Nash Care Homes Ltd

Ashleigh House

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

We carried out this unannounced inspection to Ashleigh House on 23 January 2018. Ashleigh House is registered to provide accommodation with personal care for up to nine people with physical and learning disabilities. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our visit eight people lived at the service.

We last inspected this service in April 2016 when we rated the service as Good.

There was a registered manager in place, who had taken up their post since our last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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. The registered manager assisted us with our inspection.

People were cared for by staff who knew them and knew their needs. Staff were attentive to people and displayed a kind, caring approach. People seemed relaxed in their environment and were given the opportunity to spend time where they wished and remain as independent as possible. However, we found some records in relation to people needed to be updated. We also found some out of date items in the first aid box and that the service's complaints policy contained incorrect information.

People were supported by sufficient staff to meet their needs and good recruitment processes were in place to ensure only suitable staff were employed. Risks to people had been identified and as such staff took appropriate steps to help mitigate any risk of harm of injury to people. Staff were aware of their responsibilities in safeguarding people from abuse.

Staff received on-going training, induction and supervision to support them in their roles. Staff were able to describe good infection control processes and we found the environment people lived in was clean and hygienic. Although people's rooms were not all personalised we found they were comfortable and provided appropriate furniture for people's needs. People could have privacy if they wished as we found some people had their own keys to their rooms. The environment was suitable for people who have a learning disability and the provider planned to make further improvements in response to people's needs to improve the quality of the service people received.

People were assessed to see if they had capacity to make specific decisions. In the event that they did not, staff followed the legal requirements in relation to consent. Before people moved into the home a full assessment of their needs was carried out and relatives felt engaged in this process.

People received support from staff who demonstrated a good understanding of people's communication

styles and ensured people received care that focused on their health and wellbeing. People received the medicines prescribed to them and staff sought advice from external professionals to help ensure people received the most appropriate, effective and responsive care.

People had access to the food of their choosing. People's care records were completed in detail and contained sufficient guidance for staff to understand people's needs. People had access to a range of individual activities in line with their interests.

Systems were in place to monitor the quality of the service provided and ensure continuous development. People and staff were involved in the running of the home and relatives played an active role. The service had a registered manager who was also the provider. The registered manager was aware of their statutory duties in relation to CQC. Staff felt supported by the registered manager as well as the deputy manager. Staff told us they were happy working at the service and we observed good team work amongst staff.

During our inspection we made one recommendation to the registered provider in relation to records held about people.

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 enough staff deployed on each shift to keep people safe and meet their needs.

People were protected from avoidable harm as risks to their health and safety had been assessed. Good infection control procedures were carried out at the service.

Staff understood safeguarding procedures and knew what action to take if they had concerns about abuse.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure that people would continue to receive care in the event of an emergency.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and support to meet people's needs.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People's needs were assessed before people moved into the home and the environment was suitable for people who had a learning disability.

People's nutritional needs were assessed and people were provided with appropriate food.

People's healthcare needs were monitored effectively. People were supported to obtain treatment when they needed it.

Is the service caring?

Good

The service was caring.

People had good relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people to remain independent.

Relationships that were important to people were encouraged by staff.

Is the service responsive?

Good

The service was responsive to people's needs.

People's care plans contained person-centred information.

People had opportunities to take part in activities. Staff encouraged people to access their local community.

There was a complaints procedure in place if anyone was unhappy with the care being provided.

Is the service well-led?

Requires Improvement

The service was not always well led.

Some records relating to people were not up to date or accurate. We found auditing of the service had not always identified shortfalls and the complaints policy contained incorrect information.

Relatives and staff had opportunities to contribute their views about the home. Staff felt supported by the registered manager.

There were systems in place to monitor the quality of the service and to address any issues identified.

The registered manager was aware of their statutory duties and worked with external agencies to help ensure people received a good quality of care.

Ashleigh House

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 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 was a comprehensive inspection.

