

Ravensworth Care Home Limited

Ravensworth Care Home

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?

Good 

Overall summary

We inspected Ravensworth Care Home on 6 November 2015. This was an unannounced inspection. The service was registered to provide accommodation and care for up to 30 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 26 people living in the care home.

At our last inspection on 23 May 2013 the service was found to be compliant in all outcome areas and no concerns were identified.

A registered manager was in post and present on the day of the 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.

Summary of findings

People were happy, comfortable and relaxed with staff and said they felt safe. One person told us “I live here now. I like it here because the staff are fantastic. They’re all very helpful, they treat you properly and don’t talk down to you.”

People received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their manager. Formal personal development plans, such as annual appraisals, were in place.

People’s needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people’s changing support needs.

There were policies and procedures in place to assist staff on how keep people safe and there were sufficient staff on duty to meet people’s needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People’s nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

There were quality assurance audits and a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected by robust recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people received a safe level of care.

Medicines were stored and administered safely and accurate records were maintained.

Comprehensive systems were in place to regularly monitor the quality of the service. Concerns and risks were identified and acted upon.

Good



Is the service effective?

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities.

Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to help ensure their rights were protected.

People were able to access external health and social care services, as required.

Good



Is the service caring?

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff.

Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Good



Is the service responsive?

The service was responsive.

Staff had a good understanding of people's identified care and support needs.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received.

A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Staff said they felt valued and supported by the established and very experienced manager. They were aware of their responsibilities and felt confident in their individual roles.

There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect.

People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Ravensworth Care Home

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 was 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.

The inspection took place on 6 November 2015 and was unannounced. The inspection team consisted of one inspector 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 care service. They had experience of a range of care services.

Before the inspection we looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us

about by law. On this occasion we did not request a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people who lived in the home, one relative, three care workers, the area manager and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

People said that they felt safe, free from harm and would be happy and confident to speak to staff if they were worried or unhappy about anything. One person told us, “I live here now and I like it because the staff are fantastic and I feel safe in here.” Another person said, “The staff here treat us well and I feel safe. They’re always there for you if you need them or you’re feeling a bit off it.” We also spoke with a relative who described the “peace of mind” they had knowing their family member was safe and well cared for. They told us, “I feel very happy that she’s here. We were all very worried with her when she lived at home, because she was wandering about and not really knowing what she was doing. Here, she’s safe, warm and clean and it’s so comforting to know.”

The registered manager had developed very close working relationships with people living in the home, as well as their relatives and had created a safe, stable and homely environment; Relatives spoke very positively about the manager and the trust and confidence they had in them.

There were enough staff to meet people’s care and support needs in a safe and consistent manner. People and relatives we spoke with were generally satisfied and had no concerns regarding the number of staff on duty and the speed with which staff attended to people’s needs. One person told us they didn’t really need very much help, but they were confident that, if required, “There are always people around to help.” We asked another person if they had to wait long for assistance. They told us, “The staff here seem to get round pretty well – and we have that thing on the wall you press and they come quickly.”

Staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. The registered manager confirmed that staffing levels were also reassessed whenever an individual’s condition or care and support needs changed, to ensure people’s safety and welfare. This was supported by duty rotas that we were shown. Throughout the day we observed positive and friendly interactions. People were comfortable and relaxed with staff, happily asking for help, as required.

The registered manager described how staffing levels had been increased following the admission of a person with mental health issues, who began displaying behaviour that

challenged others. Their unpredictable behaviour, which included “very colourful language” was incompatible with other people in the home and caused them distress and anxiety. The registered manager told us they had increased staffing levels to provide reassurance for people while at the same time addressing this individual’s volatile behaviour, until a more appropriate placement could be found. This demonstrated how the service ensured that staffing levels were closely monitored to reflect people’s changing dependency levels and to meet their needs.

We also observed staff helping assisting people to move safely, ensuring they had their personal walking aid and encouraging them to use it correctly. We saw one person, in particular, was helped back to their chair a number of times. A member of staff explained that this individual liked to wander around and would often stand talking to care staff but then they would sometimes start to wobble backwards. Staff provided support and gentle encouragement and seemed to strike the right balance between helping to ensure the person’s safety and welfare whilst at the same time enabling them to be as independent as they wanted to be.

Medicines were managed safely and consistently. Staff involved in administering medication had received appropriate training. A list of staff authorised to undertake this was kept with the medication folder. We spoke with the registered manager regarding the policies and procedures for the storage, administration and disposal of medicines. Medication administration records (MAR) for people who used the service had been correctly completed by staff when they gave people their medicines.

