Four Seasons (Evedale) Limited

# The Sycamores and The Poplars

**Inspection report**

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## Ratings

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

## Overall summary

This inspection took place on 15 September 2015 and was unannounced.

Four Seasons (Evedale) Limited is registered to provide accommodation and care at The Sycamores and The Poplars for up to 72 older people. Accommodation is arranged in two separate units with level access to the ground floors and a passenger lift in each unit to the upper floor rooms. There were at total of 38 people living at the service when we visited. 27 of these were in 'The Sycamores' that provides some nursing and the other 11 were living in 'The Poplars', which specialises in caring for people living with dementia.

There was an acting manager in post at the time of our inspection and they had applied to become registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. We will continue to monitor the application of the acting manager until they have registered.

People were safely cared for by enough staff who knew what action to take to keep everyone safe. The provider used safe systems when new staff were recruited and all risks to safety were minimised. Medicines were stored safely and we saw that people's medicines were managed so that they all received them safely.

Staff received regular training and additional information about how to meet people's individual needs.

People had sufficient food and drink and staff encouraged and supported them individually, if needed. People's health needs were met by the nurse on duty and by local GPs, community nurses and any additional healthcare support, which was promptly arranged when needed.

Staff were kind to people and cared about them. Choices were given to people at all times. People's privacy and dignity were respected and detailed personal information was held securely.

The service responded well to most people's needs, interests and preferences, but more attention was needed for those with more complex needs. The procedure and recording system for responding to any concerns or complaints raised was in the process of improving. Feedback from people was welcomed and encouraged.

The acting manager had made improvements in the way the service was led and was in the process of improving her leadership of 'The Poplars' unit. Some audits and checks were made on the quality of the service, but the provider had not always responded in a timely manner to all the items noted for repair or replacement. On going improvements were taking place.

Since the completion of the inspection we were informed that the acting manager who was there at the time was replaced by another acting manager who then started the registration procedure with CQC.

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

Staff understood what action they needed to take to keep people safe and new staff were thoroughly checked to make sure they could safely work with people at the service.

Action was taken to minimise all risks to people's safety and there were enough staff employed to keep people safe at all times.

Medicines were well managed and action was taken to ensure all medicines were stored appropriately, so that people received them safely.

**Good**

**Is the service effective?**
The service was effective.

The staff were trained to support people with their individual needs and refresher training was given when needed.

People received enough to eat and drink. Their healthcare needs were met and they had the support they needed to see their doctor and other external health professionals as needed.

People consented to the care they received and their rights were protected by the use of the Mental Capacity Act 2005 when needed.

**Good**

**Is the service caring?**
The service was caring.

People were well cared for and staff showed compassion in the way they spoke with people.

Information was available about advocates to speak on behalf of people and relatives represented some people's views when needed.

People were treated with respect at all times and their privacy and dignity were promoted.

**Good**

**Is the service responsive?**
The service was not consistently responsive.

Care was personalised and designed to be responsive to people's needs. Activities were organised to meet people's needs, but did not include everyone and did not always reflect individual choice.

Comments about the service were welcomed. The system to respond in full to every concern or complaint was developing.

**Requires improvement**

# Summary of findings

**Is the service well-led?**

The service was not consistently well led.

There was an acting manager, who led the staff team. More attention was given in one unit, where the manager was based. There was a plan for the manager to be more prominent in the other unit.

The provider was monitoring the quality of the service and generally improvements were on going, but, where major action was needed, improvements were not always made in a timely manner.

**Requires improvement**



# The Sycamores and The Poplars

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 September 2015 and was unannounced. The inspection was undertaken by two inspectors, a specialist nursing advisor and an expert by experience. The expert by experience was a person who had personal experience of caring for someone who had similar care needs.

Before we visited we reviewed the information we held about the home including notifications. Notifications are events that the provider is required to inform us about by law. An acting manager had completed a Provider Information Return (PIR) on behalf of the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Reviewing this information helped by directing us to focus on specific areas of the service.

