

Indigo Care Services Limited

Riverdale

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 30 November 2017 and was unannounced. Riverdale is a care home that provides accommodation with personal care and is registered to accommodate 40 people. This is the first inspection of the service since it registered with us in August 2016 and there were 30 people using the service at this time.

Riverdale accommodates people in one building on two floors, each of which has separate adapted facilities. The home is in Chesterfield and has a garden area to the rear of the property. There is a lower ground floor which accommodates laundry facilities and there are a number of car parking places for visitors to the service.

The service had a registered manager in post. 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.

People's cultural backgrounds had not always been taken into account when planning their care or their meals. Where people spoke English as a second language the provider had not considered how to support effective communication and ensure they could choose how they were supported.

We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were able to make decisions about their care and staff knew how to respond if people no longer had capacity to make some specific decisions.

People received their medicines at the right time and systems were in place to ensure medicines were managed safely. Accidents and incidents were recorded and steps taken to minimise the risk of similar events happening in the future.

There was sufficient staff to meet the assessed needs of people who used the service. Recruitment procedures were in place to check that staff were suitable to work with people. The staff were kind and treated people with dignity and respect and helped them to make choices about their care. People chose how to spend their time and there was a range of activities in the home for people to join. People continued to spend time with friends and family.

People's care needs had been assessed and reviewed to ensure they received care to meet their individual needs. The care records detailed how people wished to be cared for and supported and evidenced where people had been involved with any review. Staff received training to meet identified needs and received on-going support to ensure they delivered the correct support.

People's special dietary requirements were met and where concerns were identified, people's weight was

monitored. Health care was accessible for people and appointments were made for regular check-ups as needed.

People were protected from harm as the staff understood their responsibility to safeguard people and knew how to identify risks and how to raise any concern. Risk assessments ensured people could continue to enjoy activities as safely as possible and maintain their independence.

People were confident they could raise any concerns with the registered manager or staff and were complimentary about the service provided. The registered manager was approachable and provided support to the staff team. People were encouraged and supported to provide feedback on the service and there were effective systems in place to review and improve the quality of the service provided.

Quality assurance systems were in place to identify where improvements could be made. People were encouraged to contribute their views and felt listened to. The registered manager understood their responsibility around registration with us and we had received notifications when significant events had occurred within the home.

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 sufficient staff working in the service and people felt safe when they received care. Risks to people had been assessed and there was information about action to be taken to minimise the chance of harm occurring to people and staff. People received their medicines as prescribed and systems were in place to recruit staff that were suitable to work with people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's cultural needs had not always been considered when providing all of their care to ensure they were supported in the way they wanted. Staff had received the training they needed and they knew how to care for people in the right way. People had been assisted to eat and drink enough. Decisions were taken in people's best interests and care had been provided in a lawful way. People had been supported to receive all the healthcare attention they needed.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were kind and caring. Staff knew how people wanted to be supported and provided care in line with their preferences and wishes. People were treated with dignity and respect and were supported to express their views about their care; their views were listened to and acted upon.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the practical assistance they wanted to receive and this had been provided in the right way. People were supported to engage in activities that interested them. Information was available to ensure people received

personalised care and support; this was reviewed to reflect their current support needs. Complaints had been quickly and fairly resolved.

Is the service well-led?

Good ●

The service was well-led.

Systems were in place to assess and monitor the quality of care and to identify where improvements could be made. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns. The quality of service people received was monitored through feedback from people. The future of the home was reviewed to ensure quality could be improved and the service could be sustained.

Riverdale

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.

The inspection took place on 30 November 2017 and was unannounced. Riverdale is a 'care home'. People in care homes receive accommodation and nursing care or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Riverdale can provide accommodation for up to 40 people and 30 people were using the service at the time of our inspection. This is the first inspection of the service since it registered with us in August 2016.

Riverdale accommodates people in one building on two floors, each of which has separate adapted facilities. The home is in Chesterfield and has a garden area to the rear of the property. There is a lower ground floor which accommodates laundry facilities and there are a number of car parking places for visitors to the service.

This inspection visit took place on the 30 November 2017 and was unannounced. The inspection visit was carried out by 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 care service.

The provider completed a Provider Information Return as part of the Provider Information Collection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We reviewed the quality monitoring report that the local authority had sent to us. All this information was used to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with seven people who used the service and seven relatives. We also

spoke with five members of care staff, one senior care staff, the cook, the registered manager and regional manager, two district nurses and a social care professional. We did this to gain people's views about the care and to check that standards of care were being met. Following our inspection we visited we spoke with the registered manager by telephone to determine the action that had been taken to ensure all people's care needs were being met.

