

Alton House Partnership

Alton House Care Home - Hayling Island

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Alton House Care Home offers accommodation over two floors for up to 18 older people, some of whom are living with dementia. The home had some rooms which were shared rooms. At the time of the inspection the home was providing care and support to 18 people.

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

The provider's quality assurance systems were not fully effective in identifying all concerns in the service and in driving the necessary improvement. At times there was a lack of clear and accurate records regarding people's medicines and the Mental Capacity Act 2005. We have made a recommendation about this.

The provider was in the process of making improvements in the service. This included moving to electronic care planning and improving the environment for people.

People, relatives and health professionals thought the service was safe. There was enough staff to support people safely and meet their needs. People were protected from the risk of abuse. Risks associated with people's support needs were mostly assessed, monitored and mitigated effectively.

People's needs were met in an individual and personalised way by staff who were kind and caring. Independence was promoted, privacy, dignity and people's rights and freedoms were upheld. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff told us they enjoyed working at the service and were supported by regular training and supervision.

People, relatives, staff and external professionals were positive about the registered manager. The registered manager demonstrated a willingness to make improvements and during the inspection began reviewing their systems and processes to ensure the service consistently provided good, safe, quality care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Good (published January 2017).

The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Alton House Care Home - Hayling Island

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and one assistant inspector conducted the inspection.

Service and service type

Alton House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. A registered manager, along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we held about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information

about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke to three people who used the service and three relatives about their experience of the care provided. Some people using the service were unable to speak with us, therefore we observed interactions between staff and people using the service. We spoke with seven members of staff including the registered manager, care workers and the director of the service. We reviewed a range of records. This included the care records for four people and the medicine records for multiple people. We also looked at four staff recruitment and supervision records and records relating to the quality and management of the service.

After the inspection

Information was provided as requested. This included information about medicines, policies and procedures and staff rota's.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People received their medicines as prescribed although improvements were needed with medicine records.
- People had care plans regarding the administration of their medicines but where medicines were prescribed to be administered on an 'as required' (PRN) basis, clear protocols to guide staff were not always in place. This meant staff did not have appropriate guidance as to when people may need these medicines. However, only staff who knew people well administered these medicine which mitigated the risk of people not receiving these medicines in the most effective way. Following the inspection, the registered manager provided us with evidence that PRN protocols were in place for all people.
- The registered manager and staff were able to provide examples about the efficacy of some PRN medicines. However, this had not been recorded. The registered manager told us they would begin doing this so they would be able to carry out a formal review of all people's PRN medication.
- Some people were prescribed creams to alleviate skin conditions. From talking with staff and people, it was clear that staff applied creams for people appropriately. However, some topical medicine administration charts lacked guidance for staff. We discussed our concerns with the registered manager who told us of their plans to ensure clear guidance was available in future.
- We noted that some instructions about medicines had been handwritten onto the printed MARs from the pharmacy by staff administering medicines at the home. Whilst there was no evidence that this had been done incorrectly most had not been signed by the member of staff adding the instruction or countersigned by another member of staff to confirm the instructions were correct. This is considered best practice by The National Institute for Health and Care Excellence (NICE). The registered manager told us they would ensure this was completed in future.
- Staff had received training regarding medicine management. They had their competency checked before they were able to administer people's medicines. However, we found that staff's competency was not checked on an annual basis as is considered best practice by NICE. This meant the provider could not be assured staff members were still competent to safely administer medicines. The registered manager told us they would ensure staff's competency would be annually assessed going forward.

We recommend the provider seeks reputable guidance to ensure the safe management of medicines.

- People told us they received their medicines as prescribed. One person said, "They're [staff] very good ... I take two tablets every morning, they don't let you overdose."

- Medicines were stored securely. Medicines that required extra control by law, were stored securely and audited weekly. The ordering and disposal of medicines was safe.

Assessing risk, safety monitoring and management

- Prior to the inspection, we had received a concern about the way people were supported to move. We followed this up during the inspection and observed people were supported to move in a safe way. We reviewed people's moving and handling assessments and these contained guidance for staff to follow. However, one of these assessments needed more detailed guidance in relation to the use of moving and handling equipment. We discussed this with the registered manager who added this information at the time of inspection.
- Most risks to people's personal safety had been assessed and plans were in place to minimise them. One person was prescribed a medicine which 'thinned' their blood and placed them at higher risk of bleeding should an injury occur. Although staff were able to explain the risks associated with this, no risk assessment for this was in place. This was addressed following the inspection.
- Otherwise all necessary risk assessments were in place. These were linked to the individual person and covered areas such as their support needs and health conditions. Risk assessments were comprehensive and provided staff with clear guidance about how to reduce risks for the person.
- Staff were knowledgeable about the risks associated with people's needs and could tell us what action was needed to promote people's safety and ensure their needs were met.
- Environmental risk assessments were mostly carried out to consider and mitigate any risks to people and staff. However, risks relating to an accessible staircase with narrow steps had not been assessed for all people who may use them. Following the inspection, the director provided us with evidence that the risks associated with the stairs had been assessed and plans put in place to reduce them.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. The registered manager and staff told us that action was taken to reduce the risk of accidents and incidents reoccurring. However, records had not always been completed to demonstrate this. We discussed our concerns with the registered manager who told us they had a new electronic system in place to ensure this was done going forward. This system would also highlight any trends or patterns in the service.

