

Lifeways Rose Care and Support Limited

Rosekeys

Inspection report

Gringley on the Hill
Gainsborough Road, Gringley
Doncaster
South Yorkshire
DN10 4RJ

Tel: 01777816923

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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 ●

Summary of findings

Overall summary

This inspection took place on 14 December 2016 and was unannounced. Rosekeys provides accommodation, and personal care for up to 13 people. On the day of our inspection 10 people were using the service who had a variety of needs associated with a learning disability or an autism spectrum disorder.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

Staff had a good understanding of their role and responsibilities in protecting people from harm or abuse and followed correct procedures in relation to raising concerns. The registered manager shared information with the Care Quality Commission and the local authority when needed. Risks to people's safety were clearly identified and assessed, and measures were in place to ensure people were safe. People received their medicines as prescribed and the management of medicines was safe.

The staffing levels were sufficient to support people's needs and, although the service did use agency staff at times, the staff were well supported and underwent appropriate employment checks. Staff received regular and appropriate training and supervision to assist them in their roles.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People's health needs were managed with referrals made to health care professionals when required. People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care, and were treated in a caring and respectful manner by relaxed and considerate staff.

People's care plans contained up to date, relevant information and they received care from staff who understood their care needs. People who used the service or their representatives felt they could report any concerns to the management team and felt they would be taken seriously.

The registered manager ensured there were systems in place to continually monitor the quality of service provision.

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.

People were safe as the provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

There was enough staff to meet people's needs and staff were able to respond to people's needs in a timely manner.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced diet and fluid intake and their health was effectively monitored.

Is the service caring?

Good ●

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good ●

People were supported to make complaints and raise concerns with the management team.

People living at the home, or those acting on their behalf, were involved in the planning of their care and staff had the necessary information to promote people's well-being.

People were supported to pursue a varied range of social activities within the home and the broader community.

Is the service well-led?

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

Good ●

Rosekeys

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.

We visited the service on 14 December 2016, this was an unannounced inspection. The inspection team consisted of one inspector. Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with one person who used the service, four relatives, five members of care staff and the registered manager. We looked at the care plans of three people and any associated daily records such as food and fluid intake charts. We looked at four staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and the medicine administration records for two people.

Is the service safe?

Our findings

The person we spoke with who lived in the home confirmed they felt safe. Communication with some people who lived in the home was limited however when asked what made them feel safe one person told us, "Staff look after us." Relatives we spoke with told us, "Yes because the security is good at the home and the staff know what (name) needs." They told us they knew who to speak to if they had concerns about their relative's safety.

Staff we spoke with were aware of their responsibilities in keeping people safe. They had a good understanding of the different types of abuse people who lived in the service could be exposed to. They told us they had been given training in safeguarding and this had helped their awareness of these issues. One member of staff said, "I know who to contact in the safeguarding team, I have done this in a previous job." They went on to say, "I have reported things to my manager here and they have acted on them." Another member of staff also told us they could approach their senior care worker or the management team and they said, "I would go to my manager or phone safeguarding and CQC, my priority would be the resident." They went on to say, "The manager would act straightaway."

The registered manager told us they felt confident staff would protect people who lived in the service. They told us they spent a lot of time out in the home supporting staff, "I try to be around to show staff how to manage incidents and we always have a post incident discussion to see what we did well or what we could do better."

The registered manager was aware of their responsibilities in keeping people safe. They had recently reported a safeguarding incident to us and the local safeguarding team. We saw they had undertaken a thorough investigation and both they and their staff had worked to protect the people in their care.

Risks to individuals were assessed when they were admitted to the service and reviewed regularly. Where appropriate, there were referrals to health professionals. We saw recommendations from these professionals both written in people's care plans and undertaken in practice. For example, one person had an unstable health condition which made them prone to seizures and they required close monitoring. The person's risk assessment related to this condition gave staff information on what to look out for, how to manage the person's safety during and after a seizure. The risk assessment gave clear instructions on the interventions required by staff should the seizure be prolonged. Staff caring for the person were able to discuss their condition and how to manage it, we saw documentation showing the care of the person mirrored the instructions in their care plan.

Relatives we spoke with told us that, when people went out into the community, both the individual's and public safety was considered. One relative told us, "Yes (name) has staff with them all the time when they go out." The staff in the home had listened to relatives' views on what support their relations needed, this was also evidenced by the individual support plans we viewed in the home. The plans showed what level of support people required when going out into the community, what the person was comfortable with, what events may cause anxiety or distress and how this could be avoided.