During our visit we spoke with eight people living at home. We used the Short Observational Framework for Inspection (SOFI) in each unit. SOFI is a specific way of observing care to help us understand the experience of people who cannot fully express their views by talking with us.

We also spoke with a family member who was visiting, a health professional visitor, a nurse, five care staff, the manager and a regional manager.

We looked at the care plans for five people, the training and induction records for staff, four people's medicine records and some quality assurance audits that had been completed.

Good

# Is the service safe?

## Our findings

People told us that they felt safe living in the home. One person said, "I'll be down early sometimes – I'm quite safe if left alone." Another person told us, "I'm very safe. I don't want to move from here. I love them all to bits."

From our discussions with staff we were assured that they knew about the risks of abuse and how to keep people safe. They had received training about roles and responsibilities and had information about who to contact if they were concerned that someone was being abused. They showed us the information that was clearly posted on a notice board in each unit. There were records to show that all staff had completed their training in this area. Staff gave us examples of how they used their training and this showed us that they understood what action they needed to take in reporting any concerns.

We saw examples of clear risk assessments in people's care plans. All potential risks to people's health and wellbeing were covered, including those involved in assisting people to move, the risk of falling, the risk of developing pressure ulcers and risks associated with food and drink. The action plans detailed action for staff to take to reduce these risks and all risk assessments and plans had been regularly evaluated and updated. There were specific actions taken for risks, such as bed rails or crash mats to prevent people being injured from falling from their beds. The action taken helped to keep people safe.

From our discussions with staff, we found they were aware of potential risks and the action they needed to take. We saw that they made sure pressure relieving cushions and mattresses were in place and working to avoid people developing pressure ulcers. We also observed staff following safe procedures when using a mobile hoist to transfer people between chairs. Staff told us they received information from seniors about any changes needed at the beginning of their shifts and we saw that incidents were recorded and discussed in meetings between the manager and heads of all departments each morning so that immediate learning and changes to action plans could take place. This system helped to decrease any future risk to people's health and wellbeing.

In addition, there was a personal emergency evacuation plan for each person, so they would receive the right support if they needed to leave their building in an emergency. Staff were all trained in fire safety and regular checks were made on fire-fighting equipment to make sure everything was working if needed and people were protected.

There were sufficient numbers of staff available to ensure people's needs were met safely. People told us there were always enough staff to help them when they needed it. One person in the main lounge of 'The Sycamores' unit told us, "There's someone around all the time." Another person sitting in the same lounge said, "There's always somebody, I just have to shout." When one person used a call bell in a bathroom, we saw that staff attended within two minutes. A person who was in their own bedroom said, "If I need something while I'm in here, I just call out as there's always someone around." In 'The Poplars' unit, we saw that there was always at least one of the staff in the lounge with people to ensure people stayed safe.

Some of the care staff had worked at the home for several years, but recruitment was ongoing to ensure there were always enough staff employed. Also, there was a shortage of nurses employed permanently by the provider, but the manager used agencies to make sure there was always a nurse on the premises.

During recruitment, people were protected against the risk of receiving support from staff that were unsuitable for their role. One person told us, "They're very experienced with us elderly people. They don't choose anyone who's no good." Permanent staff confirmed they had been through a robust recruitment process that made sure they were suitable for the work and would look after people safely. We looked at the way recruitment checks were undertaken and found there was a clear procedure. Application forms were used that showed past experience and no new staff could start unless they had appropriate references and had been through satisfactory checks.

We had been appropriately notified of a recent error with medicines. The manager told us about the action they had taken to prevent a recurrence and, during this inspection, we found that people's medicines were managed so that they all received them safely. People told us that they received their prescribed medicines at regular times and they were happy with the staff looking after it. We saw eight people receiving their medicines. We saw examples of clear plans about prescribed medicines. Each item was listed and identified with the reason for its use, possible side effects and extra precautions to be aware of and a care

Good

# Is the service safe?

plan to reflect any risks. The staff administering the medicines in both units demonstrated good knowledge of the medicines being prescribed. They knew of any side effects to look out for and why the medicines were prescribed so they could explain to people who asked. They checked the identity of each person before giving them their medicines which were given at the right times. This meant that care was being taken to ensure people were given the medicines prescribed to them safely at the times they were needed.

