Country Court Care Homes Limited

Swanholme Court

Inspection report

Eccleshare Court
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Swanholme Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation and residential care for up to 25 people, including older people and people living with dementia.

We carried out this inspection on 14 December 2017. The inspection was unannounced and there were 22 people living in the home at the time of our inspection.

The home was run by a company who was the registered provider. A registered manager was in post who was available at the time of this inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers ('the provider') 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. In this report when we speak both about the company the area manager and the registered manager we sometimes refer to them as being, 'The registered persons'.

At our last inspection on 5 October 2016 we found that there was a breach of the regulations that had reduced the registered persons' ability to consistently provide people with care that was being well-led. We also said that other improvements needed to be made to ensure that the service was always safe and responsive. We rated each of these parts of the service as 'requires improvement'. Overall, our assessment of the service was 'requires improvement'.

Shortly after our inspection visit the registered persons told us that they had made the improvements that were necessary to address each of our concerns. The registered persons told us they had also reviewed the arrangements in place for the way the home was set out and that they had changed the name of the home from Eccleshare Court 40-64 to Swanholme Court. They said these changes were made to help more clearly distinguish the home from another home the registered persons owned which was located next to Swanholme Court. The registered persons also provided us with subsequent monthly updates about how they were addressing and making further improvements to the concerns we had raised at our last inspection.

At the present inspection we found that suitable arrangements had been introduced to ensure that the service was being well-led. The breach of the regulations for well-led had been addressed and resolved and other improvements we had highlighted were needed had been made. As a result people were receiving safe and responsive care which was well-led. Given the progress made we revised our assessment of each of these aspects of the service to 'good' and also changed the overall assessment of the service to 'good'.

Our other findings at the present inspection were as follows:

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. Systems were in place which were used to ensure effective infection prevention and control.

We found there were sufficient care staff available to keep people safe and meet their care and support needs. Staff worked well together in a mutually supportive way and communicated effectively, internally and externally.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

Training and support systems were in place to provide staff with the knowledge and skills they needed in order to care for people in the right way. Staff worked well together and were kind and attentive in their approach.

People were invited to comment on the quality of the services provided and the arrangements for receiving feedback about the way the home was run were effective.

There was evidence of organisational learning from significant incidents and events. Any concerns or complaints received by the registered persons were handled effectively.

The registered persons had processes in place which ensured, when needed, they acted in accordance with the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

CQC is required by law to monitor the operation of the MCA and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Through our discussions with staff we found they understood the principles of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection, two people who lived at the home were subject to a DoLS authorisation and the registered persons informed us they were awaiting the outcome of a further seven applications which had been submitted to the local authority.

People were provided with a range of food and drink which met their individual needs and preferences. The overall physical environment and facilities in the home generally reflected people's requirements and people were supported to maintain their interests and hobbies through access to a range of activities both in the home and in the wider community.

The registered persons had strengthened and maintained a range of audit and review systems which they used to help monitor and keep improving the quality of the services provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff to meet people's care and support needs.

Staff were recruited safely.

People's risk assessments were reviewed and updated to take account of changes in their needs.

Effective infection prevention and control systems were in place.

People's medicines were managed safely.

There was evidence of organisational learning from significant incidents.

Is the service effective?

Good

The service was effective.

Care was delivered in line with current best practice guidance.

Staff understood how to support people who lacked the capacity to make decisions for themselves.

People had access to the food and drinks of their choice and when it was needed they were supported to access their meals in ways which met their needs and preferences.

People received coordinated care when the service worked across organisations and when people used different services and people had received support to meet their on-going healthcare needs.

The environment of the home was appropriate to the needs of people and people's rooms were set out and decorated in the way people preferred.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and promoted their dignity.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

Is the service responsive?

Good

The service was responsive.

People's individual care plans were kept under regular review by staff.

People were supported to continue to enjoy, maintain and develop their independence through the pursuit of a range of individual and group activities, hobbies and interests.

Arrangements were in place to ensure the registered persons provided compassionate care for people at the end of their life.

People's concerns and complaints were listened and responded to in order to improve the quality of care.

Is the service well-led?

Good

The service was well-led

There was an open culture at the home and people benefited from staff understanding their responsibilities.

People who lived at the home, their relatives and staff were engaged with and involved in making improvements.

There were suitable arrangements to enable the home to keep improving and maintaining their sustainability.

Quality checks had been completed and the home worked in partnership with other agencies to promote the delivery of joined up care.

