Healthcare Homes Group Limited

Fornham House Residential Home

Inspection report

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13 October 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 12 and 13 October 2016 and was unannounced on 12 October. The provider was aware of our return visit on 13 October.

The service provides accommodation for up to 73 older people some of whom may be living with dementia. At the time of our inspection 55 people were living at the service.

A registered manager was 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.

When we carried out our last inspection on 21 December 2015 we found that a number of improvements were required to ensure that the service provided safe and effective care. The main concern was a lack of adequate staffing levels which impacted negatively on the people who used the service and meant that standards of care were poor in several areas of the service, notably the management of people's drinking and eating and medicines management. At that inspection we also found that there was a lack of oversight by the manager and systems to make improvements were not in place. At this inspection we found that the service had improved in all areas. The new manager had shown a level of commitment to the people who used the service and the staff and the staff team had brought about significant changes.

Although staffing levels had been increased and all staff and most residents and relatives were very positive about the additional staffing we found that some responses to call bells were not prompt.

Staff were trained in keeping people safe from abuse and understood their responsibilities should they suspect abuse had occurred. Staff were able to outline how they would report any concerns they had.

Risks to people's health and wellbeing were assessed and reduced in most cases but risks related to pressure area care required further review. Medicines were mostly well managed but some improvement was needed with regard to how the service manages medicines for people who go out for the day.

Staff received a structured induction and training was provided to equip them to carry out their roles. Experienced staff demonstrated a good knowledge of the people they were supporting and caring for and knew people's particular preferences and wishes with regard to their care..

We saw that most staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards DoLS). The MCA ensures that, where people have been assessed as lacking capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation. Staff demonstrated an

understanding of MCA and DoLS and ensured people consented to their care and treatment

People who used the service were very positive about the food and were able to exercise choice about their meals. Mealtimes were seen to be very sociable occasions which people greatly enjoyed. People identified as being at risk of not eating enough were referred to appropriate healthcare professionals and monitored. Records relating to people's eating and drinking were clear and were monitored by senior staff.

People were supported to access healthcare professionals promptly when they needed them and the staff involved relevant professionals when a person's health declined.

Staff were caring and committed and we saw that people were treated respectfully and their dignity was maintained. The atmosphere was of a friendly place and the good relationships between staff, the people they were supporting and visiting relatives were observed throughout the service.

People were involved in assessing and planning their care. People's care was regularly reviewed and care plans were updated to reflect the most current needs.

People were supported to follow different interests and hobbies and had some involvement with the local community.

Formal complaints were logged and investigated in line with the provider's complaints procedure. Concerns raised informally, via meetings for example, were responded to, sometimes formally, and resolved to people's satisfaction.

Staff understood their roles and were well supported by the management team. Staff were very positive about the changes the new manager had brought and all told us they fully supported the direction the manager was taking the service in.

A robust system of audits was in place to monitor the safety and quality of the service. The manager was proud of the work the staff team had put in to bring about improvements. The improvements we found are to be commended and the manager was clear about the priorities for the service in the future.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Systems were in place to protect people from abuse.

Risks were mostly well managed but some risks related to pressure care required improvement.

Staffing levels had increased but sometimes people had to wait a long time for staff to answer call bells.

Medicines were managed well but some procedures needed to be reviewed.

Is the service effective?

Good

The service was effective.

Staff received the training and supervision they needed.

People consented to their care and staff demonstrated an understanding of MCA DoLS. Appropriate applications had been made to deprive people of their liberty for their own safety.

People's needs related to their eating and drinking were well managed and there was good access to healthcare support.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

People were respected and their dignity maintained.

Is the service responsive?

Good

The service was responsive.

People received individualised care which was based on their needs.

Complaints were well managed.

Is the service well-led?

Good

The service was well led.

The manager had good oversight of issues affecting the service and worked hard to bring about required improvements.

There was a robust system of audits in place to measure the safety and quality of the service.

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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 12 October 2016 , when an unannounced visit was carried out. We also carried out a second visit on 13 October 2016. This visit was announced.

