allison Campbell |
| Time period | March – October 2016 |
| Number of Complaints | 8 |
| Number of Complaints Upheld | 7 |
| Nature of complaints | <ol style="list-style-type: none"> 1. 2 complaints related to care workers arriving late even though no change had been made to the rota. (Upheld) 2. 3 complaints related to service users requesting a change to the care worker claiming personality clash, abruptness, wanting a more mature approach. (Upheld) 3. 1 complaint related to a change in carers, new faces arriving and not being informed which affected the continuity of care. 4. 1 complaint related to quality of care received due to the care worker rushing and only staying for 10 minutes to administer care. (Upheld) 5. 1 complaint related to a carer being accused of stealing items out of the service user home by the service user. (Not upheld, fully investigated with family who dismissed the claim). |
| Outcome and Corrective Action (outcomes & actions correlate with the above complaints) | <ol style="list-style-type: none"> 1. Time of call reinforced with staff and explanation of lateness was explained to service users / family which in both cases were accepted. 2. In all cases the carers were changed immediately to reflect the needs of the service user. 3. Explanation provided that changes in staff were a result of an influx in leavers and new staff were naturally required. The service user / family were reassured that the continuity of care would be reinstated a.s.a.p. The Senior Manager reinforced that any more changes to the rota would be communicated to prevent future concerns. 4. Carer was changed immediately and the service user was informed by telephone and was happy with the action. 5. N/A |
| Resolved at Stage 1 | All complaints that were upheld were resolved at stage 1. |

7. Monitoring Visits

A senior Care Worker was recruited in August 2016 to assist with monitoring visits. Monitoring visits have increased from 47% in 2015 to 93% in period 2 of 2016. Target is vastly improved within the last 18 month period.

In any six month period, approximately 120 service users would be visited for monitoring. The feedback from service users is very positive. Some of the things requested are unfortunately out of the control of the service, such as time change, but where this can be accommodated, it is. Some comments that are received, “girls are very caring”, “the same care worker calling each time is very much appreciated” (continuity of care is a specific goal we try to meet as part of our customer service standards).

9. Stakeholder Feedback

Bryson Care Western Services (WS) scored top marks in every area with some very positive feedback, see below:

| Stakeholder Results 2016 (Care WS) | |
|---|---------|
| Question | Results |
| How well do you feel we meet agreed Contracts / Service Level Agreements | 100% |
| How would you rate the level of engagement with your organisation to ensure that the service requirements are met | 100% |
| How would you rate the overall level of communication with your organisation | 100% |
| Please rate the effectiveness of our communication methods below. [Telephone] | 100% |
| Please rate the effectiveness of our communication methods below.[Email] | n/a |

| | |
|---|------|
| Please rate the effectiveness of our communication methods below.[Letter] | 100% |
| Please rate the effectiveness of our communication methods below.[Meetings] | 100% |
| Please rate the effectiveness of our communication methods below.[Website] | n/a |
| Please rate the effectiveness of our communication methods below.[Service Literature (leaflets, newsletters etc)] | 100% |
| We make services available to everyone who is eligible | 100% |
| We treat all service users fairly and with respect | 100% |
| We talk to service users to find out how we can improve service delivery | 100% |
| We look for innovative ways to improve services and facilities | 100% |
| We put things right quickly and effectively | 100% |
| We have a clear, well-publicised, easy to use complaints procedure | 100% |
| We learn from / improve as a result of complaints and suggestions | 100% |
| Please rate how effectively you feel we use our resources in terms of providing best value | 100% |
| Please indicate how creatively you feel we use our resources in terms of providing best value | 100% |

| | |
|---|-----------|
| We aim to make a positive difference to people in society through the service we provide. Do you feel we do this | 100%(yes) |
| Please rate how well the service consistently meets the reporting timescales as laid down by the Contract / Service Level Agreement | 100% |
| Please rate the accuracy of reporting | 100% |
| Overall Satisfaction, please rate your overall satisfaction with the Service provided | 100% |

All results scored the highest rank for satisfaction scoring **Very Good** or **Strongly Agree**. As no areas fell below the target of 80%, no areas for improvement have been identified.

Comments

Contract requirements:

Very open and honest relationship and a collaborative approach

Actively Engaging Stakeholders:

Very open and honest relationship and a collaborative approach

Making a Positive Impact:

Bryson approach care in an innovative and responsive manner, encouraging and supporting staff to avail of opportunities for self-development to continually strive to improve service provided

Current or future opportunities you believe might expand the working relationship with Bryson Care(WS):

Discussions and quarterly meetings allow training provision to be planned in advance and currently we are in the process of liaising with the manager of Bryson - Liz Logan to explore further opportunities in relation to training.