Medicines trolleys were used on both units and they were kept either locked or supervised at all times. When not in use they were secured in a separate locked room. We also saw that the storage temperatures were continuously monitored and recorded on a log daily. There was a clear procedure for staff to report any fluctuations.

We saw that all current medicine administration record (MAR) sheets that were used to record when people had or had not taken their medicines were fully completed. Some people at the service were also prescribed controlled drugs, which have stricter legal controls on their supply and security. We found that the controlled drugs were stored correctly with additional security than other medicines. They had been listed in a controlled drugs register and there were records of staff checks on them twice each day. This showed that all medicines were maintained safely and held securely.

Good

# Is the service effective?

## Our findings

People told us they thought the staff were well trained and they knew how to encourage people to be as independent as they could when assisting them with washing and dressing or when walking. One person said, "They all seem good to me and they know what they're doing. They'll do anything that's needed."

Staff told us they felt well supported with training and were well supervised. They said they could request further training in any specific areas if they felt it was needed. There were records of training that summarised training staff had received. These showed all staff had a mixture of workbook, classroom training and individual training. All necessary subjects were covered to enable them to meet people's needs. In addition to basic training we saw that staff were supported to gain national vocational qualifications in health and social care. Staff told us their training needs were discussed in individual supervision meetings with a senior worker or a manager. We saw a summary record of these meetings which showed each of the staff had received regular supervision.

People had choice in the way their care was provided. Two people in 'The Sycamores' unit told us that they were able to do what they want, whenever they wanted if they were physically able to do so. Another person said "The nurse comes to get me up and on my feet. But if I say I want a bit of a lie-in, they'll bring me my breakfast up to my room." We saw some specific agreements that people had signed to confirm their decisions. We also saw that when people had changed their minds, their records had been amended and staff were informed.

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 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.

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).

We checked whether the service was working within the principles of the MCA. We saw examples of MCA being used where some people did not have full mental capacity to make some decisions. We saw appropriate assessments that led to specific plans to direct staff to act in people's best interests.

Staff were aware of the Deprivation of Liberty Safeguards (DoLS) and the need for these. For some people, there was a high level of risk to their safety should they try to leave the home and staff kept the doors locked. The manager told us of applications made for DoLS in respect of some people at the home. DoLS protect the rights of adults using services by ensuring that, if there are restrictions on their freedom and liberty, these are assessed by professionals who are trained to assess whether the restriction is needed. Entry and exit to the home was controlled by an electronic keypad, which protected people that needed it to stay safe, but the code was available to other people, so that they were not restricted.

In our discussions with staff, they told us they always assumed people could choose and make decisions for themselves, but they also knew when they needed to assist with some decisions and encouraged people to receive their personal care. One of the staff said, "I treat everyone like I would treat my own mum and always give people a choice."

People were supported to have enough to eat and drink. One person said "We never go hungry. You can have what you want, and more if you want it." Another said "The food's sound. It's better than army food!" A third person told us, "The portions are good and anything you want, they'll do it specially for you." A relative told us "It looks very nice. They help to feed [my family member] here in the lounge and sit with [them] all the time." Some people received their meals in their own room and one said, "I enjoy everything. I always eat what they bring me but could always ask for something else too."

We saw that some people had a glass of juice or water and others had hot drinks. One person said "We like a cup of tea. I'm never without water either." Another person said "There's a lot of drinks on the go and they fill my glasses ready for me at bedtime." A relative told us, "I've seen them encouraging [my family member] to drink.

The cook told us about the choices of food offered at each meal. There was a daily order sheet that was completed the

Good

# Is the service effective?

previous day, but the care staff always checked with people at the time of the meal. There were additional choices of a salad, omelette, sandwiches or jacket potato. The cook had copies of diet notification forms that were completed for each person as soon as they moved into the home. They were updated if people's needs changed. There were pureed food options and finger foods available to meet individual needs, so that all people had appropriate food as needed. We saw there were records of regular checks on people's weights and action taken if there were concerns. We saw records of the involvement of a dietician who set the fluid intake targets and monitored people as needed. Where people were assessed as having a risk of choking due to their condition, a speech and language therapist was consulted to help the staff understand the action needed.

