A&R Guardian Services Limited

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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

This inspection took place on 21 and 27 June 2017 was announced.

A&R Guardian Services Limited is registered to provide personal care and support to older people living in their own homes. The office is based in the city of Leicester. At the time of our inspection there were 15 people using the service and six care staff employed. People's packages of care varied dependent upon their needs.

This was our first inspection of the service since they registered with us on January 2016.

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.

We found further action was needed to ensure that people received the support they needed to make decisions about their care. Records did not demonstrate that appropriate Mental Capacity Assessment (MCA) and best interest decisions made had been documented. Although staff recognised the importance of gaining people's consent their knowledge on the MCA varied. The registered provider was working with the local authority commissioner for support and to confirm the training dates.

Risks associated to people's health and safety and risks within their own home had been assessed. Measures to protect people from avoidable harm were not always accurately reflected. However, when raised with the registered provider they amended the care plans to ensure staff had clear guidance for follow in order to support people to stay safe.

Staff were provided with appropriate uniforms. Some adjustments had been made to staff uniform to ensure people's safety was not compromised whilst respecting staff's diversity. To further assure people's safety, the registered provider told us they would carry out unannounced spot checks and take action as required.

People said they felt safe. Staff knew how to report any concerns of abuse or harm they identified when they visited people. People were supported with their medicines in a safe way.

People's safety was promoted by the provider's recruitment processes. There were sufficient numbers of staff employed to meet people's needs. Staff received induction and ongoing training for their role. Staff felt supported and had their work was appraised through regular meetings and their practice checked. This helped to ensure people's needs were met effectively.

People's rights were protected and respected. People were supported, where required to meet their dietary

needs and had access to healthcare support. People were supported by a regular individual or group of staff who they knew. This helped people to develop positive relationships with staff and promote continuity of care.

People told us their privacy and dignity was respected. Staff's approach was caring and they were knowledgeable about people's preferences and the support required to promote their wellbeing and independence.

People were involved in the development of their care plan to ensure care provided was personalised and responsive. People's needs were monitored and reviewed. This helped ensure staff responds to people's changing needs.

People knew how to complain and were confident that their complaint would be addressed. A complaint process was in place and staff knew how to respond to complaints.

The provider was meeting their regulatory responsibilities. There was clear leadership and communication between management, staff and people who used the service. People had a range of opportunities to be involved in the development of the service. The provider's quality monitoring system in place was mostly effective. Following our discussion with the registered provider about our findings, they identified areas which they could improve to ensure the system would help identify and drive improvements to provide quality a service.

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.

Risks were assessed and measures in place ensured people were protected from avoidable harm. People felt safe. Staff were trained in safeguarding procedure and knew how to protect people from abuse. Staff were recruited safely. Sufficient numbers of staff were available to meet people's needs. People were supported to receive their medicines in a safe way.

Is the service effective?

Requires Improvement

The service was not always effective.

People's capacity was not always assessed and any best interest decisions were not documented. However, staff sought people's consent and respected their rights and choices. Staff received induction, training and support. People were supported, where required to meet their dietary needs and maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People had developed positive professional relationships with staff who supported and promoted their wellbeing. People were involved in the development of their care plan. People's dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to receiving a service. Care plans provided staff with information on how to meet people's needs and were reviewed regularly. People and their relatives knew how to complain. A complaints process was in place and staff knew how to respond to complaints.

Is the service well-led?

Good

The service was well led.

A registered manager was in post. People and their relatives views were sought and they had opportunities to develop the service. Staff were supported and confident that any issues raised would be acted on. Provider had developed a system to monitor quality and used to improve 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.

This inspection took place on 21 and 27 June 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care service and we needed to be sure that someone would be at the office. This inspection was carried out by an inspector.

Before the inspection, we asked the provider to complete 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service. However, we gave the registered provider the opportunity to discuss this information during the inspection.