The inspection team consisted of two inspectors and one expert-by-experience on 12 October. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of services for older people.

Before we carried out our inspection we reviewed the information we held about the service. This included any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law. We also reviewed the 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.

We spoke with twelve people who used the service, eight relatives of people who used the service, three senior care staff, four care staff, the chef, the administrator, the head of care, the deputy manager and the registered manager. We also spoke with two healthcare professionals and a visiting hairdresser. Before our inspection we gathered feedback from the local authority safeguarding team. We observed staff providing care and support and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate with us easily.

We reviewed six people's care plans, seven medication records, four staff recruitment files, staffing rotas and

records related to the monitoring of the quality and safety of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "I feel safe when staff hoist me…. I am checked regularly at night but staff don't disturb me. I get [my medicines] on time and they monitor me to make sure I'm fine". A relative explained, "I feel confident that my [relative] is safe". Another relative echoed this saying, "There is a high level of care here and it feels safe". A third relative commented, "It's nice to be able to let go with confidence".

We found that systems were in place to reduce the risk of abuse and to ensure that staff knew how to spot the signs of abuse and take appropriate action. Staff had received training in safeguarding people from abuse as part of their induction and knowledge was appropriately refreshed. Staff were able to tell us what they would do if they suspected or witnessed any of the different forms of abuse. Staff knew how to report concerns within the company and information about how to make a safeguarding referral to the local authority was available. We saw that the service made referrals appropriately to the local authority safeguarding team if they had concerns.

Risks to people's health and welfare had been assessed and risk assessments were clear and provided sufficient guidance for staff. We viewed risk assessments related to people's eating and drinking, moving and handling needs, the provision of bedrails, choking, having a fall and taking medicines.
Risks related to pressure care were mostly well managed but one healthcare professional told us they had attended the service and found that a person's tight clothing had been identified as a possible risk on two occasions. They had raised this issue with the staff and were monitoring it. We also saw that some people were spending lengthy amounts of time in their wheelchairs rather than being transferred to more appropriate seating for their comfort and pressure care.

Elsewhere pressure care was well managed with body maps being used when a possible issue was identified and prompt referral to the district nursing team. We saw that one person had recently developed the start of a pressure sore but prompt treatment had resolved the issue. People who were nursed in bed or spent lots of time in bed had repositioning charts in place and we observed staff moving people appropriately to reduce the risk of them developing a pressure sore.

The health and safety of the environment was well managed and a series of audits kept this under review. Systems were in place to monitor accidents and incidents throughout the service. This enabled the manager to identify any patterns and trends and take action to reduce the risk. For example we noted that a skin tear had been found on a person's arm. This had been referred to the district nurse and following the incident the manager had spoken with staff concerned to stress the importance of handling frail skin in a particular way.

Some specific risks had been considered such as for one person who was allergic to wasp stings. One was seen near the person's room and staff went off to deal with it straightaway as they were aware this was a risk for that person. We noted that during our inspection snacks were offered to people in the main lounge but staff were not clear about who was had a diagnosis of diabetes. This could have placed such a person at risk

and we shared our concerns with the manager.

There were clear systems in place for the ordering, storage, administration and disposal of medicines. Medicines were mostly very well managed by the service and systems protected people from harm. One person told us about how they received their medicines. They said, "I get it on time and they monitor me to make sure I'm fine". Another person told us that staff always explained about new medicines so that the person was clear what they were for. Information about what people's medicines were for and how they liked to take them was good. Clear protocols were in place for PRN medicines and we saw that these were regularly reviewed. PRN medicines are given only occasionally and not on a consistent basis, such as paracetamol for pain relief. We noted that prescribed medicines were made available quickly. For example one person had been prescribed antibiotics and we saw that these had been collected and started immediately after the GP appointment.