Swanholme Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered persons were 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 visited Swanholme Court on 14 December 2017 and our comprehensive inspection was unannounced. Our inspection team consisted of an Inspection manager and an Inspector.

At our last inspection on 5 October 2016 the home was rated 'Requires Improvement'. At this inspection we found the home was 'Good'.

In preparation for, and as part of this inspection we reviewed information that we held about the home. This included information the registered persons sent us in their 'provider information return.' This is information we require providers to send us at least once annually to give some key information about the service, what the service did well and improvements they plan to make.

We reviewed notifications of incidents that the registered persons had sent us since they had been registered with us. These are events that happened in the home that the registered persons are required to tell us about. We also looked at information that had been sent to us by other organisations and agencies such as the local authority who commissioned services from the registered persons and the local authority safeguarding team.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We also spoke with six people who lived in the home, three visiting family members, seven care staff, the activity co-ordinator, a senior staff member, the homes administrator, the cook, the maintenance staff member, the registered manager and the registered persons area manager.

We looked at a range of documents, policies and written records including the care and medication records related to the needs of five people, six staff recruitment records and information relating to the auditing and

the monitoring of the overall service provision.

Good

Is the service safe?

Our findings

At our last inspection on 5 October 2016 we found that improvements were needed in order to provide us with assurances that the service was always safe. This was because There were not always enough suitably deployed staff at the home to ensure people's needs were consistently being met. In addition we found medicines were not always managed safely and in line with good practice and national guidance.

At this inspection we found improvements the provider told us they had made were being sustained.

People we spoke with told us that there were sufficient staff to meet their care needs and keep them safe. One person said, "The staff have time for you and they are less rushed sine things changed. It all feels a little more relaxed." We looked at the systems and rotas the registered persons had in place to plan the work patterns and day and night shifts for the care staff team. These had been kept updated to include any changes needed. The registered manager described how they and senior staff carefully organised the rota system to ensure the right number of staff with a mix of skills and experience were available to provide the care needed for the people who lived at the home.

Staffing levels and staff deployment were kept under daily review using staff handover meetings and care review processes. Care staff we spoke with told us the handover meetings helped them identify any increases in care needs for people. One care staff member told us, "If we pick up on any changes we feed this back to the manager so we can check if any staffing changes are needed. I think the continual adjustments help us keep a stable, safe and supportive team." Another care staff member commented that, "I think the staffing levels have improved here. It's a much nicer atmosphere."

We found that the arrangements for the storage, administration and disposal of people's medicines were in line with good practice and national guidance. Detailed information was available to staff on all the medicines in use in the home. Medicines were stored securely and only accessible to staff who had had the necessary training to support people to take their medicines safely. Additionally, unused medicines were stored in the medicines room, pending regular collection by the supplying pharmacy. We saw those staff who had responsibility for medicines management maintained an accurate record of the medicines they administered, including prescription creams. Each person's medicine file included an up to date picture of the person so they could be easily identified. Details of any allergies were available to staff so they knew about any related risks.

Daily checks were undertaken and recorded in regard to the temperature of the medicines fridge, whenever this was in use. The registered manager told us how this helped ensure medicines were stored in the right way and were safe to use. Arrangements were also in place to ensure the safe use of any 'controlled drugs' (medicines which are subject to special storage requirements). The registered manager undertook their own monthly medicine audits and the registered persons confirmed external medicine audits were carried out at regular intervals. They also told us and records confirmed that all of the recommendations from the last external audit visit had been completed.

People we spoke with described the care they received as being 'safe'. One person told us how they had, "Always felt safe here. The staff are very good at helping when we are in trouble with moving around or if we just need some help to sit up."

Care staff we spoke with told us they knew how to recognise and report any situations in which people may be at risk of abuse. Records showed that care staff had received training about how to report and manage situations of this nature. They were also aware of how to contact external agencies such as the local authority safeguarding team and the Care Quality Commission (CQC) if any concerns needed to be escalated and reported on. We knew from our records and information received from other agencies that the registered persons had responded appropriately when any concerns had been raised.

The registered persons followed safe recruitment processes and had procedures in place which ensured staff were recruited safely. We reviewed the recruitment information related to six staff personnel files and saw that references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the registered persons had employed people who were suitable to work with the people who lived in the home.

The registered manager told us how they kept the environment maintained through the checks they and the staff team undertook and through the support of a maintenance staff member. When we looked around the home we also saw it was clean and odour free and the provider had effective systems of infection prevention and control in place.

