

# Canbra Care Limited

# Elizabeth House

## Inspection report

147 – 155 Walshaw Road  
Bury  
BL8 1NH  
Tel: 0161762 9394  
Website: [www.canbracare.co.uk](http://www.canbracare.co.uk)

Date of inspection visit: 18 November 2014  
Date of publication: 23/03/2015

## 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?

Requires Improvement



Is the service well-led?

Good



## Overall summary

Elizabeth House is registered for up to 18 older people some of whom may be living with dementia. There were 18 people living in the home on the day of our inspection.

We last inspected the service on 29 August 2013 when we found it was meeting the regulations we reviewed.

During our inspection we spoke with seven people who lived in the home, one senior care staff member, one care staff member, the deputy manager and the registered manager. 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 and associated Regulations about how the service is run.

We also spoke with two relatives by telephone to ask their opinion of the service.

We found that people living in Elizabeth House were not always safe. Medicines were not always given to people safely or stored safely. Staff responsible for administering medicines had received training and were assessed to ensure their practice was safe. We observed good interactions between staff and people who used the

# Summary of findings

service. People told us they felt safe and really well looked after. We noted lunch time was a very social occasion for people who used the service and that staff provided appropriate support to people to eat their meals.

Staff received a range of training and told us they felt supported to deliver effective care.

People's needs were assessed and regularly reviewed so that staff could deliver personalised care and support. Staff ensured they worked closely with the wider multi-professional care team to ensure people's needs were met.

Systems were in place to record and review complaints. People were encouraged to express their views about the service they received through informal discussions with the registered manager and staff members.

People who used the service were supported to take part in individual and group activities both in the home and in the community. These activities were varied and provided evidence that the service had taken into consideration the differing needs of people who lived there.

Staff told us they enjoyed working at Elizabeth House and that they were well supported by the Registered Manager. People who used the service told us that the staff were kind and approachable and relatives told us that staff and management always listened to them.

The Registered Manager had systems in place to regularly monitor and assess the quality of care provided in Elizabeth House. Some arrangements were in place to seek and act upon the views and opinions of people who used the service.

# 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 not always safe. Medicines were not always stored correctly or given to people safely, in line with current regulations and guidance. We recommend that the service considers the National Institute for Clinical Excellence (NICE) guidance on Managing Medicines in Care Homes (Updated 2014).

We found staffing levels were monitored and flexible during the week but found staffing levels to be low at weekends. This could impact on staff being able to meet the needs of people who used the service on occasions.

We found risk assessments were in place and had been reviewed to protect people from harm.

Staff had knowledge on safeguarding and knew how to identify and raise concerns to ensure people were protected.

**Requires Improvement**



### Is the service effective?

The service was effective. The manager had an awareness of the Deprivation of Liberty Safeguards (DoLS). The manager was in the process of identifying people who required a DoLS application to be submitted.

The staff had received training on the Mental Capacity Act 2005 and understood their responsibilities.

People and their families were involved in their care and were asked about their choices and preferences.

People were supported by staff that were trained to meet their needs and the service had links with external organisations who provided training.

People's nutritional needs were met and a choice of meals was available. Dietary requirements were catered for, including those with diabetes.

**Good**



### Is the service caring?

The service was caring. People were treated with kindness and compassion from staff. Staff listened to people and involved them in conversation. People told us staff were very kind.

People and their families were included in the decisions about their care. The staff in the service were knowledgeable about the needs of people who used the service and the support they required.

The registered manager informed us they had difficulties gaining access to an advocacy service within the local area. The registered manager informed us they were continuing to seek this support for people who used the service.

**Good**



# Summary of findings

People who shared a double bedroom did not always have privacy. Systems were available but not being used effectively.

## Is the service responsive?

The service was not always responsive. We found people with dementia had very little stimulation in terms of memory boards and sensory aids around the home.

We found evidence that people were involved in agreeing how their care and support needs should be met. Relatives were involved in the planning and reviewing of care plans when the person was unable to do this.

We found the service provided a variety of activities that people could participate in. No activities were being undertaken during our inspection, but the deputy manager informed us these were planned in the diary for most days.