We looked at the care records for eight people and we checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including medicine records, quality checks and staff files.

Is the service safe?

Our findings

People felt the staff were available to provide support when they needed this. Staffing levels were planned according to the support people needed and we saw there were sufficient staff on duty. We saw the staffing was organised to ensure people were safe and that staff had time to give care without rushing. One person told us, "There is always plenty of staff around. You never have to go hunting for one." One relative commented, "Every time I visit, including evenings and weekends, there is always staff on duty in the lounge. People never get left on their own." The way staff were organised had been reviewed following an incident in the communal area of the home. The registered manager had reflected on the staffing deployment to keep people safe and there was now a member of staff present in the lounge area at all times. The staff that were present spent time speaking with people and ensured their welfare. Additional cover was provided from within the staff team or from agency staff to cover any vacancy or annual leave. The registered manager told us they were currently recruiting new staff to fill these roles to ensure that people received care from staff that knew them and understand how they wanted to be supported.

People received their medicines at the right time and staff spent time with them to ensure they were taken. People were not rushed and staff spoke with them and explained what the medicines were for. One person told us, "My tablets are regular as clockwork, morning and night. I never have to worry about that." We saw the medication was kept securely in a locked cupboard to ensure that it was not accessible to unauthorised people. Staff were knowledgeable about the medicines and any associated risks. For example, they told us about pain relief medicines and how these were managed to make sure people received effective pain relief whenever needed. A fridge was provided to store certain medicines and this was monitored to ensure they were kept at a suitable temperature. Medication records contained information about whether people had taken their medicine and any reason this had not been given.

People were protected from harm as staff understood how to recognise abuse and how to act if they were concerned. Staff were clear about safeguarding and could describe different forms of abuse and what they would look for. They had undertaken training in safeguarding adults and were able to explain what they would do if they had concerns about any person's safety. The staff felt confident to raise any concerns with the registered manager and were aware of the whistle blowing policy and said that they would have no hesitation in reporting anything if they had concerns. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace. Where any concerns had been identified the provider had cooperated with the lead authority in safeguarding investigations to ensure people were protected from further potential harm.

Staff had a good understanding of people's needs, including any individual risks and knew how to provide care and support to reduce the risk of harm. Where there had been a change in people's behaviour, the staff had worked closely with the community mental health team to review how their care should be provided. We saw staff understood why some people may become upset and what strategies to use to help to relieve any anxiety. Where medicines were used to reduce anxiety, this was monitored. We saw for one person the use of medicines had potentially resulted in an increase of falls. The registered manager told us, "We alerted the health care team and GP because using the medicine to help them to be less anxious made them

drowsy so there were more falls. This was a greater risk so we liaised with them so it was stopped. This is much better for them." The staff recognised how people's behaviour may change when they became anxious. One relative told us, "I think the staff do their jobs well. A couple of times I've seen people get agitated. There's always a staff member around to help calm them down and then very quickly there'll be two of them on hand to help. They seem to be able to calm them down, so they must know what they're doing."

The PIR recorded that staff had received training to support people in a positive way to protect their dignity and rights and staff confirmed this. One member of staff told us, "We know what can upset some people and have learnt what we can do to help them and keep everyone else safe."

Some people were at risk of developing sore skin, and we saw that their support was provided according to the recommendations made to reduce this risk. Where people needed to have their position changed to reduce the risk of skin damage, this was completed and recorded. One member of staff told us, "Everything is written down on their chart so we know when they need to move and what position they need to move to. If we see anything we are worried about, then we let the manager know and they arrange for the nurse to come and visit." One health care professional told us, "The staff are very good at notifying us if they are worried about anything. We have seen that they continue to provide the treatment needed and today we have seen improvements in their skin condition." We saw that when people needed to use a specialist mattress or cushions these were in place and maintained at the correct setting. Where people had mobility aids, these were placed in reach of people and we saw, people were able to move around the home unrestricted.

Care staff and domestic staff were responsible for ensuring that all areas of the home were clean and had received training to maintain infection control standards. People were happy with the standard of cleanliness and we saw staff wore protective equipment and hand gel was available around the home. We saw that staff wore plastic gloves and aprons when serving all food and drink. People were offered a wet wipe to clean their hands before eating their lunch. Infection control standards were reviewed as part of the quality assurance systems. The PIR recorded that this action plan was used to rectify any shortfalls that had been identified and this was monitored by the senior management team to ensure actions were met.