The inspection took place on 23 January 2018 and was unannounced. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

On this occasion we did not ask the registered provider to complete a Provider Information Return (PIR). This was because we brought forward this inspection following some concerns we had received from Surrey County Council.

As part of our inspection we spoke very briefly with one person who lived at the service and carried out some observation of the care and support provided to people living at the service. We also spoke with the registered manager, two staff members and one relative. Following the inspection we spoke with four relatives and three professionals.

We reviewed a range of documents about people's care and how the home was managed. We looked at five care plans, four staff files, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

Good

Is the service safe?

Our findings

People's relatives told us they felt their family member was safe living at the service. One relative said, "I can actually sleep now. I haven't been able to do that for a long time. I know no one can just walk in here." Another told us, "I think she is. When she comes home to me she is happy to go back."

Risks to peoples safety were assessed and action taken to minimise them. For example, one person had a mobility issue and required specialist insoles in their shoes. We read that staff had ensured they had attended appointments to check their insoles remained effective. Another person had a specific medical condition which meant their body temperature could fall to a level which would be unsafe for them. There was detailed guidance in their care plan which clearly outlined the checks staff should take on a daily basis. For example, feeling their hands and feet temperature and what action to take should they suspect this person's temperature was changing. Another person's risk assessment identified that they walked with their head down and as such may not always be aware of hazards when out and about. There was guidance for staff to support this person with their road sense when out. Other people had risk assessments in relation to horse-riding, i.e. to make sure they wore helmets. A relative told us, "When we talk about safety, he is safe here."

Staff learnt from accidents and incidents. We saw staff kept good accident and incident records which record the events and what actions had been taken. One person had recently been admitted to hospital for a medical condition and although staff were aware that this condition could leave this person vulnerable and in need of treatment, the registered manager had referred them to a specialist hospital for further tests in order to determine an exact diagnosis and as such to develop a plan of care to help reduce further episodes.

People lived in an environment that was clean and hygienic and staff were aware of their role in meeting infection control standards. We did note during the morning a stain in one of the bathrooms and spoke with the registered manager about this. During the afternoon we checked the bathroom again and found that it had been cleaned appropriately. Everywhere else within the service was extremely clean. A staff member told us, "I always wear gloves and wash my hands. We have different coloured mops and special bins. We have colour codes on the walls so staff know exactly what coloured mop to use."

People were protected from the risk of abuse as staff were aware of their responsibilities in this area. One staff member told us, "I would talk to the manager. He would talk to the person. If it was the manager, I would talk to CQC or social services." Staff had completed training in how to safeguard people from abuse and demonstrated a good awareness of the types of abuse people may experience and their role in reporting any concerns. A recent safeguarding concern had arisen which instigated this inspection from us. We found evidence to demonstrate the registered manager had responded to the local authority safeguarding team to respond to these concerns.

People received their medicines in line with prescription guidelines. Medicines were securely stored in a locked cupboard. Each person had a Medicines Administration Record (MAR chart) in place which detailed

prescribed medicines, dosage, what the medicine was for and common side effects. We heard staff ask people if they would like to have their medicines. A staff member said, "It is your medicine, would you like it?" We saw one person open their mouth in readiness to take their medicine which demonstrated to us their consent. We also watched how staff only signed the person's MAR once they were satisfied the person had taken their medicines. A staff member told us, "I have to check the name and it's the right medicines for the right person. I give medicines one at a time. If they (a person) refuses it I have to record 'R' and the reason. If I see any gaps in the MAR I cannot sign it, I have to report it."

Sufficient staff were deployed to meet people's needs. The registered manager told us four care staff were on duty during the morning and three in the afternoon. In addition the deputy manager was in five days a week as well as the registered manager. We observed that staff were available to support people both at home and when going out. The registered manager told us that there was some agency staff used at the service although these were regular agency staff who knew people well. Staff told us they felt there were enough staff on duty and the registered manager would find staff to cover in the event of staff shortage. One staff member said, "We have enough staff and there is always a driver on each day." A relative told us, "There always seems to be someone around." A second relative said, "I have never not seen staff available."