People were aware of how to make a complaint and told us they felt confident to approach the registered manager or a staff member. Relatives were encouraged to provide feedback regarding the service.

**Requires Improvement**



## Is the service well-led?

The service was well-led. People told us the registered manager and deputy manager were approachable and supportive. The registered manager had regular meetings with staff and people who used the service.

Staff communicated well with one another and were motivated to provide good quality care. Staff told us they received regular supervisions and appraisals and they felt they could approach the management team with any concerns.

There were systems in place to assess and monitor the quality of the service provided. The registered manager informed us that building improvements had been made and there was an on-going refurbishment programme in place for the service.

**Good**



# Elizabeth 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 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.

We visited the home on the 18 November 2014. Our visit was unannounced and the inspection team consisted of two inspectors and an Expert by Experience. An expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. On our visit to the home we focused on speaking to people who lived in the home, speaking with staff and observing how people were cared for. We also examined staff records and records related to the running of the service.

We spoke with seven people who lived in the home, one senior care staff member, one care staff member, the deputy manager and the Registered Manager. We also spoke with two relatives by telephone on the day of our inspection to ask their opinion of the service.

During our inspection we observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records that related to how the home was managed; these included training records and policies and procedures.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our inspection we contacted the local Healthwatch organisation. They told us they had not received any formal complaints about Elizabeth House or the provider, although they had received a positive comment through their website on the 24th June 2013, which stated “I must praise Elizabeth House Bury for their great atmosphere at the home. The staff are excellent and the way they treat the residents outshines other homes. It is just lovely to see and feel the warmth in there – well done”.

The local authority contracts team confirmed they were not aware of any concerns, although the provider was not fully compliant with their Quality Assessment Framework. The local safeguarding team confirmed there were no current safeguarding issues and there had not been any in the past 12 months.

# Is the service safe?

## Our findings

People who lived in the home were not safe because the service did not consistently follow safe practice around administering medicines and staffing levels did not always meet people's needs.

The seven people we spoke with who used the service told us they felt safe at Elizabeth House and they liked living there. Comments we received included "I feel really safe, all the girls are marvellous, they are not like nurses they are family" and "I feel very safe they really look after me". None of the people we spoke with had ever seen any bullying or abuse from staff or other residents.

Staff told us they had received training in the safeguarding of vulnerable adults. This was confirmed by staff training records we looked at. The four staff we spoke with were able to tell us how they would respond to allegations or incidents of abuse; they were also aware of the lines of reporting concerns in the home or with external agencies such as the local authority or the Care Quality Commission (CQC). We observed that the provider had a Safeguarding Policy in place that was specific to the home and staff also had access to the policy from the Local Authority. All the staff we spoke to were aware of the policies and procedures in place and were able to locate these. We also noted that there was a "what you must report to CQC" document on display in the staff office. This meant staff would know who to contact if they had any concerns.

We noted risk assessments were in place in the three care files we looked at. These included assessments in relation to tissue viability, moving and handling, nutrition and falls. Suitable equipment was in place to support people to be independent. We observed walking frames being used to assist people to move around the home, and we were informed that the home did not use equipment such as hoists. The registered manager told us that if anyone required the use of a hoist in the future, their needs would be reassessed as Elizabeth House could not meet their needs.

The home had a "grab file" in place which contained all the information staff would need to access quickly in the event of an emergency. The file contained information on how to deal with emergencies such as fire, water, and electric as

well as Personal Emergency Evacuation Plans (PEEPS) for people who used the service. This information should help ensure staff were able to respond effectively to any emergency which might occur within the home.

People we spoke with told us there were enough staff on duty to meet their needs, although one person told us that "sometimes there are only two on duty and it gets a bit hectic especially at weekends". On the day of our inspection we observed safe staffing levels. We observed staff on duty were the registered manager, deputy manager, home supervisor, home co-ordinator, cook, maintenance person, housekeeper, a senior care staff and two care staff.