We looked at the information we held about the service and included notifications we had been sent. Notifications are changes, events or incidents that provider is required to send us by law. We looked the survey responses received from people who used the service, relatives, staff and healthcare professionals. We contacted the social care commissioners of the service and Healthwatch for Leicester City and Rutland County Council to obtain their views about the service. This information was used to help us to plan our inspection.

During the inspection visit we spoke with the registered provider, business development manager, a care coordinator and four care staff. We looked at the care records for six people who used the service. These included care plans, risk assessments and records relating to the care and support provided by the service. We looked at recruitment and training records for four members of care staff and records relating to how the

service monitored the quality of service, complaints, meeting minutes and some policies and procedures. We spoke via telephone to seven people who used the service and a relative to gather their views and experience of the quality of service provided.

Good

Is the service safe?

Our findings

The registered provider told us that all staff were provided with a uniform and a photo identity badge. This would ensure that staff were identifiable and protected the health and safety of all staff and people who used the service. We saw the care coordinator wore the uniform which consisted of a polo shirt with the provider's logo and trousers, and they had a valid photo identity badge.

We received some concerns about staff were not always dressed appropriately. A person told us they had raised concerns about the clothing worn by some staff. They described the clothing as a potential risk which occur such as a trip hazard or injury if the clothing worn by a staff member was caught when being moved using a hoist.

We found from speaking with some staff that they did not recognise the potential risk of not wearing the uniforms provided. A staff member told us that their clothing was reflective of their diverse needs and therefore unable to wear the required uniform. We shared our findings with the registered provider. They told us that the staff induction covered the uniform policy in relation to health and safety. Induction records we saw confirmed this. The registered provider told us there had been issues in the past and addressed with individual staff. We viewed the staff uniform policy which clearly set out the provider's expectations and that the management team would discuss individual case with staff to ensure people's safety. To further assure people's safety, the registered provider told us they would carry out unannounced spot checks and take action as required.

Risks associated to people's care needs and safety had been assessed as part of the initial assessment. These included environment risks including trip hazards, use of equipment and risk related to people's health conditions. Care plans detailed what the person could do for themselves and had clear guidance as to how staff were to support people. Staff spoken with described how they moved a person using a hoist in and out of bed which was consistent with information documented in the care plan. That showed people's safety was assured.

The registered provider demonstrated their knowledge of the key risks for each person and this was confirmed by people that we spoke with. We noted that the environment risk assessment did not consider fire safety such as a smoke detector for a person who smoked in their own home. Another person's care plan had identified a known allergy but there was no guidance for staff to follow in the event of an allergic reaction. When we shared our findings with the registered provider they took action immediately. Further assessments were carried out and the respective care plans were updated.

Staff understood their role in the event of an accident such as a fall. A staff member said, "I would not move the person but would check that they are breathing and not in any pain. I would call the office and do everything they tell me. I would write everything about what happened and what I did." This showed people's safety could be assured.

The office premises were secure and well maintained. A meeting room was available which could be used to

hold training sessions and meetings with staff or people who used the service. Paper and electronic records were kept secure. The provider's business continuity plan detailed the arrangements for the service to continue to meet people's needs in the event of an unplanned event, such as an interruption to electricity supply or adverse weather. The registered provider reviewed this document annually to ensure information was up to date.

People said they felt safe with the staff who supported them. A person told us that information on safeguarding procedures was included in the information pack about the service, should they needed to report any concerns about their safety. When we asked another person if they felt safe and why, they said, "Yes, I do feel safe. They [staff] help me with the things I can't do for myself." Another person said, "They [staff] let themselves in using the key safe. They check that I've got everything I needs and secure my home before they leave." A key safe is a secure method of externally storing the keys to a person's property. This helped to ensure people's safety within their homes whilst enabling staff access to the person's home.

Staff we spoke were trained in safeguarding abuse procedures. Staff we spoke with were aware of the potential signs of abuse to look for. The safeguarding policy provided staff with information about how to report abuse and the external agencies they could approach, if required.