Staff received training before they supported people to take their medicines and spot checks on their competency were carried out. We checked stocks of medicines and found that, with one exception, recorded stock levels tallied with stocks held. Controlled drugs were managed well, although we noted that morphine patches were not being sited correctly on people's skin which could have placed them at risk of their skin breaking down. We raised this issue with the manager. We also noted that there was no robust procedure in place regarding how to manage people's medicines when they went out for the day. We saw that one person had gone out for the day and missed taking some of their medicines. The manager assured us they would look at this issue as a matter of urgency.

An effective recruitment procedure was in place. Recruitment records showed that staff had followed an application process, been interviewed, had their identity checked and had their suitability to work with this client group checked with the Disclosure and Barring Service (DBS). Robust checks of people's references had been carried out by the provider. Checks were also carried out on agency staff to ensure they had the required training, experience and DBS checks in place.

At our last inspection in December 2015 we identified that low staffing levels were having a negative impact on people and placed them at risk. All of the people we spoke with at our previous inspection made negative comments about the staffing levels and the availability of the staff. At this inspection we found things were much improved and most people were satisfied with the availability of staff and felt reassured. Some people continued to have concerns over the use of agency staff. This was reducing and the manager's intention was to reduce it completely. One person explained their concerns saying, "I refused to be bathed by two people I did not know. I made such a fuss. I only have one bath a week and I want to enjoy it".

Staff explained that staffing levels had been increased and found this very positive. One staff member said, "When I first started it was a struggle but it has got better". Most staff knew the people they were supporting and caring for very well. One relative told us, "There are definitely a lot of permanent staff here who really know my [relative]". We saw that people had dependency scores noted in their care plans. These were kept under review and we noted one person's score had recently increased and their care plan reflected their higher care needs.

A person who used the service told us that response times to call bells had improved since staff had pagers on them. They told us, "Staff respond quicker when the bell sounds and immediately when the emergency call bell is pressed". However a relative of another person had concerns about the slow response to call bells at night.

We reviewed call bell response times for two randomly chosen days over a 24 hour period. Although waiting

times were significantly lower than at our previous inspection there were still times when people were waiting more than 11 minutes for their call bell to be responded to. We saw that call bells were discussed with staff and the manager kept them under review and were continuing to work towards further improvements in response times.

Rotas showed that shifts had operated with the assessed number of staff and the recent increase in staffing was reflected in the rotas. The layout of the building continued to pose a challenge as the building is very spread out. This has been somewhat mitigated by the provision of a second office for staff on an upstairs floor. We also noted staff regularly attending to people in their bedrooms in far reaching parts of the service.

The service was clean and free from odour. Procedures were in place to protect people from acquired infection. Staff understood their roles and responsibilities with regard to infection control and received relevant training.

Good

Is the service effective?

Our findings

The majority of the people we spoke with were very positive about the care provided and about the skills and competence of the staff, although some were concerned about the use of agency staff. One person who used the service said, "The food is good and the staff are very efficient". A relative was keen to praise the staff saying, "The care here is excellent. I come in four or five times a week. The seniors are all good and individual carers are fantastic. I don't want to single anyone out – they're all good".

Staff received an induction when they started to work at the service. One staff member told us, "I did training before I started. I had lots of updates. For my induction I had all my training and shadowed for two weeks. If you've worked in care before you only shadow for a week". We asked how they learned about people's needs and they confirmed that they asked staff and the people who used the service about their needs as well as looking at care plans. They demonstrated to us that they were passionate about people having enough fluids and we observed them promoting drinks throughout our inspection.

Permanent staff undertook a range of training and this was appropriately refreshed to ensure their knowledge was up to date. Training, such as basic life support, dementia, fire safety, medication, food hygiene, infection control and moving and handling were provided. We found staff we spoke with had the skills and knowledge required to provide day to day support. Agency staff received a brief induction before working at the service.

Staff were supported with regular supervision sessions with their line manager and an appraisal system was in place. Regular staff meetings were held to update staff and receive feedback about the operation of the service.