Preventing and controlling infection

- People were protected by the systems in place for the prevention and control of infection.
- People felt the home was clean. One person told us, "It's always so clean, sometimes we can be very messy but if you drop something they pick it up straight away."
- Due to a lack of cleaning staff, other staff were being utilised to cover this role. This meant some cleaning records had not been completed. However, the home was clean, tidy and free from bad odours. The registered manager had plans in place to address the cleaning staff arrangements.
- Staff had access to and used appropriate personal protective equipment.
- Staff received infection control training.
- The local environmental health team had awarded the home five stars (the maximum) for food hygiene.

Staffing and recruitment

- There were enough staff to support people safely and meet their needs. People and staff were positive about the staffing levels and staff told us they had time to sit and talk with people. Our observations reflected this and we saw that people's needs were promptly responded to.
- The provider occasionally used agency staff. The registered manager confirmed they used staff from the same agency which ensured consistency for people.
- Safe recruitment practices were followed before new staff were employed to work with people. The relevant

checks were made to ensure staff were of good character and suitable for their role.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place and followed to protect people from abuse.
- People, staff and health professionals thought the service was safe. One person told us, "I feel safe, it's cosy and comfy, like you've stepped through your own front door."
- Staff had completed training in safeguarding people from abuse and were aware of the types and signs of abuse and how to report any concerns. All staff were confident that the registered manager would take any concerns seriously.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records needed improving to demonstrate the provider was complying with the MCA.
- Mental capacity assessments were in place for the use of bed rails. However, we found that for other aspects of care such as staff managing medicines on people's behalf, these assessments had not been recorded. Additionally, where a DoLS had been applied for, assessment of the person's capacity to make such decisions were not always seen during the inspection. The director sent us some mental capacity assessments in relation to DoLS after the inspection.
- Despite this, staff were observed seeking consent before providing care and care was planned to ensure least restrictive approaches were taken. Staff had received training in the MCA and were able to talk to us about how they applied this to their day to day practices.
- Applications for DoLS had been submitted to the supervisory body responsible for assessing and approving these. Conditions associated with DoLS were being met.

Adapting service, design, decoration to meet people's needs

- Constraints with the size and layout of the building presented some limitations regarding meeting the social needs of people. For example, armchairs in the lounge were arranged around the edge of the room limiting social interaction between people. The dining room was not big enough to enable all people who

lived in the home to have their meals together. We discussed this with the registered manager and director and they had already made plans to make adaptations to the home to make improvements in these areas.

- Although the service was in need of some redecoration in places, it was homely, warm and welcoming. The provider had a redecoration plan in place and we saw improvements being made at the time of the inspection. People were involved in this. For example, people were in the process of choosing the new colour scheme for the dining room.
- Work was in progress to make the home more dementia friendly. The registered manager had used a nationally recognised audit tool to undertake this. Murals and some pictorial signage were positioned around the home to help people orientate themselves. The registered manager was aware that further work was needed to fully achieve an environment suitable for those who lived with dementia. We discussed the benefits of additional signage, the use of contrasting colours and the use of sensory and comfort items and the registered manager agreed that these would be put in place in the near future.
- People had access to a level garden area which we saw being used to good effect during the inspection.
- People could personalise their rooms as they wished. One relative told us, "She's (person) got her own things in her room, I think that's helped her to settle in."

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

- Prior to moving into the home, the registered manager undertook a pre-admission assessment involving the person and any other relevant people. This ensured they could meet the person's needs.
- Once this information was gathered and the person moved in additional nationally recognised assessment tools were completed and the information helped to inform the development of people's care plans and risk assessments.
- Staff made appropriate use of technology to support people. An electronic call bell system enabled people to call for assistance when needed. Pressure relieving equipment was used safely and in accordance with people's needs. The registered manager was in the process of sourcing a device to help a person manage their diabetes in an enhanced and less intrusive way.