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Is the service effective?

Our findings

There were people who had a different cultural background and who spoke a different language; however the provider had not ensured that they were able to express their choices about their care. For example, one person spoke only a small amount of English and could only speak their own language when a relative visited; there were no specific activities to support them to engage with other people or any of their interests. The staff had not considered what choices people may wish to make and how to express themselves and share this information. The care records included information that they had 'communication difficulties' although staff confirmed this may be as they did not understand English. People's cultural backgrounds were not always taken into account when planning their meals. We saw that people who had a different cultural background did not always have meals from their culture. People had not been consulted about any dietary preference they may have. The initial assessment had not considered any additional provision that might need to be made to ensure that people did not experience discrimination.

Following our inspection, we spoke with the registered manager who informed us that they had arranged for support to assist people to communicate their needs. For example, they used a picture board to help people express themselves and arranged for people who spoke their first language to assist with any assessment and ensure they could make decisions about their care. Additional activities had been arranged to enable people to listen or watch programmed in their first language. Themed meal days had been organised to enable all people to experience different meals from their culture. The registered manager agreed to send us further information about how they will be supported to ensure people's race, including their language, had been considered when providing their care. This also included ensuring that provisions are made to meet the Accessible Information Standard. This standard ensures that people with a learning disability or sensory impairment have access to the same information about their care as others, but in a way that they can understand.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People made their own decisions about their care and support and staff respected their right to decide. Where there were concerns that people no longer had capacity to make decisions about how they wanted to be supported, capacity assessments had been completed. The registered manager had undertaken these assessments on more than one occasion to assure themselves that they were making a clear judgement and had considered that people's capacity may fluctuate.

Some people had restrictions placed on them as they could not leave the home without support. Applications to lawfully restrict their liberty had been made and the nursing staff understood their role in relation to any restriction. They told us that whilst waiting for the authorisation to be assessed, they had considered how to keep the person safe and supported them when leaving the home. The person was still supported to have as much choice and control as they were able to in all other areas of their daily life. The doors to leave the building were locked but where people were assessed to have capacity, to ensure unnecessary restriction were placed upon them, they were able to have a key to leave through the patio door. One person told us, "I like to smoke so I can just go outside when I want. I always lock the door after me. I like to let the staff know so they know where I am and don't have to worry about me."

We found that people were able to move about their home safely. There were no internal steps and there was sufficient communal space in the dining room and in the lounges. Information to support people living with dementia, such as the day and date and the food choices were on display. People were able to personalise their rooms and had their own belongings and items of interest nearby. There were large pictorial signs and the bedroom doors included a photograph and personal items around the door frame to help them be familiar with their home and orientate them. The toilet and bathroom doors were yellow. One member of staff told us, "This helps people to identify which room is which; we've found it is really helpful for people." The walls were decorated with memorabilia from past decades and one person told us, "It all looks lovely; I like looking at all the different things."

People felt they were supported and cared for by staff who knew them well and knew how to provide their care. One person told us, "I think that the staff must be trained properly because they look after us so well." New staff completed an induction into the service and told us this consisted of spending time shadowing more experienced members of staff and having an opportunity to get to know people. One member of staff told us, "I definitely made the right decision coming here. This was new for me and I received support from the manager and all the staff so I settled in really well. I'm really happy with how I've been helped to learn everything so I can help people." New staff completed the care certificate as part of their induction. The care certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. The registered manager continued to support staff through regular support and supervision meetings to identify areas for improvement, training needs, and any developmental issues. One member of staff told us, "If anything is bothering us then we just have to say something. There have been a lot of changes here and if there is something we don't know or need more training on, then it gets arranged."

Drinks and snacks were served throughout the day and available in communal areas. One relative told us, "There's always fruit and food around. They have some cakes today which are always lovely. You don't have to ask, they are there for people to take." Where people needed support, a drink was provided and staff offered other people in that area another drink. A large menu board displayed photographs of foods that were served that day to help people to make a choice of what they wanted to eat.