The management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005, and staff had received training in this. The MCA ensures that if people do not have the capacity to consent for themselves the appropriate professionals and relatives or legal representatives should be involved to ensure that decisions are taken in people's best interests. People told us they had been involved in decisions about their care and indicated their consent and we found care plans and risk assessments had been signed to confirm this. Relatives had been appropriately involved in decisions about people's care. Staff were clear about the need to establish people's consent before care and treatment was provided and were able to describe what action they would take if a person refused care. Staff showed an understanding of people's rights.

Some DOLS applications had been made to the local authority and mostly we found these had been appropriately completed. We noted that one assessment had been completed by a staff member on their own and had not involved any relative or the person themselves. We shared our concern with the manager and they confirmed they were providing additional training in MCA DoLS for staff to improve skills and knowledge.

We observed a lunchtime meal in the main dining room and found it to be relaxed and informal. Staff

encouraged and supported people to eat their meals at an appropriate pace without rushing them. Care plans contained guidance for staff to follow. Several people, who were at risk of not eating and drinking enough had put on weight since they had come to live at the service. One person was delighted about this and told us, "I love it here! The food is good – it's shepherd's pie today".

All the people we spoke with were very positive about the food. One person said, "We have a choice and a carer will come round with the menus for the next day, or they will make you a baked potato if I prefer". Another person said, "I get additional snacks and drinks to get me back on my feet".

The chef was knowledgeable about people's dietary needs and had a good understanding of nutrition. The chef had also worked as a member of the senior care staff at the service and knew people well. He was able to explain to us how the service manages people's dietary needs through fortified foods, pureed meals and appetising snacks. Records of people's weights were monitored and the chef worked closely with care staff to provide holistic support for people's dietary needs. Where necessary people were promptly referred to a dietician for expert guidance and additional support.

People who were nursed in bed had food and fluid charts in place and we saw that these were accurately filled out. Even the smallest amounts of food or fluids were recorded and we saw evidence that if people did not want one drink another was tried. One person had four different drinks on their bedside table and we saw that they had had a little of each during the morning. Staff demonstrated an understanding of people's specific nutritional needs. For example one person explained to us how they worked with one person to ensure they had enough fluids by enabling them to do as much as they could with regard to holding their cup. It was important to them to maintain their independence and staff were aware of this.

People told us that staff supported them with their healthcare needs and worked well with other healthcare professionals such as GPs and district nurses. We saw from records that people were referred very promptly to the appropriate healthcare professionals if they became unwell and staff communicated effectively with each other to monitor the health of any person they were concerned about. One relative said, "The best thing is having a manager with clinical experience. When my [relative] had [a particular health condition] she used her clinical knowledge to implement a treatment plan". A person who used the service told us, "When I was ill they pulled out all the stops. Staff called the GP and they visited the next day". Another person praised how the service had worked in conjunction with a physiotherapist to increase their mobility following an illness.

Good

Is the service caring?

Our findings

People who used the service, and their relatives, were very happy with the way care and support was provided and the great majority of those we spoke with praised the caring attitudes of the staff. One person who used the service said, "The permanent care staff treat me with dignity and affection". They added that they had observed staff being very calm and caring when other people who used the service displayed particular behaviours when they were distressed.

People commented on how much the care had improved in recent months. One relative told us, "The carers are thoughtful and considerate and nothing is too much trouble". Another relative told us that they had been able to access their relative's room well in advance of their admission to the service. This had enabled them to personalise it for them and they felt this had helped them settle in well and be less confused. Another relative told us they visited the service several times a week at different times of the day and had never found the staff anything other than friendly and approachable.

We found staff were patient, kind and caring in their interactions with people and showed an interest in the people they were caring for which was far from being 'task led'. We saw numerous examples of staff providing compassionate care. Staff were observed calming people if they were upset, sitting with them and stroking their hand and suggesting ways to make people feel comfortable and calm. There was time for staff to chat to people and have a laugh and a joke. One person commented, "All the carers are good, especially [staff member]. They come up here and we have a good laugh!".

Regular staff knew the people they were supporting and caring for very well and were able to tell us about people's histories, preferences and their care and support needs. One recently employed staff member told us, "It's such a rewarding job. When I came in today [person who used the service] was upset and asking for me to come and sit with [them] and hold [their] hand. I love that".

