

Evelyn Grace Limited







Harmill House

Inspection report

Harmill House
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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 Harmill House domiciliary care agency on 11 December 2014. The agency provides personal care and support for almost 50 people living in the community. People had a range of needs arising from old age or physical disabilities. The agency owner is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were well trained and knew how to keep people safe. No safeguarding issues had arisen since the previous inspection. No missed calls had been reported. Where issues had arisen around medicines, staff had openly reported the issue and had prioritised the person’s safety through seeking medical advice. The

Summary of findings

manager had made changes to medication recording systems to reduce the risk of recurrence. A senior staff member completed a detailed risk assessment of the home environment in each case and staff were trained to use any relevant moving and handling equipment.

The staff had access to the information they needed to meet people's needs in a person-centred way. Staff were very good at identifying changes in people's wellbeing and were proactive in approaching healthcare services and family to pass on their concerns. People and their relatives were very happy with the care and support provided and felt people were safe in the care of Harmill House.

The agency had advocated effectively for people to get their needs met via healthcare services and in protecting their rights. The agency had acted beyond the usual expectations in taking steps to try to maintain the safety of one person prone to wandering off from their home. They had also taken the lead in getting medicines prescribed in an alternative form where this was beneficial to keep people safe.

Prospective staff were subject to a thorough recruitment process and the required checks were carried out to ensure they were suitable to work with vulnerable people. New staff were introduced to people before providing their support and regularly monitored to ensure they provided care to the high standards expected by the manager.

People told us staff were very good at managing the balance between people's dignity and rights and the need for support with aspects of their care. People and relatives told us the agency was very good at communicating with them about any issues of concern. People were very happy with the consistency and continuity of care provided by the staff.

Staff had the skills and training they needed to recognise and meet people's needs and were provided with additional or specialist training when necessary. Staff practice and competency were regularly monitored and staff were well supported in their role. The manager had a

good understanding of the Mental Capacity Act 2015 and had advocated in this regard on people's behalf where necessary. Staff provided appropriate support around nutrition and people's health and had promptly reported concerns to health agencies when they observed changes in people's wellbeing.

People and relatives praised the agency's caring approach and compared it very favourably with others they had experienced. People often commented about how this agency had gone beyond what was usually expected in meeting people's needs. Where any issues had been raised they had been promptly addressed. Relatives told us they were very confident in the ability of the agency to care for their family member. People and relatives felt the staff were very kind, caring and compassionate and looked after people's dignity.

People were involved in planning and reviewing their care. Where they were unable to manage this or with people's consent, the views of their family were sought. Relatives told us that the agency had been very effective in ensuring that, where necessary, other agencies were engaged to meet people's needs. Staff felt they were given the information they needed and had sufficient time allocated to provide support to people without rushing them.

People and relatives felt the agency was approachable and the manager responded positively to any issues raised. Relatives said the agency exceeded their expectations and gave them peace of mind. They were appropriately involved and informed and felt the agency was flexible as people's needs changed.

The manager regularly sought the views of people and their relatives through surveys and post-visit calls and any issues identified were addressed. People and relatives knew how to complain but this was rarely necessary as any concerns were responded to promptly. The agency was well managed by an experienced manager who had effective systems in place to monitor and maintain standards.

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 because staff were knowledgeable and worked safely based on clear care plans and risk assessments.

People and their relatives felt the agency kept people safe.

Staff were proactive and reported any concerns about people's wellbeing immediately and the agency sought medical and other specialist help when necessary.

Good



Is the service effective?

The service was effective because staff had the skills and knowledge to meet people's needs and knew when to report any concerns.

Care practice was effectively monitored by the provider and people felt they or their relative were well cared for.

The agency advocated on behalf of people with external agencies, to ensure their care needs were met appropriately and in a timely way.

Good



Is the service caring?

The service was caring because people's needs were met in a gentle, patient and unhurried way with respect for their dignity and rights.

People or their relatives were involved in planning their care.

Staff met people's needs and often went beyond the basics to provide additional support or advocacy.

Good



Is the service responsive?

The service was responsive because they sought people's wishes about their care and worked in ways that respected this.

