

Rosemary Limited

Rosemary Retirement Home

Inspection report

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Date of inspection visit: 15 and 17 September 2015
Date of publication: 07/01/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on the 15 and 17 September 2015 and was unannounced. At our last inspection on the 4 June 2014 the provider was not fully compliant with the regulations inspected.

We found concerns in June 2014 with how the provider managed and administered people's medicines and the standard of their records. We asked the provider to send us an action plan outlining how they would make improvements and we considered this when carrying out this inspection.

Rosemary Retirement Home is registered to provide accommodation and support for 23 older adults with dementia. On the day of our inspection there were 23 people living at the home and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act (2008) and associated Regulations about how the service is run.

Summary of findings

We saw that the provider had not taken sufficient action to ensure staff had the appropriate guidance to administer 'as required' medicines. However by the second day of our inspection this had been rectified to meet our requirements. We found that since our last inspection an audit of medicines had taken place but we found it was not effective as we found gaps on the medicines administration record chart making it difficult to identify whether or not people had been given their medicines. After the last inspection the registered manager and provider told us they would also ensure staff had access to regular staff meetings as part of giving them support. We found this was also not happening and there had only been one staff meeting since our last inspection. We found that improvements to how records were being kept had been made. This meant the provider had not completely met our requirements.

People and relatives told us they felt safe.

The provider did not have a staff dependency tool in place. This tool would ensure they had the right level of staff on duty to ensure people received the support they needed to maintain their safety.

People were able to receive their medicines as required.

People's consent was sought before any care and supported was given.

We found that the provider was meeting the requirements of the Mental Capacity Act 2005, and where people were at risk of their human rights being restricted the appropriate advice or approval was being sought from the supervisory body. Staff had limited knowledge and understanding about the MCA and DoLS.

Staff were able to access training and support when needed to ensure people were supported appropriately.

People's health care needs were being met and we saw that a record of visits made by their doctor, optician and other health professionals were kept to show when people received a check-up or when they were not well.

We saw that for a period of time during our inspection that staff were not as vigilant as they could have been to ensure people had access to a snack or drink. However, people told us that they were able to access a drink and snack when needed.

People and relatives told us that staff were 'Kind' and 'Friendly'. They told us they were able to make decision on the support they received.

People's privacy and dignity was not always respected. We observed on an occasion where someone's dignity was not respected while they received personal care.

We saw limited activities taking place which were not always linked to people's preferences. We were told that people had access to activities but we saw no plan in place and we saw people being left for long periods to just sleep in the lounge.

People told us that if they had to complain they would speak with the registered manager.

People were able to complete a quality assurance questionnaire to share their views on the service.

We found that audits being carried out were not consistently effective and failed to identify occasions where medicines administered were not being recorded appropriately and checks on the cleanliness of the environment had not identified that necessary dusting was not being done.

Notifiable events were not being reported to us consistently as required within the law.

You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

The provider did not utilise an appropriate staff dependency tool to ensure there was sufficient staff to support and offer regular interaction with people.

People and their relatives told us they were happy living within the home and felt safe.

Risks were being identified to ensure they were managed safely.

Requires improvement



Is the service effective?

The service was not always effective.

Where people lacked capacity the appropriate assessments and or advice was being sought from the supervisory body to ensure people's human rights were not being restricted. Staff did not all demonstrate a good understanding of the mental capacity act or deprivation of liberty safeguards.

Staff received the appropriate training and support to ensure they had sufficient skills and knowledge to meet people's needs.

Requires improvement



Is the service caring?

The service was not always caring.

People and relatives told us that they found the staff to be friendly and kind.

People received the kind of service they expected and were able to make choices about the support they received.

People did not always have their dignity and privacy respected.

Requires improvement



Is the service responsive?

The service was not always responsive.

People were not able to consistently access activities that met with their preferences, likes and dislikes and offered them meaningful stimulation.

People and relatives knew how to make a complaint.

Requires improvement



Is the service well-led?

The service was not always well led.

We found that the actions from the last inspection relating to staff being able to attend regular staff meetings were not taking place.

Quality audits and checks carried out by the registered manager were not effective in ensuring the environment of the home was kept dust free or that medicine records were being completed accurately.

Requires improvement



Summary of findings

<p>The provider did not ensure that all notifiable events were reported to us as required by the law.</p>	
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Rosemary Retirement Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

Our inspection took place over two days 15 and 17 September 2015 and was unannounced. The inspection was conducted by two inspectors.

