

Unified Home Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Unified Home Care Ltd is a domiciliary care service registered to provide personal care to people living in their own homes. The service supports older people some of whom were living with dementia and people with a physical disability. At the time of the inspection eight people were using the service, five of whom received personal care. Some people were also supported with live-in care. This is where staff stay in the person's home for a large proportion of the day and were part of the person's household.

People's experience of using this service and what we found

Not all risks had been identified and this put people at risk of harm. Information for staff was limited in how to manage risks. People received their medicines as prescribed, although some records were not accurate or complete. This created a risk of harm.

Monitoring and oversight of the service was not effective. There were missed opportunities to improve the quality of service provided. Not all records had been completed or kept up to date. Staff did not always have accurate records they could rely on to provide good quality care.

Staff knew how to safeguard and support people to keep them safe. Enough suitably skilled staff had been safely recruited. People were supported by a consistent staff team who they felt comfortable with. Staff ensured they followed infection prevention guidance and good practise. The service and the staff team took on board learning when things went wrong.

People's needs were assessed before the service provided them with support. Staff knew people's needs well. Staff had received the required training and ongoing support to help them maintain and improve their skills to fulfil their role and responsibilities. Relatives and health professionals all confirmed staff had the skills necessary to care for people well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives told us staff were caring and knew people's needs and preferences well. Staff gave people privacy, treated them with dignity and respect and helped promote their independence.

People said they were involved when reviewing their care and felt staff were responsive to their changing needs. Complaints were used to help drive positive improvements. Procedures and policies were in place should any person suddenly become unwell or need end of life care.

The registered manager led by example and had fostered an open and honest staff team culture. People's views were sought, and this enabled them to have a say in how the service was provided. The provider

worked well with other organisations, to provide people with joined up care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating

This service was registered with us on 18 January 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our responsive findings below.

Requires Improvement ●

Unified Home Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave 24 hours' notice of the inspection because some of the people using it could not consent to a telephone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this. This was because some people needed a court appointed deputy to speak on their behalf.

Inspection activity started on 18 October 2022 and ended on 21 October 2022. We visited the office location on 20 October 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on date 15 September 2022 to help plan the inspection and inform our judgements.

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority safeguarding team.

We also reviewed incidents reported to us involving safeguarding. We used all this information to plan our inspection.

During the inspection

We spoke with two people, three other people's relatives, four staff including the registered manager, senior care staff and care staff. We received feedback from another relative by e-mail. We also spoke with a registered manager from another services where people's care and support was shared.

We reviewed a range of records. We looked at three people's care plans, various medicines administration records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, incident records, complaints, compliments, quality assurance processes and various policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had completed risk assessments as part of people's care and support. However, these were not detailed enough and did not identify individual risks or mitigating actions required for staff to take to help keep people safe. For example, for one person who had a pressure sore, there was no information recorded to identify risks associated with repositioning, personal care and what the signs staff needed to be aware of in order to ensure safe care and treatment.
- Where a wound dressing had on one occasion become detached due to contamination, the risk assessment had not been reviewed. Although the person was being supported by a range of health professionals, the lack of information and guidance for staff put the person at risk of harm.
- Another person was supported with moving and handling equipment, information recorded was minimal and did not provide clear guidance to staff to mitigate risk when supporting with moving and handling tasks. Care plans just stated to use a slide sheet or other equipment but not how this was done.
- In addition, the registered manager checked that staff were competent to use equipment, but they had not had formal training to assess that staff used this correctly, or in accordance with guidance from the equipment manufacturer.

We found no evidence that people had been harmed however, systems to assess and manage risks were not robust to keep people safe. There was however a risk of people being harmed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they felt safe as staff were always careful, knew how to check skin integrity and repositioned people safely with equipment. Staff were given prompts in team meetings to be aware of people's skin integrity and any concerns needed to be reported to the registered manager.
- The day after our site visit the registered manager showed us records, they had booked a course to be trained as a 'train the trainer' and be competent to assess staff.

Using medicines safely

- Trained and competent staff administered medicines as prescribed. People received their medicines as prescribed including topical skin creams or in a liquid form. However, where the position of skin pain patches needed to be recorded, staff had not recorded this. Relatives told us staff varied where they applied the skin pain patches. The registered manager had not ensured they had adhered to the provider's policy. However, the registered manager told us they would add this to the notes in people's electronic care records.
- All people and relatives we spoke who had support with administering medicines confirmed all medicines

had been given as prescribed and staff had never missed a dose.