The views of people, their relatives and staff were sought via surveys and in other ways about the quality of the service and any issues raised were addressed appropriately.

Good



Is the service well-led?

The service was well led by a competent and experienced manager.

The day-to-day operation of the agency was very well monitored and the agency delivered high quality consistent care.

People and relatives felt the agency was exceptional in its performance.

The provider was open, transparent and responded in a positive way when any issues were raised.

Good



Harmill House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 December 2014. The provider was given 24 hours' notice of the inspection because the location provides a domiciliary care service, to ensure she would be present to undertake the inspection. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the agency. Statutory notifications are reports of events that the provider is required by law to inform us about. We had received no information of concern.

Before the inspection, the provider completed 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. We looked at the information provided in the PIR and used this to help us plan the inspection.

We contacted four external care and health professionals with recent experience of the service, to obtain their views. We also reviewed the feedback about the service obtained from the surveys sent out to 14 people who use the service, 13 relatives/friends, 27 staff and one external health professional.

During the inspection we spoke with the registered provider who was also the registered manager of the service. We examined three people's care records and read other records relating to the operation of the agency. These included risk assessments, staff supervision and appraisal records and management monitoring systems.

After the inspection we spoke on the telephone to four relatives of people with dementia who were supported by the service, to seek their opinions about the agency.

Is the service safe?

Our findings

Relatives and people felt people were safe and well cared for by the staff. One relative who responded to our survey noted: "I find that all staff supplied have been well vetted, and we have yet to find fault". One of the people supported by the agency felt they had not always been supported safely. Their survey response suggested this might have arisen over confusion about the need for care staff to wear gloves when supporting personal care. The manager told us that a query regarding this had been received by the agency from a relative. An appropriate explanation was provided to the relative about the requirement for gloves to be used to reduce the risk of infection. The other respondents said people were safe when supported by the agency.

Relatives felt people were safe in the agency's care. They gave examples where its staff had been proactive in spotting a change in someone's wellbeing and immediately reported this to health professionals. For example, in more than one case staff had actively sought reassessment of a person's medical condition when deterioration had been seen. One relative said the agency was: "very good at chasing up hospitals and advocating for [name] too". Another relative told us the agency had maintained their family member's safety by: "sorting out the GP and the pharmacy".

No safeguarding concerns had arisen and no whistle-blowers had contacted to report any concerns about the service. The provider stated in their Provider Information Return (PIR) that no calls had been missed in the 28 days leading up to its completion. No concerns about missed calls had been raised with us.

The manager told us and records showed that prospective staff were subject to appropriate checks of their identity and suitability to provide care to vulnerable people. These included a check of any previous criminal record, obtaining details of previous employment history and seeking references. Staff also signed a declaration regarding their health and the accuracy of the information provided in their application form. New staff were introduced to the people they would be supporting and shadowed experienced staff before providing any care by themselves.

Senior staff carried out regular spot checks and observations of care practice were carried out, particularly early in people's employment to monitor and maintain standards of care.

The manager told us that staff had managed some behaviours which could place the person supported at risk of harm. All staff had completed a training module on managing challenging behaviour in case they needed to manage this. Any steps taken to ensure people's safety due to their behaviour were included in the care plan together with details of how the person was to be supported in respect of the behaviour.

The manager reported there had been four medicines errors in the previous 12 months. However, one of these had not been due to any errors or omissions on the part of the agency's staff. When staff had identified the error, they had taken appropriate prompt action to liaise with the GP to address it. The other three issues had been around recording and had been addressed with staff to identify any individual and team learning to reduce the risk of recurrence. In each case people's safety was prioritised and staff had themselves reported the error or omission to the management. One of the management team had completed a reassessment of staff medication competence in each case.

The agency supported 20 of the 47 people with their medicines, either by prompting or administering them. Where the agency had any involvement with people's medicines, a risk assessment was carried out to identify potential risks to the person's safety. Appropriate strategies had been put in place to address identified risks associated with medicines and keep people safe. For example for one person at risk of accidental overdose, agency staff collected their medicines container from the pharmacy. They also ensured it was only accessible to agency staff in the person's home, following a best interest discussion with their family.