People could not tell us specifically what their medicine was for, but they were content and satisfied they were given the correct medicine at the right time. One person told us, “I get my pills in the morning, at lunch and later on at tea time.” We observed medicines being given out after lunch. The member of staff routinely explained to people what they were doing. They gave the medicine to the person with some water, prompted and encouraged them before waiting and ensuring that all medicines were swallowed. One person told us they knew they took “plenty of pills.” They described when they had a fall and were taken to hospital so they could ensure it was not their medicine which had caused them to fall. They told us, “I always get my medication on time.”

Is the service safe?

People were protected from avoidable harm as staff had received relevant training. They understood what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. Staff told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff had completed training in safeguarding adults and received regular update training. This was supported by training records we were shown. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

The provider operated a safe and thorough recruitment procedure and we looked at a sample of three staff files, including recruitment records. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and

Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

Ravensworth Care Home is an old converted house, with a large modern extension. The premises were safe and fully accessible throughout. We saw that many of the rooms had recently been redecorated, including new carpets and curtains. The area manager confirmed that this was ongoing and very much "work in progress." During our inspection we saw that infection control was well managed, the premises were clean and generally well maintained throughout and there were no unpleasant odours. There were arrangements in place to deal with emergencies. Contingency plans were in place in the event of an unforeseen emergency, such as a fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines.

Is the service effective?

Our findings

The provider ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. People and relatives spoke positively about the staff and told us they had no concerns about the care and support provided. They also spoke of how happy and settled they were. One person told us, “Oh yes, I really like it here and the staff certainly know what they’re doing.” One relative told us ““We’re always happy with what we see here and I feel the staff are in touch with [relative]. They also know me and my sister and always let us know what’s going on with her.”

Staff received an effective induction programme, which included getting to know the care and support needs of people as well as the home’s policies and procedures and daily routines. They also spent time shadowing more experienced colleagues, until they were deemed competent and felt confident to work unsupervised. One member of staff told us “The training here is really good and the manager is just amazing and so supportive.”

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The safeguards ensure legal protection (authorisation) for individuals, deemed to lack the capacity to consent to restrictive arrangements for their care and treatment, which may deprive them of their liberty.

We found that the registered manager was aware of the process and fully understood when an application for authorisation should be made and how to submit one. Where people lacked the mental capacity to make decisions the service was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person’s best interests. The registered manager told us that to ensure the service acted in people’s best interests, they maintained regular contact with social workers, health professionals, relatives and advocates. They also confirmed that, following individual assessments, they had made DoLS applications to the local authority, as necessary, and was waiting for decisions regarding authorisation.

Staff had received training on the MCA and DoLS and understood the importance of acting in a person’s best

interests and protecting their rights. They were aware of the need to involve others in decisions when people lacked the capacity to make a decision for themselves. This ensured that any decisions made on behalf of a person would be made in their best interests. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks.

People were supported to maintain good health and told us they were happy regarding the availability of health professionals, whenever necessary. One person told us, “I know the doctor would be called straight away if I needed to see them.” This was supported by another person who told us, “The doctor came to see me straight away when I fell.” Another person said although they had not needed to see a doctor, they were confident it would be arranged if necessary. They told us, “I haven’t got any problems, I’m very lucky, but I’m sure they would get the doctor if it was needed.” A relative described how reassured they felt and said, “I only have to mention a potential problem to care staff and they would ensure the doctor followed it up.” We saw in people’s care plans that they had regular access to healthcare professionals, such as GPs, speech and language therapists, podiatrists and dentists. Individual care plans also contained records of any appointments with, or visits from, such healthcare professionals.

People were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet. They told us they were happy with the quality of the food provided. One person told us, “The food’s good here.” Another person told us “You get good meals. I’m very happy with the food.” This view was reinforced by a relative who told us “The food always looks very nice and smells nice, and they always get a choice.” We observed lunchtime in the dining room, which was a bright, cheerful room and we saw people were seated at tables in social groups of four or five. The tables were laid with table cloths and cloth napkins. Throughout lunchtime there was a good buzz of conversation and friendly banter between people and care staff. We observed staff members, including the manager, were sitting alongside people at tables, providing discreet support and assistance as necessary. During lunchtime there was a calm, unhurried atmosphere and soft music was playing the background.

Is the service effective?

We observed one care worker who was monitoring someone who wasn't eating. They sat down with this person, gently stroking their arm and asked, "What's wrong [name], would you like something else? What can I get for you?" Other care staff ensured people were settled and

correctly positioned ready to eat, occasionally using cushions to help make them more comfortable. We saw staff use visual aids, including pictures, to support a person with no verbal communication, to make choices regarding what they preferred to eat and drink.

Is the service caring?