Before the inspection we asked the provider to complete a Provider Information Return (PIR) which they did. 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 reviewed information

we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

On the day of our inspection there were 23 people living in the home. We spoke with four people, three relatives, four members of staff and two health care professionals who were visiting the home. We also spoke to the registered manager and the provider who was present throughout the inspection. We looked at the care records for three people, the recruitment and training records for four members of staff and records used for the management of the service; for example, staff duty rosters, accident records and records used for auditing the quality of the service.

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 talk with us.

Is the service safe?

Our findings

We last inspected this service in June 2014 we found breaches in Regulations 13 of the Health Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was because the provider did not have the necessary protocols in place to ensure staff had the guidance needed to administer 'as required' medicines. The provider was also unable to show evidence that an appropriate audit was being carried out to check on how people's medicines were being managed and administered. We asked the provider to send us an action plan outlining how they would make improvements.

We found at this inspection that a protocol was now in place but this was a generic process rather than specific to each person's needs. We discussed this with the registered manager and provider and on the 2nd day of our inspection a protocol was in place for each person in receipt of medicines 'as required'. We found that a medicines audit was also completed to ensure staff were managing and administering people's medicines as prescribed. One member of staff said, "Yes, a medicine audit is carried out". We saw evidence of the audit that was undertaken, however we found gaps on the Medicine Administration Record (MAR) which should have been identified by the audit. This meant the audit was not effective in identifying whether people's medicines were being administered safely and as prescribed. We discussed this with the registered manager who told us the audit would be looked at and improved.

The provider had a medicines procedure in place to provide staff with guidance when managing and administering people's medicines. People were happy with how staff gave them their medicines. A relative said, "I don't have any concerns with how [person's name] gets his medicines". Staff we spoke with told us they were not able to give medicines unless they had received the appropriate training. Evidence we saw confirmed that staff were in receipt of medicine training.

Staff we spoke with told us that their competency was being checked on a regular basis to ensure they were competent to administer medicines. We saw evidence to confirm this. We found that where controlled drugs were being administered the appropriate process was being

followed to ensure people were provided with their medicines safely. This included two members of staff signing a controlled drugs book to show the medicine was given as prescribed.

People were asked whether there was enough staff. One person said, "If I ring my bell, I don't have to wait. One night I needed a drink after midnight. I rang my bell and they got me some tea. I apologised and they [staff] said not to say sorry as it's what they are here for". Other people we spoke with told us how good the staff were but were unable to say whether there were enough staff at the home. Relatives had a mixed view. One relative told us there was enough staff while another said, "There could be more staff on an afternoon". Staff we spoke with told us there was not always enough staff. They told us there was only two staff that afternoon. Staff identified to us six people who required two staff to support them with personal care. We asked them how staff coped. One staff member said, "We just do it". Other staff told us that where people needed two staff to support them, they had to manage. A staff member said, "Sometimes we have an extra staff member from 5pm". Another member of staff we spoke with said, "There is enough staff". Our observations were that people were left most of the time to just sleep in their chairs, watch the television or as staff rushed round to provide care and support some people just sat and looked around the lounge. The staff rota showed that there were between two and three staff on shift with support from the registered manager and the provider who was also available within the home supporting people where needed. On an afternoon and into the evening when the registered manager and provider had gone home this support was not available which could then lead to people being put at potential risk. We discussed our concerns with the registered manager and provider who confirmed there was no dependency tool used to determine the appropriate levels of staffing based upon people's needs and that this would be put in place as soon as possible.

Staff we spoke with were able to tell us the process they would follow in the event there was an accident or incident. One staff member said, "In the event of a fall, the procedure is to check the person over and log what happened in the accident book". Another staff member told us what they would do which also involved completing the accident book, but was less certain what to do where the person's ability to explain what happened and give reliable information was limited. The provider had a process in

Is the service safe?

place to give staff the appropriate guidance as to the actions they should take and the information to be recorded; however staff were not all able to explain the process. The registered manager told us they would go over this information again with all staff as a way of refreshing their knowledge.

Where there were risks to how people's support was delivered we saw evidence that these risks were being identified by way of a risk assessment being carried out. We saw that for someone who had diabetes there was a specific plan in place and the appropriate risk assessment to ensure staff would know what to do in the event the person had a diabetic seizure. Risk assessments on the environment were completed to ensure people were being supported in a safe environment. We saw that the lift and other equipment had up to date risk assessments in place to show where there were risks and how they should be managed.