In 'The Sycamores' unit we saw that just five people chose to sit at a dining table. Others remained in their lounge chairs and some stayed in their own rooms. The kitchen staff plated the meals and care staff served them to people wherever they were. The meals were kept warm in a heated trolley and staff repeatedly used a temperature probe to ensure they were maintained at a suitable temperature before serving. In 'The Poplars' unit meals were served directly from the kitchen hatch and in both units we saw that care staff were assisting people with eating as needed. In 'The Sycamores' unit, we noticed that care staff were diverted to take meals to people's rooms when they were assisting people in the dining room and lounge, but they quickly returned so that everyone, who needed it had assistance to eat the food they wanted.

People received on going healthcare support and told us the staff responded quickly if they told them they felt unwell. We saw a record of one person who reported that they were not feeling well during the morning before our visit. An external nurse practitioner visited and prescribed antibiotics which were dispensed and administered within a few hours.

There was always a nurse on duty and based in 'The Sycamores' unit. When one person reported feeling unwell from minor illness on the morning of the inspection, the nurse on duty responded in a timely manner by assessing and administering appropriate medication within a few minutes. The manager told us health needs were discussed each morning in the meetings between all departments and there was regular monitoring of all peoples' health so they could quickly identify any changes which required additional support, intervention or referral to health services.

We saw documents in care plans that provided a rapid overview and risk rating for each person should they need to attend hospital. We also saw recent records of appropriate treatment that had been given for minor illnesses. For example, there was evidence that one person had a minor skin lesion on admission. This was reported, photographed and a care plan for treatment was put in place. We saw observations were recorded of improvement and the care plan was reviewed and updated. The home was also supported by the Central Nottinghamshire Clinical Services (CNCS) for extra support and advice. We saw a health professional was giving advice about one person during our visit and told us they had seen improvements in the way staff were responding well to medical advice given. This helped to ensure health needs were being appropriately met.

Good

# Is the service caring?

## Our findings

We saw that the staff were friendly and caring in both units. The people with we spoke in 'The Sycamores' unit told us they had good relationships with the staff and praised the staff for their kindness and caring approach. One person said, "They're beautiful, really, really nice here. They're always dancing, really!" We saw one of the staff dancing and singing to people. Another person said, "You can have a bit of fun with them. You can have a giggle!" A third person told us, "I can't speak too highly of them" and another said, "The staff are very, very good. They go out of their way for me. They're all lovely. So nice to me and they'll do anything I ask. I could live here forever."

Another person was unable to speak due to their medical condition, but when we asked, "Are the staff looking after you alright?" they responded with a big smile and thumbs up.

Throughout the day, we observed interaction which was caring, thoughtful and respectful. For example, at lunchtime we saw a staff member asking each person if they needed help with cutting their food and then responding to specific requests. One of the staff was patiently helping a person with low vision to use a spoon and then encouraging independence with this. Gentle touch was used to reassure and calm the person.

In 'The Poplars' unit, we observed staff holding people's hands to give comfort and interacting in friendly conversation with people. One staff member showed particular patience with one person that needed extra direction and encouragement. We saw positive responses from these interactions with people smiling and calm.

The care staff told us they considered all their colleagues to be very caring. They said they would use the whistle blowing policy and report anyone if they ever saw anything that was uncaring. People in both units appeared comfortable with all the care staff on duty during our visit.

One person told us they were very satisfied with the care they received and said "I like it here. I chose this room as it has a good view." Other people told us they felt staff helped them to express their views and some people we spoke with remembered having a meeting staff to discuss their care. One family member told us, "We had a meeting when Mum arrived, but I haven't the care plan since then." One person told us, "I don't need meetings. I can just tell them what's right or not."