- One person told us staff always made sure they had swallowed their medicines and took these with a glass of fresh water. Staff completed most medicines administration records accurately and used the correct codes, such as if a person refused a medicine.
- There was clear guidance in place for medicines administration where responsibility was shared such as with other care providers or relatives.

Systems and processes to safeguard people from the risk of abuse

- Staff kept people safe as they had skills and knowledge on identifying and reporting any potential abuse.
- All people and relatives we spoke with told us people were kept safe as staff used the correct equipment and adhered to healthcare professional advice. The registered manager was aware of when to refer safeguarding incidents to the appropriate authority, who to notify and what actions to take.
- Staff told us they would look for changes in people's personality, body language, increased distress or being fearful of someone. One staff member said, "I would report any concerns to the [registered] manager and if necessary to the (local authority's) safeguarding team."

Staffing and recruitment

- A robust process was in place to recruit staff safely including checks on staff's previous employment, permission to live and work in the UK and recent photographic identity.
- Other checks included a Disclosure and Barring Service (DBS) for adults and children. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and relatives told us there were enough staff with the required skills to keep people safe without rushing care. One relative said, "We have arrangements in place for when another care provider looks after [family member] and when Unified Home care, care workers have responsibility." Staff told us they had enough time to meet people's care needs, travel between each person's care call visit, and they did not need to rush.

Preventing and controlling infection

- Staff adhered to good infection prevention and control (IPC) guidance, wore the correct personal protective equipment (PPE) depending on each situation. One staff member told us the order to put PPE on and take it off and when other equipment was needed, such as a face visor.
- This helped prevent the risk of infection and cross contamination. One relative told us, "[Staff] always wear their PPE when providing personal care. They take their PPE away or dispose of it safely in the bin outside."
- Staff adhered to the provider's IPC policy. Checks were undertaken to help ensure good standards of IPC were consistently upheld. For example, effective handwashing techniques and changing masks after each person's care.

Learning lessons when things go wrong

- There was a clear purpose to using learning to drive improvements. This positive sentiment was shared by all those we spoke with. However, a lack of detailed records limited the chances to learn consistently.
- Learning was shared with staff who took on board any changes. One staff member said, "Things rarely go wrong. The [registered] manager is very good at correcting any issues quickly, such as when a person's wound dressing came off. They contacted the community nurses and we now always check the dressing is secure at every care visit and if there is any changes to the person's skin."
- The registered manager had oversight of people's care both in people's homes, and where care was shared with other care services. When things went wrong, they investigated and liaised with other organisation to help prevent recurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- Relatives told us they, and their family member as much as practicable, had been involved in the care planning and the assessment of needs process.
- The registered manager visited people and/or their representatives in the person's home before people's care and support started. This enabled the registered manager to assess people's needs and discuss what people's needs were and how these would be planned to be met.
- Care plans indicated the level of support people required but not always how this was provided. The registered manager told us they would add greater detail and sent us evidence of when they had done this.
- People at an increased risk of malnutrition had details in their care plan how this was minimised. One relative praised the staff for quickly identifying a risk of their family member not being able to swallow food or drink safely. Records showed the person was now able to eat and drink enough, by safely following the advice of a health professional.
- Relatives were positive about the way that people were supported to eat healthily. One relative said, "I order home delivered meals. Staff get breakfast of cereal or some toast. My [family member] likes coffee with milk heated in the microwave in their usual mug. Staff always leave enough drinks for the day."

Staff support: induction, training, skills and experience

- Staff received support and training in areas relevant to their roles, such as food hygiene, equality and diversity, moving and handling and how to communicate with people with a sensory impairment.
- Staff told us they got the support they needed including guidance from health professionals, had regular supervisions and competency assessments to ensure they were effective in their roles. New staff completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that formed part of a robust induction programme.
- New staff also worked with experienced staff to get to know people before they worked alone. One staff member told us, "I help mentor new or inexperienced staff. It takes time, new staff are given time to learn, ask questions, and if they need more time, they get it."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health professionals, such as a speech and language therapist (SALT) or community nurses when needed. Records showed us where staff had requested emergency or other healthcare support. A relative told us, "We do have guidance from the SALT. We have to use thickener in

drinks which staff always add correctly. Staff are good at noticing if my [family member] is in any pain and offering some pain relief."