All the people we spoke with told us they were happy within the home. One person said, "I love it here I wouldn't want to be anywhere else", while another person said, "I've been here 18 months, I am quite comfortable. [She then

laughed and added] there's no housework or cooking to do". A relative we spoke with said, "My Mom is safe here". Staff we spoke with were able to give examples of different forms of abuse and told us they would report any abuse to the registered manager. One member of staff said, "I have had safeguarding training and I would tell the manager or the local authority if I saw abuse". Not all staff we spoke with were able to explain what abuse was so they could recognise abuse if it was taking place. However we saw evidence to confirm that staff were receiving safeguarding training.

We spoke to staff who were able to explain the recruitment process they had to go through to be employed into their role. Staff told us they were required to complete a Disclosure and Barring Service (DBS) check and two pre-employment references before being appointed. The DBS check was carried out to ensure that staff were able to work and would not put people at risk of harm. We looked at three staff files which confirmed the information staff had provided us with. This showed staff skills, experience and knowledge was part of the recruitment process, to determine their suitability to support people safely.

Is the service effective?

Our findings

One person said, “The meals are wonderful. I like the roast beef”, another person said, “If I want a drink I press my buzzer and they [staff] bring me one”. We saw that a menu was displayed so people knew what the planned meal was so they could make an informed choice. However it was unclear how people who were unable to understand the menu made a real choice. We saw staff asking people what they wanted to eat, but where people lacked mental capacity staff could not be sure that people understood what they were being asked. The cook was knowledgeable about the people who had special dietary requirements such as a soft diet or a diabetic diet. We saw at meal times that there was a process in place to ensure people were given the right meal. This information was not recorded to ensure that whoever was preparing the meals in the absence of the cook would know this vital information. Staff were seen providing appropriate assistance to people who needed support to eat and drink at meal time. This was done in a caring and compassionate way and people were supported to eat and drink at their own pace. We saw evidence that the monitoring of people’s nutritional needs was taking place. People were not involved in deciding what meals went on the menu. The cook decided each day what to cook and then people were asked to make a choice. People told us while they were able to make a choice, this was limited.

People told us that they were able to get a drink whenever they wanted. While we saw people were able to get drinks when we arrived to ensure they were kept hydrated, we saw from our observations that people were not offered a snack or a drink for over an hour during the afternoon. This indicated that staff needed to be more vigilant in ensuring people had access to regular fluid intake. We saw evidence that the appropriate monitoring of people’s hydration was taking place and there were no high incidents of infections. We discussed our concern with the registered manager as people who lacked capacity or was just unable to ask for a drink could go for a sometime without a hot or cold drink. The registered manager assured us this was not usual and relatives we spoke with confirmed this.

People told us that staff would not support them without asking to first. We saw staff asking or getting people’s consent before supporting them. A person said, “The staff tell me what they are going to do and ask me if that’s alright

first”. A relative said, “[Person’s name] is able to give consent, if he doesn’t want to he won’t”. Staff we spoke with were able to tell us they would not support people without getting their consent first. However not all staff spoken to were able to explain consistently how people who lacked mental capacity gave consent or what a best interest decision would mean for them.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that there were concerns as to whether people lacked mental capacity an appropriate assessment was not always carried out. The registered manager had some understanding of the MCA and DoLS and was able to explain that advice was sought from the supervisory body when needed in line with the law. We did not see any situations where people were being restricted. Staff told us they had received training in MCA and DoLS and we saw evidence to support this. Staff were not always able to explain MCA or DoLS and what this meant for people who lacked capacity.

Staff we spoke with told us they were able to get support to do their job. One staff member said, “I do get supervision and can attend training”. Another member of staff was unable to say whether they got supervision or not. We found from the information provided by the registered manager that staff were able to get support through supervision and appraisals. The evidence we saw confirmed this. Newly appointed staff had the opportunity to shadow more experienced staff as part of the induction process. We found that newly appointed staff were being inducted through the new care certificate to give them a common induction process in the care sector. The care

Is the service effective?

certificate sets out fundamental standards for the induction of staff in the care sector. One staff member told us they had an induction folder to complete as well as shadowing and reading policies and procedures. The provider told us that staff were able to get regular training. We found that staff had access to a range of training sessions from mandatory courses that all staff had to complete through to specialised training, for example in the area of dementia awareness, challenging behaviour and other specialisms to support staff skills and knowledge.

People told us the staff were good and that they were happy living at the home. One person said, “The staff are good here”. While another said, “I love it here; I wouldn’t want to be anywhere else. I want the children to sell my house now because I want to stay here”. A relative said, “I am happy with how staff care for [person’s name] and another relative said, “Staff seem to be well trained and

they [staff] stay”. A health care professional who was visiting the home told us that the staff were really good. They advised that whenever they visited staff would always support the person with them and give them all the information they needed.