We heard staff explaining what care they were giving and checking people were happy with what was happening. For example, one of the staff greeted a person who was looked after in bed and gave some positive attention before saying, "I'm going to sit you up and then help you with some dinner. Is that okay?" There was a positive response to this approach. Staff told us they were aware of most people's choices and preferences, but always tried to encourage them to give their views and would not do anything that a person was not happy with.

The manager told us that an external advocacy service was available to people if anyone needed an objective person to speak on their behalf. Also, relatives, and any other external representatives, including solicitors, were welcome to visit people at any time. This meant there were opportunities for all people to be involved or be represented in decisions about their care.

People's privacy and dignity were respected and promoted. People told us they were always treated by staff with dignity and respect. They felt they were also shown respect by how clean the home was and how their clothes were carefully washed and looked after. One person said, "You could eat off the floor – it's spotless." A family member said, "The laundry is excellent. The undies always come back white, they respect everything properly here."

People told us they could stay in the privacy of their own rooms if they wanted and we saw that bedrooms were clean and tidy, and personalised with people's own belongings. We saw that one person wished to use the home's telephone to make an outgoing call to a relative or friend and was encouraged and assisted by a member of the care staff to make the call in private. Staff told us they always treated people with the same respect they would want for themselves or a member of their own family. They told us they always made sure doors were closed when they were giving personal care and they kept curtains drawn until people were fully dressed to maintain their privacy and dignity. Staff said they always checked people were wearing appropriate clothes and helped them to keep clean. These examples showed that the service was promoting privacy and dignity.

Good

# Is the service caring?

The manager told us that 'Recognition of Care and Kindness' awards had been given to four members of staff.

These awards were presented following the recommendations from people living at the home or their relatives to show that their caring attitudes were recognised and appreciated.

Requires improvement

# Is the service responsive?

## Our findings

People's care plans were written in a person centred way and contained their preferences, likes and dislikes. Life histories were recorded and were also displayed outside people's rooms to give staff information about each person they were supporting. There were some examples of the choices people made such as if people wanted a male or female member of staff during personal care or what they liked to wear on their feet. Staff were aware of people's needs and preferences. They told us they always read updated care plans and assessments, especially when a new person arrived at the home. In this way, they had the information needed to provide personalised care.

People in 'The Sycamores' told us they were able to take part in lots of activities with the activities girls. One person said, ''We do bowls, bingo and sing songs.'' Another said, "They [staff] take me downstairs if I want so I can join in the bingo and I went on a boat trip. That was really good for me." Others also told us they went on the boat trip and had a meal at a pub. One person described the activities at the home and said, ''Everyday there's something.'' We saw photographs were displayed of some people being involved in activities in both units. We also saw a member of staff showing photographs of the local area to one person and they seemed to enjoy the experience.

However, we observed that a person with high care needs was not encouraged or assisted to join in activities at all.

When we observed people at 'The Poplars', we saw activities taking place with the specially employed activities staff who stimulated the interests of most people there. We observed the activities coordinator and two staff singing, dancing, socialising and throwing a ball with people. However, no attempt was made to engage two people in the activities at 'The Poplars'. One of these people had no interaction with anyone for the full 45 minutes that we were observing. As with the person at 'The Sycamores' that was not included, they would each need individual assistance to take part in activities and this was not offered. This meant that the service was not always responsive to all people's individual needs. We discussed this with the manager, who said there was no reason why all people should not have been included and would speak to staff to ensure they were in future.

In one lounge we saw that staff chose a film without consulting the people in the room. In 'The Poplars' unit there was a 'reminiscence room' with memorabilia from 1920s to1940s, but we did not see anyone showing any interest in this and it did not stimulate the people who currently used the service to reminisce about their own experiences. The manager told us that it was rarely used. The service provided opportunities for friends and family to meet with the people who used the service and we saw photographic evidence of previous open days. There were plans to commence a monthly memory café to encourage local people to be involved in reminiscing with people that used the service.