The support plans identified potential triggers for behaviour changes and gave detailed information on how to deal with these. One relative we spoke with told they felt staff managed difficult situations very well and kept all the people who lived in the service safe. Staff we spoke with were able to talk confidently and in detail about the techniques used to manage these types of risks. For example, staff had been trained to use a nationally recognised restraint technique, but staff told us they used diversion and distraction techniques to manage situations rather than restraint. They told us the information in the support plans meant they were able to recognise early signs of anxiety in people and manage situations to avoid problems.

Relatives we spoke with told us there were usually enough staff to meet people's needs, one relative said, "I feel there are adequate numbers of staff." However all the relatives we spoke with expressed the view that there was a high turnover of staff and the staff numbers were supplemented with agency staff on a regular basis.

Staff we spoke with told us they felt there were enough staff on duty. One member of staff said, "We have enough staff and we are getting there with recruitment." Staff confirmed that a lot of agency staff were used to supplement permanent staff. One member of staff said, "Enough staff but we have to use agency." During the visit we spoke to some agency staff who worked at the service on a regular basis. One agency staff member said, "We are given time to read through files and can ask questions, everyone helps each other." Both employed and agency staff confirmed the registered manager used a particular agency and asked for regular staff. A member of staff said, "We have regular people from the agency and the manager is trying to recruit people." The agency staff were given an induction to the service. One agency staff member told us although they were caring for a specific person, the senior staff on duty ensured they were aware of particular needs of other people who used the service. This meant they were able to deal with issues that may arise.

The registered manager showed us the induction sheet he had in place to support agency staff this included fire safety, values of the service, attitude and safeguarding training. He also discussed the difficulties of recruitment due to the location of the service. The registered manager explained they were constantly looking to employ staff with the right skills and aptitude for the role.

We discussed recruitment with a senior member of staff who understood their responsibilities with regard to staff recruitment. They told us, "If I am interviewing I always ask about gaps in employment and make sure the references are from the last employer."

We viewed staff files and saw the registered manager and provider had taken steps protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People had their medicines administered by staff who had been appropriately trained in the safe handling of medicines. People's relatives we spoke with told us as far as they were aware their relations got the medicines they required. One relative told us when their relation went on a home visit the staff always ensured their medicines went with them. They told us staff explained everything to them prior to a home visit.

Staff we spoke with told they had received regular training in the safe handling of medicines. One member of staff told us, "There is a decent system in place to keep medicines safe." They went on to say, "People get their medicines on time." A member of the temporary agency staff told us they had observed senior staff administering medicines and said, "I see medicines being given safely, they stay with the person until they

have taken them." Another member of staff was able to discuss the process they would go through to allow them to give medicines covertly to people when required. They also showed a good knowledge of different people's needs for the administration of 'as required' (PRN) medicines.

We viewed the rationale for different people's PRN medicines which showed clearly why, how and when these medicines should be administered for individuals. The rationale described the different ways people would show they required these medicines. This meant staff had the information they required to administer these medicines appropriately. People could also be assured their medicines were both ordered and stored safely. The registered manager told us the senior care staff undertook this task and both he and the regional manager undertook regular audits to assure themselves medicines were given correctly.

Is the service effective?

Our findings

People's relatives told us the staff caring for their relations had the right skills to undertake their role. One relative said, "They (staff) are very good with (name) they are taught to use distraction techniques."

Staff we spoke with told us they were given training relevant to their roles with a number of staff undertaking further qualifications related to their role. One staff member told us majority of the training was face to face. They said, "They train you for everything!" and went on to say they had some more training coming up. The staff member confirmed they received regular training updates in areas such as safeguarding, health and safety and fire training. Another staff member told us, "Yes we get the training we need, new starters get the induction course and we do the update training." The training matrix we viewed confirmed this.

Staff told us that on commencing employment, all staff were required to undertake an induction process. Staff told us they felt the induction was sufficient to meet their needs. They told us the induction process allowed them to familiarise themselves with the needs of people who used the service and also gave them the opportunity to read the organisation's policies and procedures. We also found the induction process included a period of 'shadowing' more experienced staff until the less experienced staff felt ready to work independently. A member of staff also told us they had been made to feel very welcome by their peers on commencing employment.

The registered manager told us that staff also received training in supporting people who sometimes communicated their feelings through their behaviour. There were occasions where staff had to restrain people in order to maintain their safety. Staff had received training in the use of appropriate techniques.