People and relatives told us they were able to see a doctor whenever they needed. One person said, “I fell out of bed the other morning. They [staff] called the doctor”. A healthcare professional who was visiting the home told us that staff were informative and got people to them whenever they saw changes that need to be attended too. We saw that where people were seen by a health care professional that this was recorded appropriately to ensure that accurate information was being kept of people’s healthcare. We saw that people’s health care was an important part of how they were supported.

Is the service caring?

Our findings

People told us that their dignity and privacy was respected by staff. Our observations on the day did not always support this. We saw a situation where a member of staff was supporting someone to use the toilet in the entrance area of the home. The member of staff opened the door to the toilet to get another member of staff's support in such a way that the person using the toilet could be seen in full view sitting on the toilet. The person's dignity was not being respected in this instance. We also observed a member of staff applying cream to someone's knee in the lounge. The person was not offered the opportunity to go somewhere more private. We discussed both situations with the registered manager who told us this would be raised with all staff as a training issue.

A person said, "The staff are kind to me", another person said, "Staff are helpful. If I need it, they [staff] will help with anything". A relative said, "Staff are superb. The manager is on top of everything". A healthcare professional said, "Staff are really good". Our observations were that staff, the registered manager and provider were all supportive of people. They showed compassion and a kindness toward people. Whilst we observed staff supporting people with a range of tasks, staff did not seem to have the time to sit, chat and interact with people.

People we spoke with told us that their needs were being met by staff and that they were happy living in the home. A relative told us their relative in the home hadn't walked before moving into the home due to a pressure sore on

their foot and with the manager and staff support they were able to stand for the first time in 10 months. People looked contented and the atmosphere was relaxed and staff greeted people individually using their first name which showed they knew people.

We saw evidence that people's weight was checked regularly to ensure people did not gain or lose weight inappropriately. Where people were being supported with pressure area care we saw that the appropriate monitoring and or screening took place.

Staff approached people and spoke to them rather than at them. People were able to respond and give staff consent to support them. We saw that people were encouraged by staff to do as much as they could for themselves and where people were unable staff would support them.

The provider told us in the information they gave us that people and relatives were able to take part in monthly resident meetings. People told us they were able to make decisions about the support they received and staff did want they wanted. A relative said, "The communication is good and I am always kept informed". We saw evidence that regular meetings took place with people but these did not involve relatives. Where an advocate was needed to support people make choices this was available.

Relatives we spoke with told us they were updated regularly and communication was good between themselves and the home. A relative said, "[Relative's name] is in the best place and they look after her well. Wouldn't want her anywhere else".

Is the service responsive?

Our findings

Relatives of people using the service told us they thought there was a lack of activities. One relative told us, “I don’t think there are enough activities. I don’t know if it’s that they don’t have time”. Another relative said, “My only complaint is that there could be a few more activities”. We saw one member of staff spend time looking at photographs of the past with people. We observed another person being supported to listen to their choice of music in their room. However, we saw little interaction between staff and a large number of people throughout the day. People were spending long periods of time in the communal areas sleeping. Staff we spoke with told us they had a music man and a keep fit class at the service but acknowledged that activities were not consistently available to people. One staff member told us, “I do think there could be more activities”. The service did not have an activity plan in place to inform people of activities that were available to them. Activities had not been arranged for people that were meaningful to them or that reflected their personal interests. One relative felt that staff did not know enough about her family member and told us, “I’m not sure staff know [relative’s name] as a person”. Without this information about people’s interests, the service was unable to provide meaningful social activities.

Whilst the staff we spoke with did not always know what activities or interest people had to be able to provide them

with meaningful things to do, people told us that staff knew them well. One person living at the home told us, “The staff know me”. One relative told us, “They [staff] are aware of what our relative’s need and you can see this”. Staff we spoke with were able to tell us about the people they supported and had a good knowledge of people’s care needs as well as their preferences, likes and dislikes. One member of staff was able to tell us about a resident’s health conditions as well as information about the person’s history that the person had shared with them.

A person living at the service told us they had never seen their care plan. However, a relative told us that they were able to contribute to the care planning process. They told us, “They [staff] involved me every step of the way”. Another relative told us, “An assessment did take place and I was involved”. Care files looked at did not provide personalised information that showed how people had been involved in the planning of their care.