Where people required support with their finances for example shopping call, the care plan clearly set out the role of staff. We saw transactions were documented and shopping receipts attached for one person who received this support. A further check was carried out by the registered provider or the registered manager when records were returned to the office. This helped ensure people were protected from financial abuse.

The local authority commissioners told us that the registered provider had listened and made the required improvements to protect people from avoidable harm and abuse. For example, they had supported the provider to ensure risk assessments were robust and clear guidance for staff to follow to manage risk.

We found people's safety was supported by the provider's recruitment processes. Staff records contained a completed application form, record of interview, references and a current check with the Disclosure and Barring Services (DBS). The DBS check helps employers make safer recruitment decisions by providing information about a person's criminal record. This showed staff had undergone a robust recruitment process to ensure they were suitable to work.

People told us that they had regular reliable staff who arrived on time. A person said, "My regular carer is [staff's name], and usually on time. If [they] are running late, they will call me to let me know." Another person said, "I always know who is coming and they are on time."

The registered provider told us they and the registered manager worked with the staff to provide care and support. The registered provider told us that they had taken action to reduce incidents of late and missed calls. Staff now worked in geographical areas and allocated regular staff to provide care to people. That meant people's safety and continuity of care could be assured.

The registered provider told us staff would prompt people to take their medicines where this had been identified as part of the person's assessment. The policy and procedures advised staff and those using the service that staff would only prompt and administer medicines that had been prescribed by a healthcare professional and dispensed by a pharmacist into a monitored medicine dosage system. Records showed staff were trained and their competency to support people with their medicine had been assessed.

Care plans contained information about people's medicines, where the medicines were kept and how they

took their medicine. When we asked a person how staff supported them, they said, "They [staff] remind me. They put the pill box with a glass of water in front of me and watch me take them." The medicine records we viewed showed that staff had signed to confirm that they had prompted and observed that the medicines had been taken. That meant people received their medicines in a safe way.

Requires Improvement

Is the service effective?

Our findings

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA and applications must be made to the Court of Protection. We found there were no such orders in place.

The registered provider had procedures in place and understood their responsibilities with regards to MCA. We found where people lacked capacity to make some decision there was no information about the relevant people and professional who need to be involved to make any best interest decisions. When we raised this with the registered provider they assured us they would take action to ensure mental capacity assessments and decisions made were documented.

Staff we spoke with understood the importance of gaining consent from people before they were helped but their knowledge and responsibilities regarding MCA varied. For example, a staff member said, "Whether people can make their own decisions and their rights." Whilst another staff member said, "Never heard of this, what does it mean?" Our findings supported the feedback we received from the local authority commissioner, who were due to provide further training and support to develop the provider's mental capacity assessment and procedures. The registered provider told us that they would liaise with the local authority commissioner to improve this area.

People told us they were happy with the support provided by the staff and were confident that they were trained. A person said, "Staff are trained and professional in their approach." A relative shared their views about the staff and said, "They [staff] understand [my relative's] condition and how it affects [them]. When [my relative] is struggling, they help [them] accordingly whilst on a good day don't need the same level of support."

Staff told us that they had completed induction training before they were allowed to work on their own. A staff member said, "The induction covered everything, policies, procedure and how to use the hoist, infection control and writing reports." Staff worked alongside the registered manager and the registered provider, so that they learnt how to meet people's needs and had their competency assessed. This helped to ensure staff provided effective care and support to meet people's needs.

Staff records showed the topics covered in the induction training varied. For example, a staff member had not had safeguarding or health and safety training. When we raised this with the business development manager responsible for training, they found the external training company had omitted some topics on the certificate that had been covered. A revised certificate was requested. Training matrix viewed confirmed staff

had completed training in areas such as health and safety, manual handling and first aid to meet people's care needs effectively.

The business development manager told us that staff were schedule to commence the 'care certificate' training in August 2017. This was a set of standards that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide quality care.