Staff told us they were supported with regular supervision and appraisals and felt that the meetings were supportive and useful. One member of staff told us, "Yes I am able to discuss things I need to at my supervision and we get feedback on how well we are doing." We viewed supervision and appraisal records and saw there was a regular programme in place.

People were supported to provide consent to the decisions they were able to make themselves. One relative told us of a technique the service had used to help show their relation had the mental capacity to make decisions. Other relatives we spoke with told us that staff worked to support their loved ones make as many day to day decisions as possible. One relative told us their relation didn't always feel motivated to do particular things and staff used different techniques to encourage the person whilst allowing the person to make their own decisions and choices.

Staff understood that people's ability to make certain decisions varied and people were empowered to give consent where they were able. One member of staff said, "It's a second nature thing, you would say something like, 'are you ready for a bath,' and wait for an answer." They went on to say that they always tried to support people with their decisions but as much as possible to be led by them.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). The 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.

There were assessments of people's capacity to consent in their care plans. These assessments were detailed and individualised. There was information in place to highlight where people may need help in deciding what they wanted to do in relation to various aspects of their day to day care. The focus of the assessments was on what decisions people could make and how staff should assist them. Staff we spoke with showed a good knowledge of the MCA, one member of staff told us, "It's about people being able to make their own decisions, and the assessments we do to help them do this."

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 DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw a number of completed applications to the local authority relating to DoLS in people's care plans and noted the conditions of the authorisations were being met. People were supported to leave the home when they wished to and we observed staff taking people out of the home at various points during the day. In addition, staff were working within the guidelines of people's care plans to give people the freedom they needed as safely as possible

People were supported to eat and drink enough to help keep them healthy. The relatives we spoke with told us their loved ones got enough to eat and drink and enjoyed the food. One relative said, "Yes (name) is getting enough to eat, they (staff) adjust the meals to suit (name)." Another relative told us their loved one did not have a big appetite but staff always tried to get the person the things they enjoyed eating to encourage them to eat a good diet. A third relative told us their relation required a special diet and staff were aware of their relation's needs and managed the person's needs effectively.

Staff we spoke with showed a good knowledge of people's diets and preferences. Some people required the support of a dietitian and staff made sure when this input was required it was recorded in people's care plans. People in the service were weighed regularly to ensure they maintained a healthy weight. The people in the service were supported by staff to prepare their own meals whenever possible. The registered manager told us menus were decided by the people who used the service with support from the care staff to ensure their choices were in line with specialist diets. The registered manager told us the staff ensured people had as much choice and involvement as they could in the management of meals.

Relatives we spoke with told us the staff managed their relations health needs well. One relative who lived some distance from the service told us the staff were quick to call out health professionals when required and kept them informed of any issues of concern in a timely manner. A further relative said, "Yes they do (manage the person's health needs) and (name) seems to maintain good health."

Staff we spoke with showed good knowledge of people's health needs and were aware of their responsibilities in managing these needs. The staff we spoke with had a clear understanding of the system in place for people to access external professionals. Care workers told us senior care workers were quick to respond should a person require a doctor or an ambulance. Staff were able to discuss how to manage the long term health conditions some people suffered from. We saw recorded in people's care plans information on particular health conditions, with the symptoms people may portray, to ensure staff were sufficiently briefed on how to manage problems people may have.

Is the service caring?

Our findings

During our inspection we saw people who lived at the service interacting confidently with the staff supporting them. One person told us they got on well with staff who cared for them. Relatives we spoke with told us staff were caring towards their loved ones. One relative said, "I am pretty jolly satisfied." Another relative told us staff were caring towards their relation and said, "(Name) would tell us if they weren't." They went on to say "(Name) is happy here." A further relative said, "I am happy with (name) being there."

Staff we spoke with told us their colleagues were kind to the people in their care. One member of staff said, "Yes they (their colleagues) are caring, got (the people they cared for) best interests at heart." An agency worker we spoke with who worked regularly at the service told us, "Staff know people well and they know how to deal with them to get the best out of them." They went on to say, "I would feel comfortable if a member of my family was living here."

Our observations supported what people had told us. We saw that staff interacted with people in a relaxed and caring manner. They responded to people's requests for assistance in a timely way and provided people with time to talk with them. Their manner was cheerful and respectful. Staff spoke to people in a kind tone of voice and used effective communication skills such as establishing eye contact with people before speaking with them. We saw staff were patient and understanding when supporting people.