People were protected from being cared for by staff who were not suitable to work in this type of setting as good recruitment procedures were in place. Disclosure and Barring Service (DBS) checks for staff were completed before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained an application form, proof of identity, references from previous employers and a staff member's right to work in the UK.

Regular health and safety and maintenance checks were completed to ensure the premises were safe. Personal emergency evacuation plans were in place for each person which detailed the support they would require to leave the building in the event of an emergency. For example, we read that one person would need a wheelchair. A contingency plan had been developed which provided guidance to staff on where people could be taken should the building be out of use. Staff were knowledgeable in relation to fire safety. A staff member said, "We have meeting points and we would take people and gather there." The staff member showed us where these meeting points were.

Good

Is the service effective?

Our findings

People were cared for by staff who received the training they required to ensure they were effective in their roles. A relative told us, "I think staff are well trained. It's the way they approach things. They know exactly what they (people) want and how to calm and satisfy them (people)." Training records showed staff had completed training in areas including first aid, nutrition, moving and handling, medicines and infection control. In addition training specific to the needs of the people living at the service was provided which included epilepsy and the administration of a specific medicine which helps to stop people having a seizure. Staff who gave out medicines had had an administration of medication check completed which included a practical assessment. A staff member told us, "Very regular training. I did fire safety, safeguarding and moving and handling last year." A second said, "The training was good and relevant. I've done epilepsy and medicines training and I had an induction."

Staff received supervision to monitor their performance and support them in their job role. We read that these were up to date. A staff member said, "Yes, we have one to one's with the manager once a month. He asks if I'm happy, any difficulties, anything I would like changed, if I have any concerns or if there is any training I need." A second staff member told us, "If I don't understand anything I can just ask."

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 when needed. When they lack mental capacity to make 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).

The service had systems in place to ensure that people's legal rights were respected and that the principles of the MCA were followed. Where required capacity assessments and best interests decisions had been completed. Such as where people required medical intervention. DoLS applications had been submitted to the local authority where restrictions were in place. These included the locked front door and where one person had bed rails in place. A staff member told us, "It's about the service users and whatever decisions we make are done in their best interests."

Pre-admission assessments were carried out prior to a person moving into Ashleigh House, this included an overnight assessment and these were used to form the basis of the person's support plan. They were also used to ensure that staff could provide suitable and appropriate care. A relative told us, "I asked many questions during the assessment and I was satisfied with the answer and since then I've seen them (staff) put everything into practice." We read in one person's assessment that they had poor mobility and as a result they were given a room on the ground floor of the house. Staff used guidance and external advice sheets to help them to provide effective care. For example, we saw they had medicines information sheets and NICE guidance in relation to people's particular medicines. One person's support plan recorded, 'Agree to slowly reduce one of medicines' and 'improved leg swelling as no longer sleeping in chair'. A relative told

us, "He is now not taking as many medicines as he didn't need them and staff sorted that out."

People were helped to remain healthy by the care that staff showed. Each person had a health action plan which recorded their individual health appointments as well as a hospital passport. Hospital passports contained important information about the person should they have to go into hospital. We noted medicines recorded in people's hospital passports were in line with what was recorded in their person-centred plan. Where people had been diagnosed with epilepsy staff kept seizure records for them which helped them to monitor frequency and type to see if a person required professional intervention. A staff member told us they kept food and fluid charts for people and we saw these in place. They said, "We offer drinks regularly – every two to four hours. We watch [name] because he doesn't like drinking." We observed staff offering people drinks regularly. A relative told us, "I think she gets good food. We would speak up if we had any concerns. [Name's] wellbeing is our first priority."