We saw staff gave people individual support where this was needed and helped them to eat their meal. They spoke kindly with people and spoke with them about the food and checked they were happy. One person told us, "The food here is very good. Just like home cooking. There's always something I like on the menu and you know what, I'll never starve here!" One relative told us, "It's such a worry now that [Person using the service] is refusing food. But I'm really impressed with the way the staff have got the GP and the dietician involved and how they're following all their advice. They really are trying their best to help them." The tables were well presented and people had a range of crockery and cutlery to support them to remain independent. Records identified whether people were at nutritional risk and detailed action staff should take to mitigate these. The advice from health professionals in relation to people's eating and drinking had been acted on by staff. Staff encouraged people to drink and where this needed to be monitored, we saw

each drink was recorded and this was reviewed to ensure people had sufficient fluids to keep well.

People were supported with their day to day healthcare and referrals for specialist input had been made promptly. One person told us, "I've had this terrible pain in my leg for the past week. I told the staff and they got the doctor out to me. He gave me some good painkillers – and what a difference! I get my tablets first thing and by the time I'm dressed the pain has all but gone."

People's support plans contained information about how to support them with their health needs and where professional advice had been provided, this had been incorporated into the care records. Staff told us that they accompanied people to health appointments when necessary.

Is the service caring?

Our findings

People felt the staff were kind and caring. One person told us, "The staff are lovely. They're all friendly and even though they're busy, you can have a laugh and a joke with them." Another person told us, "We all love it here. We couldn't wish for a better place to live and such friendly carers. Nothing's too much trouble." One relative said, "It's not just the care staff, it's the cleaners, the cooks, the laundry staff and people in the office. They're all fantastic, and so caring."

People's privacy, dignity and independence were respected and promoted. The staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be secured when the rooms were in use. People had their own bedroom that they had been encouraged to make into their own personal space. One person told us, "I have a key to my room which I keep on me all day. The cleaners come and ask for the key when they want to clean my room and then bring it back when they've finished. That way I can be sure all my things in my room are safe." We also saw staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms. Where people received any personal care, they were supported to a private area. People were relaxed in the company of staff and that there were friendly conversations all day. We saw staff walk around the communal areas with people and chat with them. We heard staff talking sensitively and discretely to people about whether they needed assistance to get to the bathroom.

People were supported to be well presented and express themselves. One person told us, "I like to be smart. It's important to look so good." A relative commented, "Look at [Person who used the service]'s clothes. They had these clothes brand new when they came in and they're good as the day they came. The clothes get washed beautifully and they always look lovely. That's so important because when they could choose their own clothes, they were always very particular about looking smart." Another relative told us, "You never see anybody with dirty clothes or faces. The staff make sure they look good all the time."

Staff recognised the importance people placed on their personal belongings. We saw one person wore a blanket as an outer garment whilst they lay down and walked around during the day. Staff told us this person liked having a blanket available at all times. Many people had small personal possessions in net bags attached to their personal walking frames. People told us they were able to display personal possessions, pictures and photos in their rooms.

People's mobility aids were kept close to them so they could move around the home independently if they chose to do so. We saw that staff visited people who spent most of their time in their bedrooms to ensure that they were comfortable, to offer drinks or snacks or carry out personal care activities. One member of staff told us, "We record every time we visit people so we can make sure people haven't been on their own for too long; we record what we have done and whether people have had a drink or needed to change position."

The staff were patient with people when they provided support and we saw them speaking and engaging with them in a positive way. People had opportunities to speak with staff about things they were interested

in. We saw staff sat with people talking and waiting for them to respond, providing touch and eye contact as a way of communicating with people who were unable to communicate verbally.

People felt that visitors were encouraged and we saw that visitors were greeted by staff in a friendly way. They told us that the staff always offered them refreshment and that they were made to feel welcome and could visit at any time.

Is the service responsive?

Our findings

People received comprehensive assessments of their health and social care needs to ensure that the service was suitable and the provider could meet their needs. We found that staff knew people's care preferences and could talk with us about how they wanted to be supported. Some people who used the service were unable to be involved in the planning of their care and in these circumstances, family members and people who were important to them were asked about how care could be provided in the way people wanted it.

People's diversity and sexuality was considered in the care records and identified people's personal preferences and how they wanted to be supported. Where people had chosen to disclose their sexual orientation, this had been recorded in a non-discriminatory manner and records referred to people's spouse or partner. There was information about how to provide support, what the person liked, disliked and their preferences. Where people's care had changed, the staff reviewed their care with them to make sure it reflected the person's needs. We saw that the support we observed matched what was recorded in people's care records, for example how they were supported to move.