We observed staff taking great time and care to entreat a person to eat their meal. The person was not at all well and staff showed genuine concern for them and tried a number of strategies to tempt them to eat. They made the person comfortable and put balm on their dry lips. We observed them stroking the person's hair and making arrangements to ensure other staff were aware that the person was having a very difficult day. The staff members were not aware that we were observing them.

People told us that they felt the service kept them informed about matters that concerned them. Meetings were held to share information and ask for feedback. People told us they had been able to be involved in drawing up their care plans and felt that their views were taken into account. One relative told us, "We come in and sign the care plan every month". Care plans set out people's preferences and we saw that these were respected. For example some people had asked to be addressed formally as Mr or Mrs and this was respected by staff. One staff member explained, "We always make sure we call them by the right name, whether it's [person's name] or Mrs So and So. It's very important".

Where people's needs were more complex we saw that the service had worked with the person and their

family to establish what people's needs and preferences were. Advocates had been used occasionally to ensure people's rights were upheld if they were not able to advocate for themselves.

People told us that staff treated them respectfully and maintained their dignity when giving personal care for example. People were enabled to maintain their independence and we observed one person being encouraged to eat their meal independently, although when they tired staff did assist them.

Good

Is the service responsive?

Our findings

Staff knew the people they were supporting and caring for very well and people told us they had confidence that their needs would be met. One person explained, "I'm content in my room and able to talk to people when they call…my preferences are respected". Another person said, "I have everything I need here". A relative of a person receiving respite care told us how quickly their family member had settled in, stating, "The staff have been thoughtful and kind and they ensured my [relative's] stay was pleasant and stress free".

Initial assessments of people's needs were carried out to ensure that the service could meet people's needs when they first moved in. The registered manager confirmed to us that these assessments include, as far as possible, a prediction of future needs with regard to people's deteriorating health and complex conditions. They were very clear about the kinds of needs the service could meet and those it could not, given the challenges the service has faced in recent months with regard to staffing and the required improvements highlighted by the last inspection.

The initial assessments formed the basis of the care plan and contained information to guide staff. Care plans were shared with relatives, where appropriate, and people had signed them to demonstrate their involvement. Parts of the care plan were written in the first person and clearly set out the person's wishes and preferences. For example one person had declined to fill out the end of life section and the plan stated, 'I don't wish to discuss this'. Another person's plan stated, 'I can make my own day to day choices'.

We noted that one person, who had stated they could make their own day to day choices, was unwell on the day of our inspection and unable to tell staff what care and support they wanted. Their plan contained sufficient guidance for staff with regard to their likes, dislikes and preferences. We found that staff knew this information well and were observed to be supporting this person according to their plan of care. Daily notes, communication books and handovers were an effective way of recording current concerns and staff were signposted to any new information.

The care and support people received was subject to on-going review. Care plans we viewed had been appropriately updated and reviewed when people's needs changed. We saw evidence in some people's records of individualised care which responded quickly to people's changing needs. Equipment, such as moving and handling and pressure care equipment, was obtained for people when they required it and the service worked in partnership with other agencies to help meet people's needs.

We found good provision of activities and meaningful occupation for people, although one person was disappointed that there was no gardening or knitting.. All the other people we spoke with commended this provision and praised the activities coordinator. One person told us, "It's always so much fun when she is here". We noted that the activities coordinator made sure they visited people in their rooms to invite them to take part in the day's activities and people told us this was her usual practice. There was a timetable of events displayed and planned activities included scrabble, bingo, board games, quizzes and pet therapy. One person told us they had written a quiz for the other people who used the service.

There were also regular trips out and coffee mornings and groups, such as local school children, were invited in to sing and entertain. A local charity held meetings to support people with cognitive impairment. People of faith were supported to follow their faith and weekly Christian services were held. The manager told us that people did not follow any other faith at this service.