Staff told us they received regular supervision and appraisals and records we saw confirmed this. Supervisions were used to review staff performance, including any feedback on practices following unannounced spot checks, and to develop staff. That meant staff were supported to maintain and improve their skills in order to effectively meet people's needs.

Most people told us staff provided support to ensure their dietary needs were met. A person told us that they needed staff to prepare their meals and drinks. Another person said, "I have the same breakfast cereal every day. For lunch they [staff] tell me what's in the fridge. I tell them what I want and it's heated in the microwave and served." However a person said staff did not always follow the instructions on the packaging which meant the food was not properly cooked. They wanted us to share the feedback with the registered provider which we did. The registered provider assured us staff would be reminded and checks would be carried out.

Care plans contained information to enable staff to support people to eat and drink sufficient amounts to maintain their health. A person's care plan contained their food preferences and instructions for staff such as 'leave a snack and a drink before leaving'. Staff we spoke with described the types of meals prepared which were consistent with the information in the care plans. That showed care was taken to meet people's dietary needs and maintain their health.

People told us they were supported to access healthcare services when required. A person said, "I've not needed the doctor. I'm sure they [staff] would call them if I wasn't feeling." Records showed people's healthcare needs were documented when they began to use the service.

Staff were trained in catheter care to support a person. Their care plan included instructions provided by healthcare professionals to meet specific health needs and had information as to the action to take if staff had any concerns. That meant the person was assured their health needs were met and staff would alert the relevant healthcare professionals if they had any concerns.

Each person had an emergency grab sheet kept in their file. This contained essential information to be shared for the benefit of the person should they have to access health care services in an emergency. That showed staff enabled people to maintain their health.

Good

Is the service caring?

Our findings

All the people we spoke with said that staff were kind and caring towards them. People were supported by a consistent group or individual staff, which included the registered provider and the registered manager.

People and a relative said they had developed positive relationships with the staff. Their comments included, "They [staff] are respectful of me and my home" and "If something wasn't done properly I feel I could tell [staff's name] because I've got a good relation with [them]." A relative said, "I think we are lucky to have this agency and the fact that [my relative] has developed a good rapport with them. They are kind and caring towards [my relative] and me."

The registered provider told us that staff were introduced to people before the package of care was started. This enabled staff and those who used the service to get to know each other. A staff member said, "I found it useful to meet the people first so it helped me to get to know how they wanted me to help them." This was an example of people actively involved in how they wished to be cared for.

People told us they had been involved in the development of their care plan. Care plans reflected people's views about how they wished to be supported. For example, a person's care plan was specific with regards to their routines and the assistance required to move around their home. Another person's care notes completed by the staff showed that staff had followed the care plan to provide the level of support required to maintain their independence.

People and in some instances, their relative signed the care plan to confirm they agreed that the care plan met their needs. We found information about the local advocacy services was not available to people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. When raised with the registered provider they identified a local advocacy service and arranged for this information to be sent to people.

The information pack people received when a service started included information about confidentiality and information about key policies and procedures, which included equality and diversity. We saw people's information kept in the office was treated confidentially and care records were stored securely. The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner.

People told us that staff treated them with respect and dignity. A person said, "They [staff] check that I feel comfortable and use a towel to cover me up after I've had a wash." A care plan instructed staff how continence care was to be provided to maintain the person's dignity. A staff member described consistently the steps they took which showed care was taken to maintain the person's dignity and that the care plan had been followed. This also supported the responses in the surveys we received from people with regards to privacy and dignity.

Staff gave examples of how preserved people's privacy and dignity. Staff said, "I do respect people's privacy.

I cover them when I support them with personal care." And "I let them do what they can and help with the thing they can't do." This showed people's rights, dignity, privacy and independence was promoted and respected.

Good

Is the service responsive?

Our findings

People told us they were provided with information about the service in the form of a service user guide. This included the aims and objectives of the service, the contact details for the service, a care agreement and an explanation about the assessment process and details of what the person could expect from the service.