During our inspection we observed care staff correctly followed safe infection control practices. For example we could see they wore clean uniforms and put on gloves and aprons before they carried out specific any personal care tasks together with people. The registered manager also showed us that cleaning schedules were maintained to show how regular cleaning of the home and people's rooms took place. The registered manager told us they developed their own and staff learning through input from one of the staff team who acted as the home 'Infection control champion'. When we spoke with the staff member they told us how they attended external meeting on the subject with the local authority and brought back their learning to the team. Information we looked at also confirmed infection control audits were also undertaken every three months and the registered manager told us that she had the next one planned for completion in January 2018. After we completed our inspection a copy of the report was shared with us. This showed that the arrangements in place were being effectively maintained.

We saw that care staff had access to a range of equipment they used to help people move around and receive personal care safely. The equipment included special hoists, wheelchairs, walking aids and bathing equipment. The registered persons had ensured the equipment was checked and serviced regularly so that it was safe for staff to use.

The registered persons had also maintained an emergency contingency plan for the home so that they and care staff would know what to do to keep people safe in the event of any emergency which may occur and people needed to be evacuated from the home.

Good

Is the service effective?

Our findings

People told us that staff had the right knowledge and skills to meet their needs effectively. One person said, "The staff follow the routines we have and know what sort of care we have each day. They sometimes need to come in at night and they do that too. They know their jobs I think."

New members of staff we spoke with told us how they had participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Information we looked at showed how the induction had been aligned to a national model for introducing new staff to care settings.

The registered persons had maintained a record of each staff member's annual training requirements and organised a range of courses which had been identified to ensure people's needs could be met in the right way. This included key subjects, such as how to support people who experienced memory loss and who lived with dementia. Care staff told us and records confirmed they had also been supported to obtain nationally recognised qualifications in care.

In addition care staff we spoke with told us they received regular support through supervision from the management team. One care staff member described their supervision saying, "It's really a chance to check how things are going and I sign the record whenever we meet to show what we have discussed and that we have agreed the record." Records also showed that appraisals had been planned and completed by the registered manager for all of the care staff team who were available to work during 2017.

The registered manager told us that to support the training and supervision structure staff had access to a range of other learning and development resources to ensure they were aware of any changes to good practice and legislative requirements. For example, the registered persons shared regular updates on any changes in national guidance that staff needed to be aware of through staff team meetings so all of the staff could be kept updated. The registered manager gave us an example of this when they showed us information and guidance for staff about understanding 'Doll therapy' and the benefits of this for some people. One person who lived with dementia had been supported to have access to a doll which we saw gave them comfort and staff were able to describe the impact for the person. One care staff member said, "It has made such a difference for the person. They care for the doll and communication has become much better for the person. They are much less agitated."

Staff had a good understanding of the Mental Capacity Act 2005 (MCA). Through our discussions with them they demonstrated they understood the importance of obtaining consent before providing care or support to people. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw senior staff made use of best interest's decision-making processes to support people who had lost capacity to make some significant decisions for themselves. Where appropriate these had been recorded in

people's care records.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, two people were subject to a DoLS authorisation in order to keep them safe. The registered persons also confirmed they also had also submitted seven DoLS applications which were pending approval from the local authority.

People we spoke with told us they enjoyed the food provided in the home. One person said, "The menus are varied and it is easy to know what the choices are because they are out on the tables."

Kitchen staff understood people's preferences and when we spoke with the chef they told us how they used this information to guide them in developing the menus and meal preparation. Menus were changed seasonally and the chef explained that they kept an element of the planning flexible so they could cater for any changes in preference for people at any time.

The menus included information to confirm there were always alternatives to the planned menu if people wanted something different. Information was also available to guide the kitchen staff in relation to any dietary risks associated with the types of food served and how food was presented.

Some people needed to have their food served in ways which made it easy to swallow to avoid the risk of choking. Other people, for example those who had needs associated with diabetes had their menu options adjusted through discussions with them so that they were still able to make the meal choices they wanted. The chef knew the names of the people who needed additional support with their diet and confirmed they were supported by another established kitchen staff member to ensure consistency was maintained when they were not available. During lunchtime the chef also showed us people had access to plate guards and adapted cutlery and plates to help them to retain as much independence with eating as possible.

From talking to people and looking at their care records, we could see that their healthcare needs were being monitored and checked regularly. Any additional needs were being followed up by the registered persons and supported through the involvement of a broad range of external health professionals including GPs, district nurses and healthcare therapists.