People were able to choose how to spend their time and participate in a range of activities and their diverse needs were recognised. Photographs were displayed showing people involved with recent events and people spoke enthusiastically about looking forward to Christmas. One person told us, "I love this time of year and its lovely when the children visit." We saw friends and relatives were welcomed into the home and family members were able to join in with the activities and children spent time with people. One person told us, "It's like we are one big family. I love seeing the children playing." One relative told us, "It's so relaxed here. We don't have to put on a show; we can just be ourselves and spend time with people here."

There was a large activity board which displayed photographs of any planned event. In the morning a number of people were being supported to enjoy a group activity in the lounge with people participating in a quiz and gentle exercise; other people were involved with individual craft activities. Where people remained in their rooms and may be at risk of social isolation, we saw staff spent time with them. During the afternoon, there was a tea and coffee session. Different types of tea and coffee were prepared for people to try. One person told us, "This is peppermint tea. I've never tried it before, but I really like it." Another person told us, "I have Earl grey. It's lovely; I think I'll have this again."

The staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs by attending a religious service. People were able to continue to practise their faith and attend their usual place of worship. Opportunities were also available to speak with a minister or receive communion in the home. One person told us, "Religion is very important to me. It always has been and I love to go to church every week." One member of staff told us, "We know how important this is to them so we take them each week to a Pentecostal Church. Not all churches are the same, and we know this is important." The staff recognised the importance of supporting people who choose gay, lesbian, bisexual and transgender lifestyles. This included being aware of how to help people to access social media sites and social groups that reflected and promoted their lifestyle choices.

People and relatives were confident any concerns would be dealt with. None of the people we spoke with had made a complaint, but they were confident that they knew who to speak with if they had any concern. One person told us, "If I had any problems I know I can talk to any of the staff and they'd make sure I got sorted." One relative told us, "We've made a few changes recently and that's been very helpful. The staff always listen if you've got a niggle or an idea." We saw where concerns and complaints had been raised they were recorded and monitored to ensure that they were dealt with appropriately and within the provider's required timescales. In the response to any complaint, the provider apologised for any distress that may have been caused and detailed the outcome of any investigation.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

The service had a registered manager who understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. People and staff felt they were supportive and one member of staff told us, "The manager is great and looks at ways we can make any improvement. We are working together better as a team; on each shift we know who we are supporting and what we need to do. It works better and means things don't get overlooked and people get better care." A relative told us, "There have been lots of improvements since the new manager has been here and people are going out more now. [Person who used the service] are very happy here and that's lovely to hear."

The registered manager met with other managers and the senior management team within the organisation so they could develop and share ideas. The registered manager explained that at a recent event they had reviewed how to use the staff dependency tool to ensure it reflected the support people needed. They also looked at how the service was regulated by us and how we inspected services. The registered manager told us, "We talked about the new changes and what we would need to do so we could meet these standards."

The registered manager had considered how the service could learn and innovate. This included liaising with other care services and specialist training providers. For example, they had met with a leading food supplier to review what additional nutritional snacks and foods could be provided and offered to people who were at nutritional risk. The manager told us, "We are looking at different options available for people so they have a choice of not just having a nutritional drink as not everyone likes these."

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, health and safety and care records. We saw checks were made to ensure people received their medicines and included observations of how controlled drugs were administered to ensure two members of staff were involved. Where people used an air pressure mattress, these were checked to ensure they were at the operating correctly to reduce the risk of skin damage. Where concerns with quality were identified, we saw action was taken. Accidents and incidents were audited to identify any patterns or trends. This enabled them to take action if needed to minimise the risks of a re-occurrence.

Senior managers also carried out quality checks to review how the service was managed. The last report identified that the culture of the service was changing and becoming more positive; staff were not fearful to speak their minds and the management team were supportive and any problems were fixed. The staff confirmed that the new registered manager had identified where any improvements could be made.

People were given the opportunity to speak with the manager about how they felt and to share ideas or concerns about how the service was managed. They were invited to attend meetings in the home and we saw the last meeting discussed how the home could be decorated, improvements to the menu and to ask if people had any suggestions for improvements. People were also invited to complete a quality survey which focused on specific topics. The last survey sought people's views on how their privacy and dignity was upheld and whether they were supported in a respectful way. We saw people responded positively to the

questions asked.

The registered manager had a 'flash' meeting each day with the staff where they reviewed what had happened in the previous 24 hours. This included looking to see if any complaints had been received, whether there had been any accidents and any care related concerns. They told us this meant they knew what was happening in the home and any concerns were dealt with promptly.