The manager told us and records showed that all staff were trained on medicines management and had their competency and medicines management knowledge assessed. The agency had an appropriate medicines policy. Both the policy and people's care plans stated people's right to refuse medicines and staff understood this.

A risk assessment was carried out to ascertain the number of care staff required to meet people's care needs safely.

Is the service safe?

For example, where people' required support or hoisting to transfer between bed and chair. As well as generic moving and handling training, staff were also trained on using the relevant equipment with the person they were supporting, in the situation where it would be used. This helped identify any potential risks unique to each situation.

Staff understood how to keep people safe because they had attended training on safeguarding, risk assessment, health and safety and other areas relating to people's safety. Staff knew how to report any concerns they might have about the safety of the people they supported and felt

people were safe. Management carried out regular 'spot checks' to monitor how staff provided support and sought the views of people and their relatives, about their care to ensure they felt safe and well cared for.

The safety of people and staff was assessed through the completion of a 'Domestic Workplace Inspection Report'. This was a way to identify and assess any potential risks to them or to staff. The agency had taken action to address identified risks. In one case a staff member reported an unusual smell in a person's home. The fire brigade were contacted and discovered an electrical fault which was then addressed. In another we saw that a defective kettle had been identified and arrangements made for its replacement.

Is the service effective?

Our findings

Relatives and people told us the staff were very good at identifying and meeting people's needs and supporting them directly and via advocacy, to have their needs met. Relatives said the staff understood people's rights and the principles of consent. They said staff also: "didn't give up too easily", and knew how to work with people so they were happy for staff to support them. One relative said: "they have dealt very well with [name] needs". Several relatives described the agency as: "proactive" in seeking additional support from health professionals where necessary.

One relative stated in their survey response: "The standard of communication is in my opinion outstanding, there is always a quick response to any call or contact I make, and the company is very proactive in alerting me to any concerns or issues". Other relatives were also very happy about how the staff kept them informed about people's welfare and any significant changes. Several relatives praised the way the agency usually provided continuity of care through using consistent staff wherever possible. One described a particular staff member as: "the continuous thread" in the care of their parent.

Eighty five percent of respondents to our survey questionnaire said they were happy with the continuity of care and 93% felt the staff had the skills and knowledge to meet their needs, supported their independence and would recommend the service to others. People were mostly happy that staff stayed for the allotted time and completed the required tasks, although around a third felt the staff were not always on time. One stated they understood why staff might be late on occasions and that they were always called when the staff member was going to be late.

Staff received an appropriate induction. An external specialist training provider supplied core training to equip staff with the skills they required to meet people's needs. Extra training was arranged, for example from the district nursing service, where additional skills were needed to meet people's needs. Staff understood the importance of ensuring that relevant information was passed on both verbally and in records. Individual staff were provided with core and specialist training modules flexibly, depending on their needs and those of the people they were supporting.

Staff practice was regularly monitored through spot checks and checks of competency. Staff were also well supported through a flexible rather than formal supervision system and a programme of appraisals was under way, scheduled for completion by the end of March 2015. Supervision provides an opportunity for the registered manager and staff member to discuss the person's progress, training needs and any concerns they may have about their work. The manager explained that supervision discussions might be initiated either by a staff member or by management and the management team were always on call for support. Two of the seven staff survey respondents felt they had not had regular supervision, but all felt they had received the training and induction they needed for their role. The manager maintained a log of contact and discussions with staff. Now the training and development manager had been employed, the manager planned to increase the regularity of planned supervision sessions. Care staff took part in meetings based around the various work areas so discussion was focused and relevant to each group.

The manager demonstrated a good understanding of mental capacity and consent issues under the Mental Capacity Act 2005. This Act protects the rights of people with regard to decision making about their lives, whether they have the capacity to make these decisions or not. One person had been admitted to hospital and was assessed while there as not having capacity. The manager successfully advocated on their behalf that they did have capacity and obtained a reassessment to that effect. The family had written to the agency to express gratitude for their support. In another example, a person with dementia had a relative with Power of Attorney. The agency had worked with the family to address their concerns about the person's safety when outside their home. A 'best interests' discussion had taken place and appropriate steps agreed to safeguard them with minimal limitation of their freedom. The agency provided an additional short call to ensure they were settled at a particular time of day, having identified they were at risk of wandering off from home at this point.