People's needs were assessed by a commissioner from social services which had been shared with the registered manager for consideration. The registered provider told us that they carried out a further assessment of the person's needs and a risk assessment of the home environment to ensure care could be provided safely.

People's care and support was documented in their care plans and described how people needed to be supported to ensure care they received was personalised. Individual preferences were documented in care plans regarding times for each care call. For example, a care plan for a person detailed the support required and tasks to be carried out at each visit and had clear instructions for staff to follow. Records confirmed that staff had followed the care plan. Another person told us they had asked for a female member of staff to support them with their personal care and confirmed that only female staff supported them. That meant the person received support that was personalised and responsive to their needs.

We asked people whether they received care and support that was personalised to meet their needs. A person, "I have [staff name] mostly. She knows what I need, how I like everything to be done and where thing are kept. [They] make sure everything is put back exactly how I like it before they leave." A staff member explained that they would check the care plan and daily care notes completed by the previous staff and speak with the individual to ensure there had been no changes or concerns about their care. This helped to staff provided care in line with the care plan which took account of any changes.

When we was asked people if the service was responsive, a person said "[Registered provider] had explained how they would help me. I was given my care plan to read and check that it covered everything that I needed help with. When I told them I needed more support they changed the care plan and my carer was also told." Another person told us that it was important that staff arrived on time in the mornings so that they could go out for the day as planned. That showed people received care that was personalised and responsive when their needs changed.

People told us they were involved in the development of their care plans. Those we looked were personalised and included some details of people's life histories, interest and family members who were important to them and their care needs. Care plans were reflective of people's individual needs and preferences. For example, a person told us that they required flexibility to the call times attend medical appointment and this had been documented in the care plan.

A relative said, "We have regular carers and they know when [my relative] is not having a good day and how to help [them]. It helps because [my relative] is safe and [they] get the help they need." This was consistent

with the information in the person's care plan.

A person told us that their care plan had been amended when their care needs had changed. This helped ensure staff access to care plans that accurately reflected the support this person needed. A staff member confirmed that communication with the management team was good because they were kept informed of any changes to people's needs or the call times. The registered provider also provided care and support to people, which meant that people could discuss their any change to care needs in a timely manner. This helped to ensure people needs were met.

People told us they knew how to contact the office if staff were late or did not arrive. The management team provided on-call support and would arrange replacement staff if the regular staff member was delayed and provide advice to staff in the event of an emergency or accident. This meant people could be confident that the service had arrangement in place to manage emergencies and ensure their planned care would be provided.

Feedback we received from the local authority commissioner about the management team and staff was positive. They told us that the registered provider was responsive and addressed concerns which had been reported to them in relation to missed and late calls.

People told us they were provided with a copy of complaint procedure and knew how to make a complaint. A person told us that they had complained about staff's clothing and said, "It's got better but it's not quite 100%." Another person said, "Language and communication can be difficult if you're not feeling good but we get by." They enquired why the provider was not able to recruit staff locally. We shared the feedback received with the registered provider who assured us that recruitment of staff was ongoing and that they would raise the communication issue with the staff team at the next staff meeting.

The complaint policy and procedure provided clear information as to how complaints would be investigated and advised people they could contact the Local Government Ombudsman if they were not satisfied out the outcome of their complaint. However, there was no reference as to the timescales involved. When raised with the registered provider timescales involved were included and copy prepared to be sent to people who used the service.

The service had received six complaints and the complaint procedure had been followed. The registered provider had analysed the complaints and found no patterns or themes for the complaints received which could affect other people who used the service. That showed that complaints were used to improve the overall quality of care provided.

We also saw cards and letters of thanks and compliments. The registered provider told us the compliments were shared with the staff team to assure them that they were valued.

Good

Is the service well-led?

Our findings

A registered manager was in post. However, at the time our inspection visit the registered provider provided management support whilst the registered manager was on leave. The registered provider also provided care and worked alongside the staff team and the registered manager. This showed the registered provider was actively involved in the running of the service.