The Registered Manager informed us they ensured appropriate staffing levels at all times and this was done by having a safe staffing guide in place, monitoring the diary for appointments and commitments and adjusting the rota as required. We spoke with one staff member who told us the staffing levels at weekends were occasionally lower than during the week. We looked at two months rota's and found the staffing levels were lower at weekends than some days during the week. The registered manager informed us that the rota was flexible and was changed to meet the needs of the people who used the service.

The deputy manager informed us there were five people whom required two care staff to assist with bathing. They told us the care staff members would support people to bathe at quieter times during the day, when the cook is less busy, so the cook could monitor the remainder of people who used the service. This meant that people who used the service may not have the choice of when they would like to bathe.

We asked the deputy manager what training the cook had received to be able to support people effectively when the care staff members were in the bathroom and they informed us the cook received all the mandatory training that care staff members did. Records we looked at indicated that the cooking staff had received the same training, although had not completed moving and handling.

We looked at the files held for three staff members who were employed in the service. We saw there were robust recruitment and selection procedures in place which met the requirements of the current regulations. All the staff

## Is the service safe?

files we reviewed provided evidence that the registered manager had completed the necessary checks before people were employed to work in the home. This should help protect people against the risk of unsuitable staff.

Staff were responsible for the administration of people's medicines and we saw systems were in place to record what medication people had taken. We looked at the Medication Administration Record (MAR) charts for all the people who used the service and found these were fully completed. We saw regular medication audits were completed and that medication training was undertaken by senior staff and only these people were permitted to administer medication. This training consisted of E-learning and in-house competency assessments. Pharmacy audits were also completed on a regular basis.

During our inspection we observed two medication rounds both undertaken by the same senior member of staff. During the first medication round we noted the staff member placed medicines into their hand before giving it to the person who used the service. This meant that medicines were not always administered safely.

During the second medication round we observed the same staff member placed all medicines into an appropriate container and did not handle any of the medicines. However, during this second medication round, we noted that the staff member left the medicines trolley open and unattended. We raised this with the Registered

Manager and we suggested that further training on the safe handling and administration of medication was necessary for all staff. All the people we spoke with who used the service said they received their medicines as prescribed.

We recommend that the service considers the National Institute for Clinical Excellence (NICE) guidance on Managing Medicines in Care Homes (Updated 2014).

Whilst spending time in communal areas of the service, we noted a lighter had been left unattended in the conservatory which might potentially have been accessed by a person who would be at risk using it. We spoke to the Registered Manager about this and asked if there had been a risk assessment put in place for this. We were informed there was no risk assessment in place at the time of our inspection but they recognised the need for one to be put in place to minimise the risk of fire after our discussion.

We found there were policies and procedures in place for infection control which were reviewed and updated as required. We noted that care staff and one of the cook's had completed training on infection control. The housekeeper and another cook had yet to complete infection control training and this had been highlighted as a need by the registered manager. The registered manager informed us that they worked closely with the local infection control service to ensure that they were updated in relation to changes in guidance and any improvements they might need to make as a result. We observed a high standard of cleanliness in the home and air fresheners in place to ensure the home had a pleasant aroma at all times.



# Is the service effective?

## Our findings

We found the service was effective. This was because people who used the service told us they were supported by staff who knew them well and had the right skills and knowledge to meet their needs.

Staff we spoke with were able to tell us how they supported people to make their own choices and decisions wherever possible. Examples given included choosing their own clothes each day, what they would like to eat, what time they would like to go to bed and bathing choices.

Records we looked at showed that staff had completed training on the Mental Capacity Act 2005. Policies and procedures were in place to provide guidance to staff about their responsibilities under this legislation which is in place to safeguard the rights of people who may not consent to their care and treatment or may lack the capacity to make some of their own decisions. The Registered Manager informed us that no Deprivation of Liberty Safeguards (DoLS) had been put in place at the time of our inspection. They explained they had recently attended a Provider Forum Meeting which discussed recent changes to the legislation and guidelines in relation to DoLS; as a result they were in the process of identifying which people required an application to be made to the local authority to authorise any restrictions which were in place.