Staff support: induction, training, skills and experience

- People were supported by staff who were knowledgeable and well-trained to carry out their roles effectively. One relative told us, "They [staff] seem to know what they're doing, 'I just feel really confident that's she's being looked after, it's peace of mind for us."
- Staff had completed regular training to support people effectively which included, safeguarding, infection control, moving and handling and the Mental Capacity Act.
- Staff were also provided with training that was specific to people's needs. For example, one member of staff told us, "In the past we haven't had many residents with Parkinson's, but in the last few months we've had two people move in so we had new training on Parkinson's. It was very good."
- During the inspection, we also saw that staff were receiving training about the new electronic care plan system that had just been put in place.
- Most staff received regular supervisions and appraisals. This meant staff had a formal way of discussing their work at the service, personal development and their well-being.

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

- People's dietary needs were met. They were provided with a nutritious and balanced diet that met their needs and preferences.
- People were protected from risks of poor nutrition, dehydration and swallowing problems. For example, one person needed their meal presented in a certain way to ensure risks associated with swallowing difficulties were mitigated and we saw this was done.
- People were positive about the meals they received. One person told us, "The food's all very good, lots of choice, I'm very, very picky with my food but they're very good."

- People were offered a choice of food and drink and throughout the inspection we observed people received a variety of food and drink according to their preferences. A drinks and fruit station were available so people could help themselves. Staff responded promptly to people who were unable to do so. For example, one person asked for a snack and a staff member brought this to them which pleased the person.
- We observed the lunchtime experience and found that people enjoyed their meals and were supported in an appropriate way.
- On the day of inspection, it was very hot. People were prompted to drink plenty and ice lollies were frequently offered to people. Staff told us this was to ensure people stayed hydrated.

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

- People were supported to access services to maintain and improve their health. They told us they received healthcare support when they needed it. One person said, "I've seen the nurses a few times when I've needed to, they [staff] sort it."
- Care records showed specific healthcare needs were being appropriately met. Where people had a specific known medical need such as diabetes, records showed routine monitoring was undertaken appropriately. Records also showed and a healthcare professional confirmed medical advice was sought appropriately when required.
- When people were admitted to hospital, staff provided written information about them to the medical team, to help ensure the person's needs were known and understood.
- Staff felt they worked well as a team to ensure everyone was aware of a person's support needs or any change in these.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were consistently positive about the caring nature of the staff. Comments included, "They're [staff] all lovely," "Staff are lovely, they always laugh at my jokes and are very kind." and "The staff are very gentle."
- Staff had developed positive and caring relationships with the people they supported. We saw staff had a good rapport and interacted well with people; they demonstrated warmth, understanding and kindness.
- Staff supported people well when they became anxious. For example, when one person displayed signs of anxiety, a staff member took the time to hold their hand and offer reassurance. The person soon became calm and was smiling again.
- The registered manager and staff told us that they would always aim to ensure people's equality, diversity and human rights needs were respected and supported. Whilst they did not always ask questions about all protected characteristics during the assessment stage, they told us they would ensure they looked at any specific needs during care planning. The registered manager was confident people's protected characteristics would be supported and that no discrimination would take place or be tolerated. Staff confirmed this.

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

- Staff understood people's communication needs and the registered manager assured us that information would be provided in a format that people needed to help them understand.
- Throughout the inspection, we heard people being consulted about how they wished to spend their day. We saw people were offered choice in everyday situations such as where they would like to sit and what they would like to eat. All people's choices were respected.
- Staff ensured that family members and others who were important to people were kept updated with any changes to the person's care or health.
- People were supported to continue in their faith. Minutes of a meeting held with people confirmed that one person was appreciative of staff when they gave them a bible to read in the lounge.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was promoted and people were respected. We saw records from a staff meeting where the registered manager was reminding staff about aspects of care provision which promoted people's dignity.
- Staff spoke about the importance of treating people with dignity and respect. Staff could give examples of

how they did this. One member of staff told us, "We are doing a very person-centred job, dealing with very personal things, their [people's] dignity and welfare is uppermost, things like approaching in quiet to ask if someone needs to go to the toilet. It's how you would like yourself or your family to be treated."

- People's right to privacy and confidentiality was upheld. We observed that staff knocked on people's doors before entering and personal care was undertaken behind closed doors. People's private, confidential information was stored securely.
- Staff promoted people's independence. When supporting people to mobilise, staff were encouraging and patient with people and allowed them to go at their own pace.
- Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Staff's knowledge of people was really good. They understood people's history, likes, dislikes as well as their support needs.
- Care plans mostly contained personalised information about people and how to support them. For example, where people could display behaviours that presented challenges, care plans gave information to staff about what could lead to these behaviours as well as guidance for managing them. We observed during the inspection that staff responded in line with the guidance in one person's care plan and this was successful in reducing their agitation.
- Other care plans were not so detailed or personalised. The provider had recognised this and they was in the process of transferring from paper to electronic care plans. One aim of this was to ensure personalised information was contained in people's care plans. The registered manager told us, "They are going to be so much better, they will really help us to be more person-centred." Care staff also described the benefits of the new system. These included being able to record information in real time and in a quicker way. One staff member told us, "Since we've started it [electronic care plan], I have more time to spend with people."
- Where a change in people's needs was identified this was quickly responded to. For example, we saw how one person's blood sugars had become erratic. Staff had consulted with other appropriate healthcare professionals in order to stabilise their diabetes. One healthcare professional told us "[Registered manager] and care staff are very good at letting us know concerns, calling GPs and acting on anything we tell them to do."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's communication needs and used this so people could make decisions in their day to day life. This helped to demonstrate how the provider was meeting the requirements of the AIS.
- People were provided with information in a way they could understand. For example, pictures of menu's and activities were provided for people to aid understanding. One person was also provided with a talking clock so they always knew what the time was.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them.