Staff had involvement in supporting people's nutritional and fluid intake in some cases. This could be in the form of meal preparation, monitoring consumption through maintaining food diaries and in some cases monitoring weight. The involvement of staff was described within

Is the service effective?

nutritional care plans sometimes supported by guidelines from a dietician. The agency had at times made referrals to a dietician or the speech and language therapy team for support around swallowing issues, on behalf of individuals.

Staff had considerable involvement in monitoring people's health and seeking health professional's support. The agency had provided very effective direct support around healthcare needs. In one example, having checked for physical causes, a staff member had contacted the manager to report that a person was not feeling right. The agency arranged for a medicines review and it was found that the person's medicines had been changed by the GP without liaison with the prescribing Community Psychiatric Nurse (CPN). In other cases the agency had referred people to the GP where they were suspected to have infections. The agency had advocated on behalf of another person for a medicine to be provided in a more suitable format which they could take. A referral had also been made to the local

authority occupational therapy team on behalf of a person for a reassessment because the hoist supplied by the hospital was not appropriate for their needs. The manager gave other examples where they had gone beyond what would usually be expected of an agency on behalf of people to ensure they continued to take the medicines they needed to remain well. This had included working closely with GP's and pharmacists. The agency had received lots of compliments by cards and letters from family, thanking them for their intervention on behalf of the people they have supported.

Healthcare professionals including the community psychiatric nurse team and occupational therapists had provided additional training for staff. For example, training on a new type of inhaler was obtained to enable staff to support a person with its use. The agency had also made referrals to the memory, wheelchair and falls clinics where appropriate on people's behalf.

Is the service caring?

Our findings

The feedback from people and their relatives about the staff was very positive in terms of their caring approach. Comments in response to our survey included: “very kind and caring”, “Since we have used this company my own levels of stress and anxiety about my parent have been hugely diminished” and “At no time has my father's care been of an unacceptable standard”. One person explained that there had been a couple of occasions where things had not been perfect but this was understandable in the course of a year. They went on to say: “What has impressed me is that the company have been very quick to address any such issues and reviewed their practice when appropriate”.

One relative said: “I have met most of the carers who look after my father, and am confident that they are kind, trustworthy” and: “in my experience of several care companies, these staff are better trained and motivated about elderly care, and seem to enjoy their work and derive great satisfaction from it”. Others commented that the agency: “are in a different league” and: “streets above anybody else”.

The relatives we spoke with directly told us they were very happy with the care provided and staff were very good. One commented: “they are so good with [name], I have absolute confidence in them”, and another told us the staff: “go the extra mile” and added: “they treat people as individuals”. One relative who had seen the care given said staff were: “discreet” and looked after people’s dignity. Another said they offered: “consistency of care”.

People and relatives also felt that people’s dignity was looked after well and they were treated as individuals with kindness and compassion. People and relatives told us they would recommend the agency to others. The manager explained that at times some instructions to staff were not included in the care plans within people’s homes to protect people’s privacy or dignity. Staff were told this information individually in such a situation to ensure they had access to the information they needed to provide individualised care.

The manager monitored any instances where staff were late arriving for calls, which amounted to about once per week. No calls had been missed. The agency stated to people that they operated on the basis of 15 minutes leeway either side of call times to allow for delays. Staff

knew to notify the office if they were running late. The on-call manager then rang the person or their relative to let them know what was happening. Recently, one call schedule was reorganised in response to delays due to road works to try to minimise inconvenience to people due to possible delays. One relative said of the staff that: “they stayed beyond their time, if anything”, and provided: “consistent care”.

Where possible, people were involved in planning and reviewing their own care and support. If they were unable to do this, their care needs were discussed with relatives. The agency knew those people who did not have capacity, who had assigned “power of attorney” to others, although they had not been asking for copies of documentation to confirm this. The agency worked with relatives to devise people’s care plans in these cases. The manager told us she would, in future, seek copies of this documentation.