We also found the registered persons had given consideration to ensuring the physical environment and facilities in the home reflected people's needs and requirements. Following our last inspection improvements had also been made to the environment. The main communal and dining area of the home had been refurbished and people told us the changes had led to them having easier access to the facilities available in this area. One person said, "Its set out better and feels more homely." Toilets and other communal facilities in the home were clearly sign-posted to assist people and visitors in finding their way around and one person commented that, "I can't fault the care. The improvements that have been made to the home environment make me feel secure that the home is stable."

Good

Is the service caring?

Our findings

People we spoke with told us they felt staff were very caring in their approach to meeting their needs and in their communications with them. One person said, "The staff know when I am a bit down and they always find a way of cheering me up. They are calm in their approach and don't flap about too much which makes me feel special." Another person sad, "I think they give good care because they are caring." A relative added, "Staff are always willing to talk to you."

We saw care staff were polite, informal in their manner and were friendly when caring for people. We witnessed a lot of positive conversations that promoted people's wellbeing. That care staff ensured people were treated with kindness and that they were given emotional support when needed. We observed examples of this when care staff communicated with people. They ensured they were careful to place themselves physically at the level of the person so they could talk directly with them. We observed this approach had a positive effect on how communication worked and saw a number of interactive and reassuring conversations taking place in different parts of the home.

The registered manager told us and we also saw how care staff promoted people's privacy, dignity and independence. People had their own bedrooms that they had been encouraged to furnish and make their own personal space. Staff recognised the importance of not intruding into people's private space by knocking and waiting for permission before going into bedrooms, toilets and bathrooms. In addition, we noted that care staff were discreet when providing close personal care by carefully checking and closing toilet and bathroom doors when they assisted people with personal care or if the rooms were in use by people who had chosen to be independent.

We found that people could speak with relatives and meet with health and social care professionals in private if this was their wish. In addition, we noted that care staff had assisted people to maintain their family relationships and keep in touch with their relatives by post, telephone and through the use of any personal electronic devices people had.

People had also been supported to express their views and be actively involved in making decisions about their care and treatment wherever possible. Most people had family and friends who could support them to express their preferences. Records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis.

In addition we saw information about local lay advocacy services was available for people to access in the home. Lay advocacy services are independent of the service and the local authority and if needed can support people to communicate their decisions and wishes. The registered manager told us told they would not hesitate to help someone access the services of a lay advocate, should this be necessary at any time it was needed.

The registered persons were also aware of the importance of maintaining confidentiality in relation to people's personal information. People's main care plan records were stored securely and computers the

registered persons used to store confidential information were password protected. The registered persons had also provided staff with additional guidance to ensure they did not disclose people's personal, confidential information in their use of technology including electronic communications and social media platforms.

Good

Is the service responsive?

Our findings

At our last inspection on 5 October 2016 we found that improvements were needed in order to provide us with assurances that the service was always responsive. This was because people and care records did not always reflect up to date information about how people's needs were being met.

At this inspection we found improvements had been made.

The registered manager and care staff we spoke with told us and care records we looked at confirmed reviews were completed regularly with people to establish if there were any changes needed to the care being provided. A relative told us how their family member had lost a lot of weight and how through the involvement of staff working together with them and external health professionals their family member had gained the weight they needed to and as a result were healthier again.

A care staff member we spoke with said, "When anyone new comes here we check and make sure they have everything they need both on a personal level and in line with their health care and equipment needs."

We also saw that the review processes had been used to undertake joint working between care staff and the homes activity champion to develop individual biographies for each person.

They described how brief 'biographies' were completed together with people and shared with care staff so they knew about each individual and their likes and dislikes. The care staff member told us, "The information really helps us to understand the person, their needs and their backgrounds." The biography information we looked at described the important relationships in people's lives and what really mattered to the person. For example, one person liked to have their hair done every week, that they liked to wear the glasses they had chosen and that it mattered to them that their clothes matched. The information also showed the subject's people liked to talk about and any subjects that they did not like to discuss. One person had told staff they did not like to talk about an experience they had in the past when they went swimming as it upset them. These records were kept under review and the activities champion told us they were updated when needed to reflect any changes people wanted to make or details they wanted adding to their biography.

The activities champion also showed us they had a 'well-being programme' planned out which was kept under review and included activities people had chosen to undertake. We looked at the programme for the week of our inspection visit and the plans for the following two weeks. Activities were varied and included, making soup, movement to music, a pamper afternoon, games, a singing session, a cheese and wine evening and one to one talking time with the activity champion.