- An activity programme was in place for people to participate in if they wished. These included, ball games, board games and quizzes. These were mostly provided by the activity coordinator.

The activity coordinator was new in their role and had not yet undertaken training regarding activity provision. The registered manager acknowledged that this would be useful for them and told us they would organise this.

- During the inspection we observed people enjoying some of the group activities on offer. At times, however, we observed a lack of meaningful activity for people to partake in. We discussed this with the registered manager who told us they would look into developing this area.

- Some people were supported with personalised activities. One person enjoyed growing tomatoes and another person was supported to use the iPad to look at photos of boats as this is what they enjoyed. We discussed how the service could enhance this with the registered manager and they told us they were keen to do so.

- Some links with the local community were in place. People from the local church visited the home and children from the nearby school visited and sang on occasion. The Lions celebrated events such as St Patricks Day in a nearby church and the registered manager told us that people enjoyed going to these.

Improving care quality in response to complaints or concerns

- A system was in place for people and their representative to raise concerns and make complaints.

- The people we spoke with told us they had not felt the need to make a complaint but would be comfortable to raise any issues with the registered manager. One relative told us, "I'm sure [registered manager] would sort it out, she's very passionate about the home and her job."

- The service had received one complaint which was still ongoing at the time of our inspection. The provider had investigated this in line with their complaints policy and was working with other agencies to conclude this.

End of life care and support

- People were supported to make decisions about their preferences for end of life care and these were documented in people's care plans.

- No one was receiving end of life care at the time of our visit. However, the registered manager told us the service engaged with external healthcare professionals effectively to ensure people's end of life care needs were met.

- Staff had received training regarding end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- The provider used a 'quality assurance and monitoring form' to assess the quality and safety of the service. This covered all areas of service provision. We reviewed this and found that only two areas had been identified as needing improvement and did not include the concerns that had been identified during the inspection. For example, we identified concerns with records relating to medicines, the MCA and accident and incidents but this had not been identified by this system.
- Accurate and detailed records about people were not always maintained. Parts of this concern had been identified by the provider and plans were in place to improve these by the use of electronic care planning. However, concerns with records relating to medicines and the MCA had not been identified meaning no plans were in place to rectify this.

We recommend the provider seeks reputable guidance to ensure records are complete, accurate and contemporaneous in respect of each person, and to ensure effective quality assurance systems are used to assess, monitor and improve the quality and safety of the service.

- There was a clear staffing structure in place. The registered manager had responsibility of the day to day running of the service and told us they were well supported by the director. Staff were supported to understand their roles and responsibilities through staff meetings, supervision and appraisal.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The director had informed the CQC of significant events including significant incidents and safeguarding concerns.
- We identified examples of where the provider was investing for continuous improvement. For example, they were implementing the use of an electronic care planning and recording system and had plans in place to improve the environment.

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

- People and relatives told us they received personalised care and were happy with the service. The culture of the home was positive and people lived in a homely and friendly environment. The registered manager promoted a caring service and led by example. We saw them to be accessible to people and staff

throughout the inspection and there was an open-door policy for all. Our observations indicated that people were treated equally, with compassion and they were listened to.

- Staff said they enjoyed working at Alton House. One member of staff told us, "I've been here this long because it's just a friendly bunch of people which I think is really nice, it's a good home to work for. The resident's are great." Staff worked well together, and there was a shared spirit of providing a good quality service to people.
- People, staff and relatives were consistently positive about the registered manager. They were described as approachable, hands on and passionate about providing good care.

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

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- The previous performance rating was displayed in the home's entrance hallway making it available to all visitors and people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. We found that the feedback gathered was predominantly positive. We saw that where people had made suggestions, these were acted on. For example, one person had asked for better meals and action had been taken in response to this.
- Staff were also encouraged to contribute to the development of the service through meetings and surveys. Staff told us they felt valued and listened to.
- The registered manager and staff team worked closely with other professionals to ensure people received effective, joined up care. A health professional we spoke with was positive about the approach of the registered manager and told us, "[Registered manager] is very good, if something needs doing, she will make sure staff will do it."