People were supported to access healthcare professionals when required and staff followed their guidance. A healthcare professional had noted in their most review of a person, 'calm and relaxed and willing to engage'. Two people had been referred to the Speech and Language Therapy team in order to ensure they would receive appropriately prepared food as both of them were at risk of dysphasia (choking). Other people had appointments with an ophthalmologist, podiatrist and dentist. We saw information that recorded a best interests discussion would be required prior to the appointment with the ophthalmologist. A staff member told us, "If a person is not feeling well I talk to the manager. I check if there is any medication they can take or I would call an ambulance." A relative told us, "She had her flu jab and she sees the dentist – it's a good thing." A professional told us, "They know when they last had any hospital appointments and will often know the outcome of such appointments."

People were supported to have a varied diet. One relative told us, "She has good meals." Although we found staff did not directly follow the menu that was displayed we saw people had the opportunity eat the meal of their choice. We saw at lunch time people had a variety of foods and where people required specialist diets we found these were provided to them. One person was overweight when they moved into the service and we saw from their weight chart that they had been supported to lose weight by staff. A relative told us, "I think they (staff) have had [name] on a diet as they've lost weight which is a good thing."

People lived in an environment that was adapted to meet their needs. We saw a level garden to the rear of the premises which had a wide level pathway. Double doors led from the lounge area to the garden which was safe and secure. There were bathrooms facilities on both the ground and first floor of the premises.

Good

Is the service caring?

Our findings

People's relatives told us that staff were caring and kind. One relative told us, "Excellent house. Very pleased with the care." A second said, "She's well looked after and always well put together." A third relative told us, "I am so appreciative of this home. These people are so generous, kind and compassionate."

We observed people and staff had developed positive relationships. Most people had lived at Ashleigh House for a number of years and staff knew them well. Staff demonstrated a good knowledge of the way people preferred to be supported, their needs, likes and dislikes. A relative said, "After he comes to stay with me he goes back happily to Ashleigh House. I can see the difference in him." Another relative told us, "The carers are very good with [name]. They treat her kindly." A third said, "She seems quite happy." A professional told us, "Each member of staff knows the service users very well, even though they are not their key worker."

Staff demonstrated a good understanding of the way people expressed themselves. We observed staff using forms of sign language to communicate with people. A staff member told us, "We have care plans so we know how people communicate." One person came and put their head on an inspector's shoulder. We asked staff what that meant and they told us it was that they liked them. The registered manager had also told us separately that this person would display these behaviours.

People's dignity and privacy was respected. A relative told us, "The way they attend to him, I am so impressed." We observed staff knocked on people's doors before entering. We heard staff speak to people in a respectful manner. We saw people were well dressed, looking clean and tidy. One person's trousers were hanging down at the back and we saw staff support them to straighten them out. We found one person had a key to their room and as such could spend time alone when they wished. Another person chose to get up later and again they were enabled to spend time in their room getting ready at their own pace. A staff member told us, "I knock before going in someone's room even though they can't all respond. [Name] can tell us it's okay to come in. I shut their door when they are using the toilet and keep curtains closed when giving personal care."

People received unhurried care from staff. During lunch we observed two people required support to eat. We saw staff sit at the person's level facing them. Neither person was rushed to eat their food and we observed staff being patient and supporting people at their own pace.

People lived in rooms that were comfortable and nicely decorated but not always as personalised as they could have been. We spoke with the registered manager and relatives about this. The registered manager explained that people sometimes destroyed items that were placed in their rooms so they had to be careful in how they furnished and individualised them. Relatives gave us mixed views when we asked about their family member's rooms. One relative told us, "His room may seem spartan, but they (staff) have to do it and it's fine." Another told us, "Her room is nicely furnished, she has everything in it." However, a third relative told us, "The only thing I'm not happy with is the room she is in. There is just a bed and a wardrobe and she spends a lot of time in her room." They told us they planned to raise this with the registered manager at the

next review. Following the inspection the registered manager informed us that on 31 January during this person's review their family member saw that this person had already moved to a new room.