If someone was interested in moving into the home, the registered manager told us they, or another senior member of staff normally visited them personally to carry out a pre-admission assessment to make sure the registered persons could meet all of their needs. As part of this process we saw information about what was provided at the home was shared with people and the registered manager confirmed it was accessible to

people in different formats, for example in large print or braille for people who needed it. This meant people would be able to understand what the service did and how care was provided. During our inspection visit we saw the information was also accessible to people who lived there and any visitors to the home.

At the time of our inspection, although none of the people living at the home required end of life care and support the registered manager told us that where appropriate and people had chosen to they had consulted with them about how they wanted to be supported at the end of their life to make sure they had a comfortable, dignified and pain-free death. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at the home.

There were clear arrangements in place to make sure that people's concerns and complaints were listened and responded to in order to keep improving the quality of care provided at the home. When any concerns had been raised records showed issues had ben responded to quickly and if needed investigated.

Good

Is the service well-led?

Our findings

At our last inspection on 5 October 2016 we found that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered persons had not ensured that quality assurance systems were reliably managed so as to enable them to identify and resolve any shortfalls in the services provided for people.

Following our last inspection the registered persons wrote to us and said that they had taken a number of steps to address our concerns. The registered persons also ensured they provided us with monthly updates to confirm progress with all actions and improvements they told us they were making at the home. At this inspection we found the necessary improvements had been made.

There was a registered manager in post who was supported through regular contact with the registered persons area manager. The registered persons had ensured information about how the home was set out and being managed was available to people and visitors to the home. We also saw the report and rating from our previous inspection was on display in the home, and on the registered person's website as required by law.

Care staff we spoke with told us that the registered persons supported them to promote a positive culture at the home that was focused upon achieving good outcomes for people. In addition, records showed that the registered persons had correctly told us about significant events that had occurred in the service. This had enabled us to confirm that people were being kept safe.

People and relatives we spoke with told us about some of the improvements made since our last inspection. One person described the home as being "Much better" a relative commented that, "When [My family member] first came here I wasn't that impressed. Things have changed so much and the new manager has turned it around."

Care staff were clear about their responsibilities and care staff described how they were supported by senior staff and the registered manager so they were always clear about who was in charge. In addition, records showed that information about the care needs and any changes to these were handed over between care staff from one shift to the next. This helped to ensure that people's changing needs were identified so that they received all of the care they needed. Furthermore, there were arrangements in place to ensure that either the registered manager or appropriate designated manager cover were always 'on call' if care staff needed advice out of office hours.

We found that the registered persons had established suitable arrangements to enable the staff team to maintain and further develop their learning. This included members of staff being provided with written policies and procedures that were designed to give them up to date guidance about their respective roles. In addition, records showed that care staff attended regular staff meetings at which they reviewed how well the service was meeting people's needs and how it could be further developed.

We found that the registered persons had worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. These involved the registered persons liaising with external health and social care professionals and working with commissioners of the services they provided, keeping them updated regarding the improvements they had made and were making.

We saw that people who lived at the home had been invited to attend regular 'residents' meetings'. These meetings had given them the opportunity to discuss with staff how well the services provided were meeting their needs and expectations. In addition, we noted that people and their relatives had been invited to complete an annual questionnaire to give feedback to the registered persons about the service.

In order to support the quality audit process the registered persons area manager visited the home on a regular basis and their visits involved speaking with people, visitors to the home and the staff team to get feedback on the developments completed and those planned.

The registered manager described us how they led the day to day service and records showed that they regularly checked to make sure people were benefiting from having all of the care and facilities they needed. These checks included making sure that care was being provided in the right way, medicines were being dispensed correctly, staffing levels were set at the right levels and staff were deployed using a mix of skills and experience.

In addition, the registered manager showed us they had produced a 'self-audit checklist' which confirmed they undertook, supervision, appraisal, care files and infection control audits regularly in order to fully uphold the standards set by the registered persons.

The registered persons showed us they had also completed an environment audit and produced a refurbishment plan which was in progress. In addition to the refurbishment of the main communal living and dining area of the home we saw that the homes medical room had been moved to another secure area of the home and the previous room had been converted into the manager's office. This was located on the ground floor of the home and the registered manager told us how the decision to base the office in this location was to ensure they were more accessible to people and visitors. People and relatives told us they felt this helped in knowing how to locate the manager. One relative said, "its good knowing you can speak to the manager direct or arrange to meet them anytime. If they are not here there are other helpful staff about and it good that the administrator is next door to the manager's office. This helps get any queries answered quickly."