- Incident records showed how staff had responded to people falling or concerns about pressure areas. A relative said, "[Staff] are good at reporting any concerns about [family member's] health conditions."
- The registered manager worked closely with various health professionals. Guidance from them including a SALT and community nurses had been effectively followed.
- Staff supported people to stay healthy in areas such as nutrition, good standards of hygiene and safe use of equipment related to people's care. A relative told us staff knew exactly how to use the equipment including the safety devices on mobility aids, such as when to apply the brakes.

Ensuring consent to care and treatment in line with law and guidance

The MCA provides a legal framework for making 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- People were given choice and control over how they spent their time. Staff sought consent from people in a variety of ways. People's choices were respected even if people wanted to take risks in a safe way.
- Some people had their decisions made by a court appointed deputy, such as a lasting power of attorney. These representatives made decisions that were in people's best interests. A relative said staff were respectful of their family member's decisions, including the use of body language or having medicines mixed with food where there was no less restrictive way to administer medicines.
- Staff received training in the MCA and had a good knowledge of what this meant when it came to supporting people. One staff member described the key principles of the MCA, how they were applied and when reviews of people's mental capacity was needed. Other staff told us how they offered choices of a variety of foods, clothing or when the person wished to go to bed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager and staff team put people first and foremost by providing a consistent and knowledgeable staff team wherever possible. Staff ensured people's care was as caring and compassionate as it could be. One relative told us, "[Staff] use their communication skills and are always respectful to include the person in the conversation. My [family member] can't say what they want so staff have to know; they do."
- All those we spoke with praised staff for their kindness, respectfulness, compassion, being there for a chat and always listening. One person told us, "The staff listen to what we have to say. They let us finish our lunch and talk to us and we have a bit of fun. A relative said, "The difference staff make is that [family member] would not be able to do anything without them. Staff always involve them as much as humanly possible."
- Staff told us how they respected people's diversities and included them in everything they did. This helped support people to be heard and understood.

Supporting people to express their views and be involved in making decisions about their care

- People were offered choices in their day to day support. For instance, with regard to the gender of care staff. The registered manager told us how they were recruiting more female staff, but always aimed to have staff who people preferred. This meant staff could better meet people's choices and needs.
- People felt involved in decisions about their care. One relative said, "Sometimes we prefer female staff. The [registered] manager comes out when this is what we need."
- People and their relatives said care was being provided as agreed, and changes were made after people had been consulted.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's independence as much as practicable by only intervening to promote dignity or if people indicated they need assistance. Staff were polite and respectful when speaking with people and gave them time to be in private where people preferred this. One person said. "[Staff] never discuss any other person. I am confident my details are kept confidential."
- Staff supported people to live fulfilling lives. People or their relatives told us how people's independence was promoted with equipment, and by staff who knew how to use it. This had resulted in people being able to live at home and have a better quality of life.
- Staff did this by encouraging people to do those tasks they could do and help with those they couldn't. One person preferred to wash in a particular way, which staff supported. This minimised any unnecessary pain but encouraged people to keep skills they might otherwise lose. However, the lack of clarity and detail in care plans created a risk that care would not be as person centred as it could be. The registered manager

told us they would additional information to care plans.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff saw people's potential and helped them to achieve this due to perseverance, skills and seeing what people could achieve. One example was a person who due to a health condition had limited verbal communication. The provider had tried various technology devices; but it was staff's skills and knowledge of the person that had started a communication strategy. This made a huge difference to the person's life in knowing their choices were respected.
- People and relatives were positive about the support provided. One relative said how well staff knew their family member and told us, "The staff help a lot, and it helps me knowing there is someone to look after [family member], and trust to know [staff] can look after them. Even cutting food up as required."
- Staff understood and focused on people's preferences and choices as well as their physical support needs. Staff used equipment and various mobility aids to increase people's independence.
- Relatives told us about the personalised support that their family members had received, such as knowledge of the latest news and how to make a cup of tea the way the person liked. One staff member told us how one person had specific oral care needs. Staff met these with the type of toothbrush and toothpaste preferred. The person could then clean their own teeth.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate in various ways, such as using the most appropriate form of communication. Staff were adept at providing support based on people's mental capacity. One staff said, "One person has variable mental capacity. I know when to help them make a choice."
- Staff broke down the barriers that could impact how people communicated. This enabled people live a more fulfilling life as well as being able to access important information about their care and support needs.
- Training was in place for staff to use technology effectively. Staff understand people's communications, such as through facial expressions as well as larger print, short clear sentences or writing things down. This helped ensure people had their needs met in a way they wanted.

Improving care quality in response to complaints or concerns

- Policies and procedures, such as those around complaints were available in accessible formats as

required. One relative told us they had wanted additional care provision and the registered manager was very responsive in resolving this matter.