People were encouraged to be independent and participate in the daily routines of the home and it was obvious to us they felt at home at Ashleigh House. We saw people were supported to clear away their plates after lunch. One person took an inspector's hand and showed them their bedroom. They pointed out their cupboard and showed their clothes which were clean and well organised. This told us this person felt at home in their surroundings. Another person invited us into their room when we knocked on their door. A relative told us, "If someone told me [name] could be like he is today I wouldn't have believed it. I can at last have peace of mind."

People were supported to maintain relationships with those important to them. A relative told us, "This is like my second home." The registered manager told us how they arranged transport to relatives in order that they could visit their family member or attend review meetings. Relatives confirmed this and also told us they could visit at any time. One relative said, "I do unannounced visits." Another relative told us, "They do welcome me when I go there." A third said, "They bring her home every other weekend."

Good

Is the service responsive?

Our findings

People's support plans were completed in detail and reflected people's personalities and preferences. Support plans included information on a person's care needs, their mobility, communication and interests. One person did not like dogs. There was clear information in this person's support plan in how to support this person if they saw a dog when they were out with staff. It recorded that staff should keep them away and reassure them by saying, 'nice dog on lead'.

Staff provided responsive care to people and as such relatives had seen changes in their family member. One person was recorded as having 'challenging behaviour'. Their support plan recorded actions staff should take to minimise the risk of this being displayed. We noted that staff were always in the area with this person. At one point when the person tried to take someone else's biscuit staff intercepted appropriately and diffused any possible situation or incident. They told the person, "No [name] that's hers. Come on we'll get you one of your own," which they did. A relative told us, "The best thing is the relationship he has with the other residents. He is so calm now." Another person could react to certain situations and again we read guidance that stated, 'never take anything from him without replacing it, otherwise he becomes upset'. Their relative told us, "He has gone from secondary school to graduation in terms of improvement. Staff have worked very hard to improve his lifestyle. There's a lot they can do for him and I feel very positive about that."

People had access to activities in line with their interests. One person's support plan recorded they liked puzzles and skittles and we saw them doing both of these during the inspection. Another person was recorded as being good at 'gardening and pottery' and we heard that they attended an accredited gardening course and pottery sessions. We saw people had access to technology when they had an interest in it, i.e. a computer or tablet. A relative told us, "He goes swimming. He likes that." They added, "There is no point in me going before thee o'clock on a Saturday as he's out." Another relative said, "She goes to gardening, swimming and horse-riding." A third told us, "I would like her to do more, but she is unpredictable about going to activities." A further relative commented, "Activities are suitable to what he can do. Horse riding was one of the first activities he did and enjoyed." A staff member said, "Sometimes we have to sweet talk them to get out of bed or go out because they can't stay indoors all the time." They added, "People's care plans list activities. We see if they are enjoying it. If not, we look for something else."

People were supported to connect with their local community. One person went to a Scout network club fortnightly. We noted another had been on holiday to the south coast. A relative told us, "They (staff) are starting to get him integrated into public areas. A staff member told us, "We go to the pub once or twice a week – [name] likes to have a glass of Guinness." People's spiritual needs were recognised. We read one person was a Christian and as such they were supported to go to church with a family member. Other people had attended courses and obtained awards. One person had received Life and Living Skills award and had also attended a Fit for Life group.

There was a complaints policy in place. We noted no complaints had been received at the service since our last inspection. A relative told us, "If there is anything I do not like I talk to him (the registered manager) and

he listens to me." A second relative said, "They give me freedom to speak about any concerns or questions." We read one compliment which said, '[Name] thoroughly enjoyed his stay.' Another compliment stated, 'as we've said before, it's always warm and welcoming'.

Requires Improvement

Is the service well-led?