Our findings

We received very positive feedback from people and their relatives regarding the caring environment and the kind and compassionate nature of the manager and staff. People spoke warmly about the staff and said they felt “comfortable with them.” One person told us, “They are very nice girls and good helpers.” Another person described how staff respected their privacy and dignity and treated them with respect. They told us, “I live here now and I like it because the staff are fantastic.” They went on to say, “They’re very helpful, they treat you properly and don’t talk down to you.” This was echoed by another person who told us, “They don’t come into my room without knocking. They seem to know what they’re doing and as far as I’m concerned, they do a good job.”

We observed staff talking sensitively with people about what they were doing. For example, carefully explaining to a person how and why they were going to help them to move to another area of the home. One person told us, “They listen to me and what I want.” A relative confirmed this. Relatives confirmed they had been given the opportunity to be involved in individual care planning. They said that staff treated people with kindness, dignity and respect were very satisfied with the standard of care and support provided. One person told us, “I’m happy with what I see here and I think the care and treatment people get is very good.”

This view was echoed by a district nurse, who spoke very positively about the home and the standard of care provided. They talked about a person who they had previously supported at home in the community and who had recently moved into Ravensworth. They described the improvement they had noticed in this individual since their admission to the home and told us, “The transformation in just six weeks here is incredible. He looks like a new man and this morning he smiled at us – and we’ve never seen him smile before.”

We observed that people were able to go wherever they wished within the care home. One person told us how they could lock their door when they weren’t in their room and said this gave them “a sense of privacy.” Another person described the care staff as “Good – and not bossy.” They said, “When I first moved in here, they made me feel that this is my home- and it is!”

People all looked very content and well cared for. One person told us, “The hairdresser comes in every week.” During the morning we saw one person being encouraged and supported to go back to their room, to change their top when something was spilt down the one they were wearing. We observed care staff taking the time to sit and talk with people, who clearly appreciated this.

One of the care staff we spoke with had recently transferred from working in the kitchen. They told us about the training they had received and the support from the registered manager to make the move. They said “I love being a carer, I really enjoy working and being with the residents and, of course, I know them all very well.”

People had their dignity promoted because the registered manager and staff demonstrated a strong commitment to providing respectful, compassionate care. The manager told us people were treated as individuals and supported and enabled to be as independent as they wanted to be. On the main notice board, we saw a display regarding the importance of dignity and respect, which identified two ‘dignity champions’ in the home, one of whom was the registered manager. Dignity champions are specially trained and have specific responsibilities for promoting dignity at work and ensuring people are treated with dignity and respect.

Throughout the day we observed many examples of friendly, good natured interaction. . We saw and heard staff speak with and respond to people in a calm, considerate and respectful manner. We observed staff speak politely with people. They called people by their preferred names, patiently waited for and listened to the response and checked that the person had heard and understood what they were saying. Their conversations with people were not just task related and we saw them regularly check out understanding with people rather than just assuming consent.

A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living. These choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved and supported people in making decisions about their personal care and support.

Is the service caring?

Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend care plan reviews. They said they were kept well-informed and were made welcome whenever they visited.

We saw people's wishes in respect of their religious and cultural needs were respected by staff who supported

them. Within individual care plans, we also saw personal and sensitive end of life plans, which were written in the first person and clearly showed the person's involvement in them. They included details of their religion, their next of kin or advocate, where they wished to spend their final days and funeral arrangements.

Is the service responsive?

Our findings

People said staff were aware of and responsive to their individual care and support needs. One person told us, “I can always choose what I like to do.” Another person said, “I can’t walk about as much these days but I do like to go out. Sometimes, my family take me out and I like to go to the shops with my son.” Relatives told us they felt staff listened to what people had to say and were responsive to their needs. One person described how and why they had decided to move into Ravensworth Care Home. They told us, “My son and daughter found this place for me. They went to look around quite a few, before they brought me here to have a look.” A relative told us their mother had started by having respite care at Ravensworth, so all the family were familiar with the home and the standard of care and support provided. They said, “The transition to full time care was made quite easy with support from the manager and staff.”

There were no activities taking place in the home on the day of our inspection. We saw people were sitting around, some watching television, others talking with each other, their relatives or members staff. Although there was currently no activities co-ordinator in post, people were happy and satisfied they could do what they wanted. One person said they liked to go into the garden when the weather was good. Another person described how things had changed for them and they could no longer take part in some activities, including the exercise class. They told us, “Because my legs are so bad now there are lots of things I can’t do, but at least I can still sit there and be with them.” A member of staff described the “good range of activities previously” which they said had been “inclusive and energising for the residents.” We spoke about this issue with the registered manager who confirmed they were in the process of appointing a new activities co-ordinator “as a matter of priority.” We saw that, in the meantime, staffing levels and deployment had been reviewed to help ensure people, including those living with dementia received sufficient support and stimulation.