We found that resident satisfaction surveys were not being completed, although regular discussions both on an individual and group basis were being undertaken and documented. From records of these discussions we saw evidence that people's wishes were taken into consideration. An example of this was during our inspection a staff member had received a telephone call from a relative to state one person who used the service was unhappy sitting in one area of the lounge due to the lack of light. We observed a conversation between the registered manager and the deputy manager that indicated the person who used the service had not mentioned this previously and it was agreed to offer another lighter area for the person to sit.

We discussed with the registered manager that people had no way of voicing their opinions anonymously and residents surveys were a way of ensuring their voices were heard effectively. The registered manager told us they would look at putting these into place.

We found that the service was not holding relative/family meetings. The registered manager informed us that they had suggested these to relatives on numerous occasions but they had proved to be unsuccessful due to a lack of attendance by family members. We saw evidence of completed relative/family surveys but noted that these had not been summarised or findings noted. The registered manager told us that they had not received all of the survey's back and had therefore not summarised the findings. They were aware, from discussions with the local authority that this was a task which required completion.

Staff we spoke with during our inspection had good knowledge of the people they were supporting. Staff were able to give us information about people's needs and preferences which showed they knew people well.

We spoke with two staff members on duty on the day of our inspection. They told us they enjoyed working at Elizabeth House and they felt they received training which enabled them to be effective in their role, this included dementia awareness, end of life, first aid and nationally recognised vocational qualifications.

All the staff we spoke with confirmed they had received an induction when they started work at Elizabeth House. This included shadowing experienced staff and completion of mandatory training such as first aid, fire safety, safeguarding adults, food hygiene and infection control. Staff confirmed they had felt well prepared for their role before they were expected to work independently in the home. The Registered Manager informed us all staff were mentored for the first four weeks of their induction and all staff were expected to successfully complete a probationary period.

We also looked at the training matrix for the staff and found that one staff member had worked at Elizabeth House for 12 months had attended five courses. We spoke to the manager about why this staff member had not completed as many courses as other staff members within the service. The registered manager informed us the staff member was currently concentrating on completing her diploma level 2,



## Is the service effective?

which covered all the mandatory areas the service trained there staff in. This should help ensure people who used the service were supported by staff who had the right competencies, knowledge and skills to do so.

We noted that specific health and safety training was not included on the training matrix. The registered manager informed us that staff had received specific health and safety training three years previously and that the local authority were taking steps to include this in their forthcoming training year. We were also told that management accessed the Health and Safety Executive (HSE) website to keep up to date and ensured that this information was passed on to the staff. The registered manager had recognised staff would benefit from further specific training, including challenging behaviour and mental health. This was currently being arranged in the home. This demonstrated the registered manager was striving to ensure best practice to meet the needs of people in the home.

Staff told us and records confirmed they received regular supervision from more senior staff on a two monthly basis and staff were given a supervision form to complete prior to this. Staff told us they were able to raise topics for discussion during their supervision sessions. They were also able to attend regular staff meetings. The registered manager informed us that they had annual staff meetings and smaller less formal meetings on a regular basis both of which were documented.

From the care records we looked at we saw people at Elizabeth House were supported to access health care services in relation to their physical health needs. We saw that the district nurse attended the home when needed and we were informed the GP was called if any of the people who used the service became unwell. One person who used the service told us that staff accompanied them to hospital when needed for which they were grateful as

their family lived some distance away. We noted that weight charts were in place and were completed on a monthly basis and pressure area care plans were in place. This meant the service took appropriate action to protect the health and well-being of people who used the service.

We were informed that staff documented what people had eaten each day and note any concerns with dietary intake. The registered manager informed us that people's needs were continually assessed to ensure that Elizabeth House could meet these effectively.

Lunch time was a relaxed and social event with a pleasant atmosphere. Popular music was playing quietly in the background and tables were set appropriately with suitable cutlery. Staff supported people who required assistance, informed people what the meal was, offered choices and monitored dietary intake. We observed that some people were eating alternatives to the dish of the day. People were also given the option to eat their meals in their own rooms or in the main lounge should they wish to. This meant people's choices were respected. After lunch we observed one person who used the service had spilled their lunch on their clothing but had not been supported by staff to change. This was mentioned to the registered manager who agreed that staff should have assisted the person to change should they have wished to.