Our findings

On the whole we found systems, processes and paperwork were good. We did however highlight some areas to the registered manager during the inspection, although the impact to people was minimal. We checked the first aid boxes and found that four items had expired in March 2017 and one item in 2011. This was despite a monthly first aid box check taking place. The complaints policy for the home contained incorrect information in that it advised people if they were unhappy with the provider's response they should contact CQC, rather than the Health ombudsman. Some people's support plans were not as individualised as they could be. For example, people had epilepsy and although there was guidance in place it was generic. One person was in remission and yet their epilepsy care plan did not reflect this. Another person had been recorded as their hopes and dreams were, 'to make more friends' and 'slow down on challenging situations'. Although the registered manager told us staff worked towards meeting people's goals it was unclear where progress against these was recorded. A further person was recorded as requiring their temperature to be taken daily. We found this was not being recorded. We spoke with the registered manager about this who told us it was no longer necessary as this had only been in place when the person first moved to Ashleigh House. They said the support plan required updating. Some of the daily notes we read included the words, 'wears a nappy' which was undignified. We read in people's support plans, 'encourage fruit and veg', but we noted during the day that some people were given crisps for snacks between meals. We suggested to the registered manager that more healthy options should be offered to people wherever possible.

We recommend the registered provider ensures that people receive care in line with their care records and that care records are up to date.

The registered manager told us each year the people's support plans were reviewed in conjunction with family member's and at that stage the family member was handed a satisfaction form to feedback their views about the service provided. Relatives confirmed this was the case and told us they were asked for their feedback. One relative told us, "I would like her to have speech therapy and I am going to talk to the manager about this at the next review." A second relative said, "Yes, I get surveys to fill in."

In addition staff surveys were completed and we noted that the last one took place in February 2016. All six responses were positive. This survey was followed up with an Investors in People report and a manager competency questionnaire which asked staff about feedback in relation to the manager.

Staff were clear on the ethos of the service. One staff member told us, "It is about independence for the service user. We encourage them to be as independent as any other person and be happy. We take them out in the community and we ask them to come and help us with household tasks." We saw staff working well together throughout the inspection and the house was calm and relaxed. A professional told us, "[Registered manager] and his team are always attentive to each service users needs and provide a homely feel for them."

Staff told us they felt supported by the registered manager. One staff member said, "He's alright. I feel I could go to him with concerns. I'm happy." Another told us, "They (the registered manager and deputy) are

very good. We all work well together." In turn the registered manager told us, "I have fantastic staff here."

Regular staff meetings were held. One staff member told us, "We have staff meetings, we talk about changes in medication, service users holidays and we are asked for suggestions or any concerns we have." We noted at the last meeting staff discussed housekeeping, maintenance, safeguarding, accidents and incidents and up and coming training. We read that staff had attended a training session on a specific medicine resulting from this.

Relatives told us they felt the home was well run and that staff were good at communicating with them. One relative said, "If there is anything at all they phone me." Another relative told us, "Mr and Mrs [name] are a nice couple and they do their best." A third relative said, "He (the registered manager) is so experienced and has so much knowledge. It's run like a family house, not like a home."

Regular audits and checks were completed to monitor the quality of the service provided. Records showed that health and safety audits were completed which covered all aspects of the premises. Weekly hygiene inspections were carried out and a room by room property maintenance check completed. We read that tiles needed to be refitted in the kitchen and some plumbing work done and read that both had been completed. An external medicines audit was carried out in November 2017. We noted the only action was for the registered manager to update the service medicine policy and we saw that this had been done. The external pharmacist had recorded they were satisfied with staff training. The registered manager had developed an operational plan for 2018/19 as a way of recorded their intended continuous improvements. This included creating a 'quiet' lounge area to one side of the dining room where people could go. The registered manager told us that during the last year they had invested in new flooring throughout the building which we saw. In addition, the registered manager worked with external agencies to help ensure people received appropriate and relevant care. For example, in the case of one person who was seeing a neurologist at a specialist hospital.

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 registered manager had notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that they took appropriate action when necessary.