One person told us, "We're very well looked after. I've no complaints about anything." People were provided with information on how to make a complaint, although the written procedure was not clear for everyone. However, people said they would feel comfortable telling the staff or manager if they wanted to complain about anything. One person said, "I'd just complain to the manager, she's ever so nice.'' Another person said" If I had a complaint, which I don't, I'd tell one of the staff, then they could tell the manager."

The service listened to people's experiences, concerns and complaints. Suggestion boxes and an iPad were available in the home for people to give their opinions on how the service could be improved. The manager said feedback was encouraged during meetings too. There had been complaints about the storage of equipment and the type of air fresheners used. These were recorded in the minutes of meeting and we could see the action taken in response. Another complaint had been recorded separately. The record for this showed and that it was received and managed so that the complainant was satisfied with the outcome.

On the day following our visit the manager told us they had set up a specific file for all complaints and complements and informed all staff to also record them on the computerised system. There were plans for the provider company to provide the complaints policy in different languages and to consider providing an easy read format for both complaints and complements. This was intended to make the procedure more accessible to everyone.

Requires improvement

# Is the service well-led?

## Our findings

People told us they were happy with the way the home was managed and found the acting manager to be approachable. One person said, "You can't wish for a better place." Another person said, "It's brilliant. It's just been redecorated through. The manager does a good job."

A visiting relative told us, "It's well run– really friendly."

The acting manager had not yet completed the process for registration with the CQC. She was based in 'The Sycamores' unit and staff there told us that she led the team by example and often assisted with personal care and helping people with meals.

This was not the case in 'The Poplars' unit, where staff told us they could contact the manager by visiting the other unit, but did not find this easy and did not feel as well supported by the manager as staff at 'The Sycamores' unit. We discussed this with the manager who was aware that she did not always know what was happening at 'The Poplars'. For example, she had not been informed immediately of a recent medicine error. She had developed a plan to start the following week by spending two full days each week at 'The Poplars'.

The provider understood their responsibilities and they had ensured the CQC and other agencies, such as the local authority, were notified of any issues that could affect the running of the service or a person who used the service. This helped in continuing to monitor the service to make sure that action was taken regarding people's safety at the service.

We saw evidence that a sample of people's care plan files had been audited to check that all the information was present and up to date. Also, the acting manager had introduced short meetings each morning referred to as '10 at 10'. The lead staff for each area attended these and had the opportunity to discuss any concerns, incidents and accidents, so that the manager could monitor the day to day service provided. Senior staff told us these meetings were very helpful in keeping up dated about the service.

Monitoring information was included in a computerised system, so that it could be analysed at the provider's head office. Further checks were carried out by a representative of the provider company who visited the home at least once a month and was present on the day of our visit.

This gave evidence that the provider was monitoring the quality of the service. However, where major action was needed, it was not always taken to make improvements in a timely manner.

Items for repair or replacement had not all been attended to even though they had been reported for over five months. For example, the provider had been made aware that some flooring in the main kitchen was in need of repair and some tiling was damaged. An extractor fan and the lighting mechanism for the main cooker also both needed attention and had not worked effectively for more than a year. Following this inspection, the manager confirmed that progress was being made to agree the action needed to attend to all of these items we had identified. None of these concerns had a serious impact on the safety of people living in the home, but they were an indication of the on going quality of the service provided.

The acting manager told us they promoted a positive culture and people were consulted about the quality of the service. One person told us they had been involved in a meeting with staff and had been asked if they had any suggestions or ideas about improving the service. They told us the dining room had been rearranged as a result of their discussions.

The staff told us they knew where to find information about policies and procedures associated with the service. They also knew how to report any concerns and were confident about using the whistle blowing policy if they needed to report any poor practice.

Written feedback from people that used the service and their relatives was encouraged and a satisfaction survey had been carried out. We saw previous comments received were displayed on a notice board and in the lift of 'The Sycamores' unit. All comments showed people were satisfied or very pleased with the service and included, "I love living here, can't fault the place" from one person and "(name of person) is always happy" from a relative.

The acting manager was developing a relationship with other organisations, such as the local authority and medical professionals. We received information that confirmed the acting manager worked well with them and improvements had been seen in the way staff were responding to advice and guidance in the last few months.