The staff who replied to the survey said they received the information they required about people’s needs and wishes, to support people well. Staff also felt they had enough time allocated to calls to carry out the required care without rushing people.

We were told about several occasions where the agency had intervened on behalf of people to support their rights and ensure other agencies met their needs. The agency made arrangements to obtain a replacement key safe for one person, following an attempted burglary. In the meantime their keys were held by the agency’s management who provided them to its staff as required. The agency also arranged for a security light to be fitted outside the person’s house to reassure them they would be safe. The family were on holiday at the time and were very grateful for the additional support and initiative shown by the agency.

New staff were introduced to people they would be supporting through attending calls with existing carers. In addition to the care plan, the agency had devised a “bullet point care plan” for each person supported, which was provided to staff to give them the detailed information to enable person centred care. These additional plans contained the details people had provided about their lives, how they wished to be supported and the things they liked so staff could engage with and work appropriately with them. People were also actively involved in their own care and encouraged by staff to do what they could for themselves.

Is the service caring?

We were shown a number of letters and cards from family expressing their gratitude for the care and support provided to enable people to remain in their own home as they wished. Others complimented the end of life care provided by the agency and described the ways in which staff had been especially caring and respectful in the lead

up to, and after the person's death. One such message of gratitude noted the: "little thoughtful extras" provided by staff, praised their: "assured professionalism" and described them as: "A wonderful team of carers". Another note from a relative said that staff: "often went beyond what previous carers would have done".

Is the service responsive?

Our findings

People and their relatives had been involved in planning and reviewing care on a regular basis. Staff recognised changes in people's needs in a timely way and the agency was proactive in raising any concerns with family and/or health professionals.

People and relatives who responded to our survey were happy that they and with consent, their family members, were involved in planning their care. They also knew how to make a complaint if necessary and felt the agency responded well to complaints. One relative commented: "When I have raised issues or concerns I have not found them at all defensive, which has increased the bond of trust I feel with them". Another said: "Any call to the offices is dealt with promptly".

The relatives we spoke directly with were also happy with the way they were involved in care planning and kept informed of any changes by the agency. One relative told us: "I feel we can go on holiday now", and added: "I don't know what I'd do without them". Other relatives described the agency as: "very adaptable" and another said they were: "like family now".

People were actively involved in their assessment and planning their care as far as they were able. Family were also consulted where appropriate and the manager was aware which people had given power of attorney to family members for decision-making. Changes in people's needs were referred on as appropriate to health professionals and family were kept well-informed.

The manager explained to ensure care was provided in an unhurried way the agency did not accept requests for fifteen minute care calls where significant care was expected during the call. This was reflected in peoples comments when they told us the staff were flexible, went: "over and above" what was expected and: "stayed beyond the time given, if anything", rather than rushing people.

The manager told us and people and relatives confirmed the agency undertook annual surveys to seek their views about the care provided. The managers also undertook regular spot-check visits to monitor staff care practice and timekeeping and worked alongside staff sometimes on calls requiring two staff. Managers also carried out two visits per week to people in rotation, immediately following their care calls, to make sure they were satisfied with the

support received. We saw examples where the comments received had been followed up with staff. The manager also kept letters and cards providing compliments or thanks to staff for their care and these were also fed back to staff.

The most recent survey had just been completed and the manager provided a copy of the summary report of the feedback. People, relatives and staff had been sent questionnaires. The feedback about the care provided was very positive with no criticisms reported. Additional comments made included: "In nearly five years of your care I have had no cause for complaint. Your girls are lovely people who I look forward to seeing", and: "Exceptional. Totally exceeds my expectations and I am fussy!" Feedback about being treated with respect and dignity was also exclusively positive. Relative's comments included: "My Mum's carers are outstanding", "we remain totally confident that [name] needs are met and that you will deal with any emergency" and "extremely happy with the care given to my Father". Feedback from staff was also very positive, regarding their experience of working for the agency. Although survey responses had been very positive, the manager had noted areas of neutral response and identified some areas of work for continuing development for the service.