People living at the service told us they knew how to make complaints. One person told us, “I would tell staff if I had a problem, they [staff] always ask if there’s anything I’d like to talk about”. Relatives we spoke with all said they had never had to make a complaint but were confident that the manager would handle any complaints about the service. One relative said, “I’ve never had to complain but if I did, I know the manager would have it sorted”. During the inspection we saw details of how to make complaints displayed around the home.

Is the service well-led?

Our findings

We last inspected this service in June 2014 we found breaches in Regulations 20 of the Health Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was because the provider's care records system was not meeting the standards expected to demonstrate good care. There was no evidence to demonstrate that staff meetings were taking place as a way of supporting staff and there was no system in place for managing the retention of records. We asked the provider to send us an action plan outlining how they would make improvements.

We saw evidence to show that whilst some of the planned action as outlined in the action plan submitted had been commenced they had not been completed. The provider had made the improvements required to show that there was a system in place for managing records and deciding when records should be archived or destroyed. The appropriate records were now being kept to show the quality of the support people were receiving and these were all being kept appropriately. We saw evidence to support that there had only been one staff meeting since our last inspection in June 2014. The provider told us that there would be regular staff meetings on their action plan but this was not being done. One staff member told us they had only had one staff meeting in a year, which substantiated what we found. Staff were not able to receive up to date information in a group setting where such information could be discussed to develop staff understanding or provide an opportunity to discuss improvements. Any information staff received was done on an individual basis. We discussed with the registered manager why they had not met the agreed actions in their plan. The registered manager was unable to give a valid explanation but assured us that staff meetings would start to take place. We were provided with a list of dates for future staff meetings for 12 months before the end of the inspection.

We found that the provider was not notifying us of all notifiable events within the home as is required within the law. We saw evidence that safeguarding alerts were being raised with the local safeguarding authority but we were

not being notified. We discussed this with the registered manager and clarified what was a notifiable event within the law. The registered manager told us this would be done in future.

We found that regular quality audits/checks on the service people received were being carried out by the registered manager. For example, medication audits were carried out, checks on the environment of the home, health and safety checks, checks on the quality of support people received and checks on the night staff. One relative said, "The room isn't dusted. The [staff] tidy and Hoover but it's not dusted. I think they only do basic minimum of cleaning. I have seen cobwebs and little insects in the corner". Our observations were that the person's room as well as parts of the home were dusty. We discussed this with the registered manager and this indicated that the audits being undertaken to check on the environment of the home were not effective or they would have picked up on these issues. We saw no evidence of audits or checks carried out by the provider. We found that the provider spent a lot of time in the home on a daily basis supporting the registered manager with the management of the home.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative said, "I have had a survey to complete". While another relative told us they did complete a questionnaire recently. Staff told us that they were also able to complete a questionnaire on the service. We found that an action plan was in place as a way of working through the concerns identified through the questionnaires, but the concerns identified by a relative about activities were not included in the action plan. We discussed this with the registered manager and provider who acknowledge they had omitted to add the concerns identified to the action plan. This was then rectified.

Where accidents and incidents took place the registered manager monitored these for trends as part of reducing the risk of accidents in the home.

People told us they knew who the registered manager and provider were. We found that the provider was also available in the home on a daily basis offering people support alongside the staff. We found the atmosphere in the home to be calm, homely and welcoming. One relative

Is the service well-led?

said, “Staff make you feel welcome when you visit, they offer you drinks”. All the people, relatives, staff and visiting professionals we spoke with told us the service was well led.

We found that there was a management structure that staff knew and were aware of who they should contact if the registered manager was not available. People and relatives were complimentary about the registered manager. A relative said, “The manager is always around when I visit the home”. Staff told us the registered manager was very supportive and they all worked as a team which also involved the provider who supported staff on a daily basis.

Staff told us they were aware of the provider’s whistleblowing policy and understood when it would be used. This was in place to enable staff to raise concerns they may have with the service people received if they felt they were not being addressed. Staff we spoke with told us they had not had cause to use this process.

We found that the provider did return their completed Provider Information Return (PIR) as we had requested.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The intention of this regulation is to make sure that providers have systems and processes that ensure that they are able to meet other requirements in this part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulations 4 to 20A). To meet this regulation; providers must have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. The systems and processes must also assess, monitor and mitigate any risks relating the health, safety and welfare of people using services and others. Providers must continually evaluate and seek to improve their governance and auditing practice.</p> <p>As part of their governance, providers must seek and act on feedback from people using the service, those acting on their behalf, staff and other stakeholders, so that they can continually evaluate the service and drive improvement.</p>