During our inspection we saw that staff were obviously busy, although we didn’t hear any call bells ringing without being attended to straight away. We also observed staff taking the time to just sit and talk with people, rather than only speaking with them while providing personal care or because a task needed to be done.

Staff we spoke with were aware of the importance of knowing and understanding people’s individual care and support needs so they could respond appropriately and consistently to meet those needs. Each care plan we looked at had been developed from the assessment of the person’s identified needs. The registered manager told us people were assessed before they moved in to the service, to ensure their identified needs could be met. Individual care plans were personalised to reflect people’s wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. This helped ensure that people’s care and support needs were met in a structured and consistent manner.

The majority of people we spoke with were unable to tell us about their care plans. However one person was quite clear that they were regularly asked about their care plan and told us, “One of the carers goes through it with me and gets me to sign it.” A relative told us they were involved in care planning for their mother. They confirmed that staff contacted them about any issues to do with their mother and kept them well informed. They also told us about a recent episode of ill health from a chest infection, which they said had been “managed well by the care home.”

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a calm, unhurried manner.

People and their relatives told us they were satisfied with the service, they knew how to make a complaint if necessary. They felt confident they could speak with the manager at any time and any issues or concerns they might need to raise would be listened to, acted upon and dealt with appropriately. However, no-one we spoke with had

Is the service responsive?

considered it necessary to raise a complaint. During our inspection we observed the registered manager was visible throughout the day and, by people's friendly reaction when they saw her, was obviously well known and popular.

Records indicated that comments, compliments and complaints were monitored and acted upon and we saw complaints had been handled and responded to appropriately and any changes and learning recorded. For example, we saw that, following a concern raised by a

relative, a person had their care plan reviewed and their support guidelines amended. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The manager showed us the complaints procedure and told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant.

Is the service well-led?

Our findings

The established and very experienced registered manager had been working at Ravensworth Care Home for 28 years. People, their relatives and members of staff all told us they felt the service was well-led. They said they were “Totally confident” in the registered manager, who they described as “Very experienced and very knowledgeable.” The general atmosphere in the care home was friendly, cheerful and welcoming. People and their relatives spoke positively about the manager and said they liked the way the home was run. One person told us, “It’s very good here, they treat you well and I like it.” Another person said, “They do their best and always seem to have time for everything.” They also told us the manager and staff “usually tell us what’s happening. I would certainly recommend living at Ravensworth.”

No-one we spoke with had any concerns or had to raise a complaint. However they were confident they would be able to and it would be dealt with. One person told us, “There’s always going to be things where it’s not 100% but it’s a good operation here, where people are looking after people.”

Everyone we spoke with knew who the registered manager was and was confident they could speak to her about any issues or concerns they might have. People, their relatives and staff also said they felt communication was effective, there was an ‘Open and honest’ culture throughout the home and they were encouraged to raise and discuss any issues or concerns they may have. Relatives confirmed they were asked for their views about the service. They spoke positively about the level of communication and said they felt “well informed.” They also told us about meetings where they could give their views about the home and the care and support provided and one relative recalled having been asked to complete “a questionnaire about care at Ravensworth.”

The registered manager told us they had sent out 26 satisfaction questionnaires to relatives on 2 November

2015. We looked at the results of the survey, (‘You saidWe did’) and although only three relatives had so far responded, the comments were generally positive. Typical comments regarding the home included “Friendly and welcoming” with the décor and levels of cleanliness being described as “Excellent.” One relative said they “would definitely recommend the home other people.”

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service, and said they would have no hesitation in reporting any concerns. They were also confident that they would be listened to, by the manager, and any issues acted upon, in line with the provider’s policy. Staff had confidence in the way the service was managed and described the manager as “approachable” and “very supportive.” We saw documentary evidence of staff receiving regular formal supervision and annual appraisals.

The registered manager notified the Care Quality Commission of any significant events, as they are legally required to do. They also took part in reviews and best interest meetings with the local authority and health care professionals.

A range of thorough auditing systems were in place to measure the quality of the care delivered. Audits had been drawn up in areas such as the management of medicines, reviewing accidents and incidents and how the home was maintained. The accidents and incidents audit included an analysis to monitor any patterns or emerging trends and identify any preventative measures that were needed. Such systems were in place to monitor the running and overall quality of the service and to identify any shortfalls and improvements necessary. Through such regular audits, the registered manager told us they were able to compare what is actually done against best practice guidelines and policies and procedures. As a result, any corrective actions, subsequently implemented, also helped drive improvements in service provision.