The cook informed us there were two people who were diabetic and required a special diet. We asked how a healthy diet was maintained for those with diabetes as there was no information in the kitchen to alert anyone of their dietary requirements. The registered manager informed us that all the staff that was responsible for cooking were aware of the dietary requirements for those people. The cook confirmed that all the staff were aware of the dietary requirements for all the people that used the service.

# Is the service caring?

## Our findings

We found the service caring. During our inspection people who used the service told us the staff were very caring and they felt well looked after. Comments we received from people who used the service included “All the staff are very kind, you can ask for anything”. One relative informed us, “We are always made welcome, it’s like family. As soon as we walk in we get offered anything we want”. We observed care staff use people’s preferred names and we saw warmth and affection being shown to people. We observed care staff assisting someone with limited mobility to go to the dining room and we saw one care staff spending time with someone who was becoming distressed.

During our inspection we observed positive interactions between staff and people who used the service. This included a staff member using appropriate techniques to deal with a situation in which a person who used the service became distressed.

We looked at two of the double bedrooms, one of which had facilities to screen the room off in order to maintain privacy and dignity for each person. We asked the registered manager why the other room did not have such facilities and was informed the service had purchased a portable screen and this had been placed in another bedroom upstairs whilst this room was being decorated. The manager acknowledged this should have been returned to the double room in order for the privacy and dignity of the people in the bedroom to be maintained and told us they would ensure this was returned.

People told us that the staff were polite and always respected their privacy by knocking on their bedroom doors before entering. We saw that people had en-suite

facilities in their bedrooms and a communal bathroom and wet room. The doors to the downstairs bedrooms had been decorated like a front door, in a colour of people’s individual choice, with a door number and a letter box. This gave the feeling that people’s rooms were private and personal as well as supporting people who used the service to recognise their own rooms. Outside the rooms we noted individual’s photographs and names were mounted in frames to enable those with dementia to find which rooms was theirs. All the rooms we looked at were clean and had been personalised by the person living there including photographs, ornaments and soft furnishings.

Relatives informed us they could visit their family member in private if they wished by going into the conservatory or in the persons own room. We observed that people were treated with dignity and respect by the staff and they were supported in a caring manner. We saw staff spending time talking with people and taking their time with tasks so the people who used the service were not rushed.

The registered manager told us that they had struggled to gain access to an advocacy service within the local area and that they had needed to source this from another area. This meant that the people who used the service did not have regular contact with an advocate. Better access to this service would help ensure people understood their rights and were supported to express their views about the care and treatment they received.

At the time of our visit, no one within the home was receiving end of life care. However we noted that staff had received training on end of life care and one staff member informed us that relatives were encouraged to sleep in the home whenever they wished so that they can be near to their family member.

# Is the service responsive?

## Our findings

The service was not always responsive. On the day of our inspection we saw the service provided a good range of varied activities; however we noted a lack of stimulation for people with dementia on the day of our inspection.

We observed throughout our inspection that people who used the service were sat in chairs for long periods of time. The Registered Manager told us they arranged a variety of activities from chocolate and exotic fruit tasting, Wimbledon cream day, summer fete's and garden parties. They also informed us that although we had not observed many activities during our inspection, they had regular visits from children who came into the service to do arts and crafts, they did movement to music, indoor bowls, pets coming into the home, bingo and pamper sessions. The deputy manager informed us the daily activities were planned in the diary for most days and for those people who used the service that engaged in them, the staff members would document in their daily notes. We saw evidence of activities being documented in care files during our inspection.

We asked staff what activities were undertaken with the people who used the service and we were informed of some things they had done previously. We were given records of all the activities that had been done in the past and these included bringing animals into the home, cheese tasting, chocolate tasting, summer fete's, and cancer awareness days to name but a few. We saw a poster informing people that used the service that local children were attending during the week of our inspection to do arts with them. We found a significant amount of evidence that the activities that were arranged within the home were varied.