People were supported by staff who knew their needs, staff we spoke with were able to discuss the needs of the people they cared for explaining the different issues that affected people. This information matched the information found in the care plans. One agency staff member was able to discuss the needs of the person they were supporting. They also told us permanent staff made sure they were aware of pertinent issues that may affect other people living in the service. They told us this had helped them understand how different people interacted with each other and gave them an insight into the dynamics of the service.

Throughout our inspection we observed staff interacting with people. The interactions were positive and empowering, staff actively involved people in making decisions about what activities they would prefer to take part in and where they preferred to sit. We also noted that staff respected people's decisions if they did not wish to participate in the planned activities.

People who used the service were encouraged to form friendships with each other and one person told us they spent time with another person and regularly played dominoes with them. Relatives told us they were welcomed when they visited their loved ones and felt comfortable coming to the service at any time.

We found systems were in place to monitor staff to ensure they provided a caring and respectful service to people. The registered manager told us they spent a lot of time working with staff and observing the way they interacted with people. The registered manager was confident staff treated people with care and respect. They also told us that any issues raised about people's care would be dealt with straight away and we saw evidence of how incidents were managed in the appropriate way.

People and their relatives were encouraged to express their views and their opinions were valued and respected. We saw there were systems in place to involve people and their relatives in the planning of their care package. All the relatives we spoke with told us they had been consulted about their loved one's care plan. Relatives who lived some distance from the service told us the registered manager used email and telephone to ensure they were regularly involved in their relation's care. They said, "We have regular contact via the telephone about (Name's) care."

The registered manager told us they made sure families were able to see the support plans and they would ask for feedback from the families to ensure all the needs of people using the service were met. They told us where appropriate people's families received a copy of the current support plan.

People's privacy and dignity was respected by the staff who cared for them. Relatives we spoke with told us their relations had access to their own space and staff respected the need for some people to spend time on their own. One relative told us when they came to the service they saw staff knocking on doors before entering and maintaining people's privacy.

Staff we spoke with were aware of the need for the people they cared for to have as much independence as they could and to allow people to have some private time. One member of staff discussed the way the different levels of support were managed so this could be safely achieved. For example, one person had a health condition that meant they were required to eat their meals in the dining area. However, they enjoyed their own company and were able to spend time in their own room with staff popping in to check on them and chat when the person wanted to.

Our observations supported this, throughout the visit we saw staff working to ensure people had the privacy they wanted but with the right level of support for their individual safety.

Is the service responsive?

Our findings

People who lived at the service received personalised care from staff who knew their needs. One person we spoke with told us they felt they were treated as an individual. Relatives told us they had been listened to when their relations' individual support plans were put in place. They told us they were encouraged to attend meetings held to review their relative's care. One relative told us if they were unable to attend in person they were able to use other forms of communication to facilitate their involvement.

Staff we spoke with had a good knowledge of the people they supported and they were able to discuss their needs and individual support plans with us. They were aware of what was needed to ensure the safety of people when they were in the home and in the community. They used the information in the care plans to respond appropriately to any changes in the behaviour of individuals.

The care plans we viewed contain clear information on the different aspects of people's needs and how staff should respond to differing behaviour patterns from individuals. Staff were able to give us some examples of how they managed the different aspects of people's behaviour to avoid negative behaviour patterns. The discussions showed they had used the information in the care plans to ensure they responded in the best way possible to manage people's individual needs. For example, one person's care plan noted they enjoyed some banter with staff but that particular language patterns indicated a change in behaviour. Staff explained they changed their behaviour and used distraction to avoid this. One relative we spoke to told us, "[Name] can be impulsive and staff do deal with this." The relative went on to say the staff had listened to them when they discussed the best ways to support their relation.

People's individual preferences were known by staff. They were encouraged to make independent decisions in relation to their daily routines. If a person wanted help with their morning routine, staff ensured the help was given in a way that gave the person control of the situation. People were encouraged to make their own choices about such things as the clothes they wore, when they went to bed and how they managed their daily routines. They were encouraged to help cook meals and keep their own rooms and the communal areas clean and tidy.

One relative we spoke with said, "The staff encourage (Name) to do things for themselves like tidy their room and they help (name) with this." Staff told us they were aware people who lived in the home needed to feel independent and it was their job to ensure people had that sense of control. One staff member told us, "I like the fact we help people be as independent as possible."

Staff told us effective communication systems were in place to ensure they were aware of people's individual preferences as soon as they were admitted to the service so person centred care could be provided. One member of staff told us, "We always have a handover and we can discuss people's needs then. All the information we need is in people's care plans, but we know people's needs really well here and we know what interests people."