We asked the provider to send us information about the people who used the service, staff and professionals involved in people's care so that we could send our surveys to gather their views about the service. We also sent a PIR to the provider to complete and return to us. 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 received the contact information. However, due to technical difficulties the provider had not received the PIR. We gave the registered provider the opportunity to share information about the service and the improvements made.

We saw that the conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when required. The registered provider understood their responsibility and CQC's approach. They had kept their own knowledge up to date in relation to the regulations, meeting people's health care needs and had attended conferences related to working in the health and social care sector.

The registered provider had a clear vision and values of the service they wished to provide. They said, "We provide, we protect and we care." When we asked a staff member about the provider's values they were able to describe the same values put into practice in relation to their approach in the delivery of care to people and said, "We aim to improve people's lives so they can stay at home with our help."

Everyone we spoke with gave consistently positive feedback about the leadership and management of the service. A person said, "Overall the management and staff seem to be good and organised." A relative told us that the management team had encouraged and acted on feedback about the care provided to their relative. They said, "They [management] seem to be organised. They call and visit to check that we are happy with the care provided and made adjustments to meet [my relative] needs."

We also received similar feedback in the surveys we sent to people and included, "A&R have cared for my [relative] in our own home for about six months, including nights. This is our only experience of in-house care, but I have been impressed by both the carers themselves and the management of the Company."

The provider had conducted surveys to gather people's views about the service. The results were generally positive about the care provided. One of the issues that had been identified related to staff uniform. The staff meeting had held April 2017 was used reinforce the staff uniform policy and that uniforms must be worn. The registered provider assured us that action would be taken and unannounced spot check carried out.

We found there to be effective systems in place to support staff in the delivery of care. The business

development officer managed staff training to ensure staff skills and knowledge were kept up to date. Staff told us that the staff meeting were useful where they could reflected on their work, rota's, communication and also discuss topics such as training and changes planned to the service. Records showed staff were supervised and supported by the management team. These meetings focused on their role, training needs, relationships with those using the service and their colleagues.

People's needs and care plans were reviewed regularly through home visits and telephone calls used check people were satisfied with the care provided. We found there were two recording systems were used to document any communication with people, their relatives in some instances and healthcare professionals. However, these systems were not consistently or effectively used and could result in information not being documented at all. This could impact on people's care if information received was not acted on such as changes to someone medication. When we spoke with the registered provider they had already made the decision to use the electronic recording system, which was secure. This was an example of the registered provider being proactive in identifying and improving the management of the service.

People and where appropriate their relatives and health care professionals were involved in their care and treatment to ensure they received personalised care. For example, management carried out unannounced spot checks on staff. These checks observe whether staff arrive on time and dressed in their uniform, use the correct moving and handling techniques and support people safely. Records showed actions had been taken to improve the quality of care people received and addressed issues with regards to staff conduct and training where required. That meant people could be assured the quality of service was monitored by the provider and met their expectations.

A sample of the provider's policies and procedures we looked at had been updated. Staff told us that they were information about changes in procedures at the staff meeting. In addition, they were provided with information and leaflets about health conditions that affect some people who used the service. This showed the provider had taken steps to provide additional information to staff to have a better understanding of conditions such as Parkinson's and how it affects people.

We spoke with the registered provider about their governance system and how they ensure the quality of care provided. They worked with the registered manager and staff to meet people's care needs. Unannounced spot checks and observations of staff's practice were used to check that care was provided safely and care plan had been followed. They also reviewed all the daily care notes and financial records returned to the office and any issues such as recording were raised with the staff member.

They registered provider and the business development officer acknowledged they needed to develop a robust management system to monitor the quality of care which could help to drive improvements more effectively. Through our discussion one of their ideas was to develop and annual management system that incorporated audits and checks, staff training, meetings and ways to gather feedback about the service.

Local authority commissioner told the registered provider had worked them to improve the quality of care people received. In addition, they had provided support to improve the systems in place and provided training to staff. They found the service to be organised and responsive to their feedback and had made the required improvements.