People and relatives were aware of the complaints procedure and who to contact if they were unhappy about anything. They told us staff and management responded positively if they did raise any concern. One relative said that when they had told the agency they were unhappy with a particular staff member, the person was replaced promptly and they had been thanked for their feedback.

The complaints procedure was provided to each person and/or their family within the information pack along with the service user guide, statement of purpose and confidentiality policy. One complaint had been made in the previous 12 months which was outside the personal care remit of the agency. Nevertheless an apology was made and staff were reminded about the matter.

The manager explained that the majority of comments made or issues raised were addressed at the time they were raised. The manager kept a log of these issues to identify any themes, which were then discussed in team meetings. One issue had been raised following a person wandering off from their home. The manager reminded staff about the monitoring system in place for the periods where they were responsible for the person's wellbeing.

Is the service responsive?

The care plan was amended to reinforce the necessary steps. At other times staff had gone out looking for the person when they had left their home to try to find and return them safely.

Is the service well-led?

Our findings

The agency actively sought the involvement of the people it supported and their families in planning and reviewing its care. People's feedback was sought about the agency's performance through reviews, monitoring visits, annual surveys and through the promotion of the complaints procedure. Issues were effectively responded to and people felt they had been heard. Feedback was used to continually develop and improve the service.

Feedback received from people and their relatives indicated they had been provided with the information they needed about the agency and felt able to approach the staff or management to discuss any issues in the expectations they would be dealt with. Staff feedback also reflected the sense that they felt listened to and involved. Staff felt motivated, supported and valued by the manager and were aware of the high standards expected of them. One relative told us they were: "very impressed by the careful management of the owner". Relatives described the management as: "proactive" and one added: "there is never any problem left unsolved".

The agency was well managed by an experienced registered manager who was also the business owner. The manager believed passionately in providing high quality care and had conveyed this effectively to her staff. The support ethos for staff was strong, with regular informal contact, appraisal and monitoring of practice. Staff meetings were used to reflect on and develop care practice as well as discuss people's changing needs. The staff felt they could raise issues or make suggestions and management would listen. The agency displayed a proactive approach to providing care and had often been the lead agency in seeking additional support to meet people's needs. The manager had also appropriately questioned and challenged the practice of other agencies involved in people's care where necessary. Staff had come forward and reported medication errors when these had occurred and had also reported other issues such as concerns about wellbeing to management in a proactive way.

The values of the agency placed people's needs and high quality care at the centre of their work. These values were clearly stated in the statement of purpose and we saw numerous examples of where this had been demonstrated in practice. For example, where monitoring had identified

inconsistencies in recording, individual issues had been addressed with staff via supervision. However, in addition, this led to the manager creating written examples of the level and quality of recording expected. Staff were expected to judge the quality of their recording against these to ensure that quality was maintained.

The management team continuously monitored the performance of the service through regular contact with staff and the people supported as well as via monitoring visits and spot checks. The managers had a secured shared computer system which only they could access, which enabled confidential recording of relevant management information and centralised monitoring. Records, policies and procedures were regularly monitored and reviewed. The manager explained how they used the records to identify themes or areas for improvement or development. People's confidential records were kept securely. When completed care records were returned to the office for filing they were scanned onto computer for retention and the paper copies shredded. Computer-based records were password protected and backed up in case of computer failure to safeguard them.

A central record of staff training was maintained to enable managers to ensure staff training was appropriately updated. People's reviews were also recorded centrally to enable prompt review when required. The agency had an on call manager system whereby day to day management support was shared. Managers handed over relevant information when passing on-call responsibility between them, to ensure continuity. Staff knew how to contact the on-call manager at any time. The management team met together as well as meeting with groups of staff. The staff meeting minutes and management meeting agendas showed that issues of service quality were discussed as well as people's needs and aspects of reflective practice.

The manager understood the reporting and notification requirements with regard to serious events and incidents. However, no incidents requiring notification had occurred in the previous 12 months. The manager sought advice and contacted us appropriately where issues arose. The manager had an open approach to any issues raised. Feedback was used as an opportunity to continually develop and improve the service. Potential improvements discussed at previous inspections had been considered and acted upon.