People who lived in the service were supported to pursue their interests and hobbies. One person we spoke

with showed us a trophy they had won from a competition they had taken part in. They discussed the different things they enjoyed doing. One relative told us their relation enjoyed going to play snooker and golf and staff supported the person to go out regularly.

Staff we spoke with told us they were able to use the company bus to escort people out in the community. One staff member said, "We want to help people make as much of their life as possible." They went on to say, "I want to help people be as independent as possible." They were able to discuss how they had supported one person take up a new hobby that had given them more confidence in themselves. Another member of staff told us people's social activities were individualised and the care plans gave them information on the different things people enjoyed and the level of support required so they could pursue these activities.

People could be assured that any complaints or concerns they raised would be responded to. Relatives knew how to raise a complaint should they need to. One relative said, "I have no complaints, I would ring the manager if I had to." Relatives we spoke with told us any issues they raised with the registered manager were dealt with to their satisfaction. One relative told us, "The service is very open."

The complaints procedure was displayed in the reception area of the home. Staff we spoke with had a good knowledge of the complaints policy and the procedure they should follow should a complaint or concern be raised. One member of staff said, "If a complaint was raised I would try to sort it out, I would record it and make sure the manager knew." Another member of staff told us that one person who lived at the service had an issue they wanted to make a complaint about. The member of staff explained they helped the person write things down and go to the registered manager. The member of staff said the registered manager had sorted the issue out and the person was pleased with the outcome.

There was a complaints procedure for staff to follow. Staff felt confident that, should a concern be raised with them, they could discuss it with the management team. They also felt complaints would be responded to appropriately and taken seriously. One member of staff told us, "Yes I would be listened to."

Is the service well-led?

Our findings

The relatives we spoke with told us they felt confident in approaching the registered manager if they wanted to discuss anything with them. One relative said, "(Manager) is very approachable and I have a good relationship with the senior care workers." They told us there was a culture of openness in the home. Relatives told us the registered manager and staff regularly rang them with updates relating to their relation's care. One relative told us, "Yes if anything happens they always ring me they don't hide anything." They told us this gave them confidence in the support their relatives received.

During our inspection the people who lived in the service and staff members came to chat to the registered manager throughout the day, the exchanges were informal, relaxed and people appeared comfortable with the registered manager. It was clear the registered manager knew people well and engaged with them in an open and inclusive way. One member of staff told us if they were unsure of anything they felt they could go to the registered manager and they would be supported by them. They said, "I am impressed with that."

The registered manager understood their role and responsibilities, records we looked at showed that we had received all the required notifications in a timely way. Staff we spoke with told us they felt supported by the registered manager and in turn were encouraged by the registered manager to support their colleagues. They told us they felt comfortable talking to the registered manager who was approachable and was open to suggestions and dealt with their concerns. Staff we spoke with were also aware of the company's whistleblowing policy. The registered manager was able to discuss instances when it had been used and how the company's procedures had ensured people who used the service were protected.

Staff told us the registered manager led by example and there was a clear staff infrastructure in place. The registered manager had delegated areas of responsibility to different members of staff and was supportive of them in their roles. One member of staff said, "(Manager) is very good with people and he supports us (staff) when we need it."

Staff told us they enjoyed working at the service and felt the registered manager was proactive in developing the quality of the service. One member of staff told us when the registered manager had come to the service they had made a number of improvements. They said "(Manager) got us a bus, he changed the way people were supported to make them as safe as possible." Staff gave examples of how the registered manager had made the one to one support for people more robust and looked at the environment changing things to make it better for the people who lived at the service. The member of staff said, "We are a lot better than we were, (manager) has improved things for people and the environment."

Throughout our inspection we observed staff working well together, they promoted an inclusive environment where friendly conversation was being undertaken between staff and people who used the service. We saw staff supported each other and it was evident that an effective team spirit had been developed.

Staff told us people who lived at the home attended a regular service user meeting with the staff and

registered manager, and were encouraged to air their views about the different elements of their care. Staff were also supported with regular staff meetings and felt the registered manager listened to their ideas on how to improve the service.

Relatives we spoke with told us they had been involved with completing the yearly survey the management team sent out, and they were aware of different ways they could provide feedback to the provider. One relative told us, "I talk to the manager regularly and he listens to me."

The registered manager had systems in place to monitor the quality of the service provided. Either they or the deputy manager carried out regular audits in areas such as medicines, care plans and the environment. We saw records with action plans showing how any issues had been addressed. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.