The provider sent out questionnaires every three months to determine people's satisfaction with the service and the activities provided. Regular meetings with people who used the service were held in order to get feedback and invite them to share their ideas for any improvements the service could make. We saw that suggestions were taken forward. For example one person requested tinned soup and this was now purchased weekly. Another person suggested more of a particular kind of outing and this was being considered. These meetings encouraged people, and where appropriate, their relatives to read through their care plans and discuss any issues with staff.

We saw that the service had a complaints policy and people told us they knew how to make a complaint if they needed to. Compliments and complaints were logged and we saw that complaints received had been investigated and responded to in a timely manner. Recording procedures in relation to complaints were robust.

Good

Is the service well-led?

Our findings

People who used the service were clear about who was managing the service and they, relatives and staff were very positive about the management of the service. One person who used the service told us they felt comfortable raising issues with the manager and when they had done this they found, "These have been addressed".

Throughout the service we found that people appreciated that changes needed to be made following the last CQC inspection and were very positive about the improvements the manager had overseen. One staff member told us, "The home is better. Staffing levels are better. The team is better. Irina [the manager] has put goals in". Another staff member commented, "Irina is approachable and organised and knows what needs to be done. It's much more structured. We are on top of fluids. People know what they should be doing". A visiting professional commented, "She is a perfectionist and doesn't let anything slip. The staff are behind her".

A relative, who had been very concerned about the service after the last inspection and had shared their concerns with us at the time, took the time to come and find us as they wished to share some positive feedback. They said, "Irina is willing to talk to people. If there's a problem she solves it. She is calm. Good management. She does the meetings and they're calm. Some could have been difficult but she tried to answer what she could and was honest… We've seen such a change". Another relative, who had previously been considering removing their family member from the service, said, "The manager asked for time to put things right. She has made a massive effort…I am no longer embarrassed to bring [my relative's] friends and relatives to visit. It's not just cosmetic – attitudes have changed". Another relative, who is a regular visitor, added, "Things have changed. You can see it getting better. I have confidence in them".

The manager told us they had come to the service fully aware of the issues raised at the previous inspection. They said, "It was a huge challenge and a huge responsibility…I built up this team. I need to know what is happening". They told us they valued their team and staff all told us they felt valued. The manager in turn told us that they were well supported by the provider and had regular contact with their line management.

We observed that the manager had clear oversight of the service. Daily morning meetings were held with senior staff and specific issues were known by the manager and followed up. We observed her asking if a birthday cake had been made for one resident, if a faulty mattress had been checked, if a broken radiator had been attended to as well as ensuring that preparatory medicines had been obtained for one person who was approaching the end of their life, in order to manage any pain.

Staff meetings were held regularly and minutes showed that they gave staff the chance to raise issues and concerns as well as to receive feedback. Attendance at meetings was good and minutes were shared with anyone who could not attend. The service had a number of champions who took on a specific role to monitor one aspect of the service and increase awareness. There were champions for nutrition, safeguarding, tissue viability, dignity and falls prevention. Training was also planned to train all staff to become 'Dementia Friends' which is a national scheme run by The Alzheimer's Society to increase

awareness of issues that affect those living with dementia.

There were schemes in place to recognise and reward the contributions of staff. For example a 'Pride of Fornham House' award had recently recognised the unofficial mentoring role a well-established staff member had taken on with a new member of staff. The person had been presented with flowers and a voucher.

Record keeping was good. Records relating to staff recruitment and supervision were clear and well organised. Care plans were well structured and could be located quickly. There were effective systems in place to ensure staff were quickly directed to new information in records.

There was a comprehensive system of audits to monitor the safety and quality of the service. Audits of falls, care plans, infection control, health and safety, housekeeping, kitchen, night safety, service user records, medication, call bell response times and staffing levels took place. We noted that issues raised were followed up at the next audit and patterns and trends analysed. For example we noted a decrease in the waiting times for call bells to be responded to, although further work was needed to reduce these waits to an acceptable level. Findings from audits were shared at team meetings and discussed with staff. The manager carried out unannounced monitoring visits at night to assess the quality and safety of the service throughout a 24 hour period.

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