We found that there was very little stimulation for people with dementia. We observed that one person was holding a doll and there was a crib in the corner, although there was no further evidence of creative pastimes, memory aids, or sensory stimulation for people with dementia. The home supervisor informed us that they had a computer/tablet they used for activities for people with dementia but we saw no evidence of this during our inspection.

All the people we spoke to who used the service told us if they had any concerns they felt more than happy to approach the staff or management. The Registered

Manager informed us that a complaints procedure was in place. Any complaints were responded to within 24 hours and any necessary investigations were responded to within 7 days. People we spoke with told us they had not seen a complaints procedure. However we noted the complaints procedure was on display in numerous locations throughout the home, including on the back of doors in the rooms of people who used the service and in staff areas. This gave people guidance on how to make a complaint, including who they could approach outside the service for support in making a complaint.

We saw that prior to people moving into Elizabeth House a pre-admission assessment was undertaken that involved the person and their family visiting, choosing the room they liked, being introduced to other residents and staff and staying for their lunch. This gave people an opportunity to see if Elizabeth House was the right place for them, including whether it would meet their needs and expectations. It also gave the registered manager the opportunity to if staff had the right skills to be able to effectively respond to individual's needs and wishes and whether the appropriate facilities were available in the service to meet the person's needs.

People who live at Elizabeth House told us they did not know if they had a care plan in place. Records showed that the people who used the service and had signed care plans to indicate their agreement with the level of support they were to receive. The registered manager informed us that they worked closely with families and asked their views about the care provided for the people who used the service. All the records we looked at contained individual "This is me" documents and life histories to help staff better understand and build relationships with people who used the service.

We looked at the care plans for three people and found that they reflected the current needs of the person and had been regularly reviewed and updated. We found evidence that reviews consisted of staff documenting changes to a person's needs and the action they had taken. We saw necessary external professional support was sought, for example district nurses. The care files we looked at contained a specific information sheet for use at times when there was an unplanned admission to hospital or another service. This meant people who used the service received care and support that was personalised and responsive to their individual needs.

## Is the service responsive?

One relative informed us that their family member had been experiencing palpitations throughout the day but had not informed staff. When the person who used the service eventually report this to the staff, they contacted the doctor immediately and informed the relative. This showed the service was responsive to the needs of individuals.

Records we looked at showed that regular one to one discussions took place with the people who used the service and these were documented. These were used as a forum to encourage people to express their views about the service and to make any suggestions about how things could be improved or developed.

# Is the service well-led?

## Our findings

The service was well-led. A registered manager was in place, who was also the owner. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People who used the service and staff told us the registered manager was very approachable and listened to any concerns or suggestions. One person told us "The deputy manager is lovely, very supportive" and "The owners are involved with the home and supportive as well". We observed both the registered manager and the deputy manager talking to people throughout the day. The registered manager informed us that they used informal discussions with the residents as a way of developing the service, taking their views into consideration.

Staff told us they enjoyed working in Elizabeth House. They said they felt supported by all the staff members. One staff member told us "We get supervision sessions. We can bring up topics that we want to". We observed good communication between the staff and staff told us they received daily handovers which focussed on current issues, concerns or requirements within the home. Staff also informed us that a communication book was used to handover important information.

Every member of staff was positive about the support they received from the registered manager and the deputy manager. Staff told us that there was always a senior person on duty who would ensure the smooth day to day running of the home.

The registered manager informed us that extensive work had been undertaken on the home four years ago. There had been new windows fitted, a new heating system, new en-suite bathrooms and new mattresses. We were informed that there was a rolling programme of improvements to ensure that equipment, premises and residents were safe. The registered manager also completed regular audits which enabled them to plan on going improvements within the service. We were not shown improvement plans during our inspection, although our observations of the home were that improvements had been completed and the home was maintained to a good standard.

The registered manager informed us that all accidents and incidents were logged, and discussions took place around any recorded incidents or accidents to ensure that people learned from it. If necessary the registered manager informed us they would involve other professionals.

During our inspection we observed staff handover records, quality assurance audits, fire safety records, electrical testing records and relevant policies and procedures which were all up to date and reviewed. We noted the policies and procedures were developed for the service by an external company and regular reviews and updates were received. This meant the service was committed to delivering a good quality service.