- All people and relatives told us if they had any concerns, they would contact the registered manager who, addressed these before they became a complaint.
- Complaints were responded to through the provider's complaints process and apologies were offered when needed. Lessons were learnt if needed to prevent recurrences through analysis for any trends.

End of life care and support

- At the time of our inspection, no person was in receipt of end of life care. However, policies and procedures and trained staff were in place should this ever be needed.
- The registered manager told us they had broached this subject with relatives in case there was an emergency or sudden change in people's health conditions.
- One relative with a valid power of attorney told us they were considering if a do not resuscitate order would now be their family member's best interest. A staff member said, "I would involve a GP and promote dignity; ensuring people are [dignified] and keep them covered during personal care. I always ask if it is okay to [provide personal care] and I would check they weren't in pain."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Whilst the provider had quality and assurance policies and processes these were not effective and had not been used to identify where the quality of the service was compromised. In addition, the registered manager provided care to people where a female member of staff was requested. This detracted from the governance and oversight of the day to day running of the service.
- The audit processes had not identified where records lacked detail to guide and direct staff to provide care, where to apply pain patches, how to manage risks and ensure people were safe using equipment. The staff team was small and knew people and their family members well. However, should a staff member become ill at short notice the records did not contain adequate information to guide agency or other staff members in the provision of care and support.
- The monitoring systems in place also included spot checks of staff to help ensure they were upholding the provider's values of good quality care. However, the registered manager had not recorded these. Although they wrote these up later from memory, this created a risk of the records for checks on staff not being accurate. There was also potential to miss improvement opportunities and identify what had worked well.
- We identified these concerns during our monitoring activity on 15 September 2022. Little improvement had been made to the quality assurance processes. For example, care plan audits did not review if there was sufficient detail in care plans or if risks assessments were suitable and sufficient to help keep people safe.
- Records, such as staff meetings evidenced to us how improvements had been made to identify changes in people's skin integrity and risks to people. However, risk assessments associated with these had not been reviewed or updated. This meant there were missed opportunities to make improvements when needed.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate management oversight and support continuous improvement of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us the registered manager always acted promptly to any concerns raised and then checked everything was working well after changes were made.
- The registered manager told us they were recruiting a care coordinator who would help with monitoring the electronic records system. This would give the registered manager more time to managing the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had promoted a positive culture within the staff. Relatives were positive about the care and support they received. Comments included, "My [family member] prefers it when they get the same staff which is good. They feel more comfortable and not worried because they get to know staff and the staff gets to know them and how their routine goes." And, "The [registered] manager is very approachable, says to call anytime if there are any problems. She is excellent with addressing any concerns with [family member]."
- Staff were aware of the service's values and visions. One staff member told us, "I have worked in other care services. It is important we ensure people live fulfilling lives and remain living at home."
- The registered manager was knowledgeable about the incidents they needed to report to us. They also implemented changes that were under their control and escalating those outside of their control.
- The registered manager understood the need to be open and honest when things went wrong. For example, if staff did not follow procedures and they were unable to make care visits as planned and offering apologies when things had gone wrong. A relative told us, "We only had one care visit that was an hour late. We got a call as there was a lot of traffic that day. It didn't cause any problems and it hasn't happened again."
- Staff were clear about their roles and explained these to us in detail. For example, detailed knowledge about health conditions, such as a stroke, Parkinson's disease and dementia.
- People and their relatives were complimentary and praised the support provided. One relative, despite the person's disabilities, complimented staff for how well they could interpret body language and always being person-centred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved as much as practicable in how the service was run and also through relatives and court appointed deputies in all aspects of their care and support. This included best interest decisions and also day to day discussions people had with staff.
- Relatives and people were regularly asked to feed back about the service and about their involvement with the service. A common and positive theme was people's and relatives' complete satisfaction with Unified Home Care Ltd. Another provider's registered manager told us, "The registered manager of Unified [Home Care Ltd] seems very knowledgeable and they always explain matters very carefully so they are understood."
- All staff told us they felt well supported and listened to, and that their feedback was taken on board and acted on. The registered manager told us, "If anything was of an urgent nature, I would call staff in for an urgent meeting when they were available. I would then decide any changes to be made or actions to be taken."

Working in partnership with others

- The registered manager and staff team worked well with various organisations such as community nursing teams, other care providers and GPs. This helped support better outcomes for people.
- Health professionals and social workers were involved when needed including Court of Protection appointed deputies and advocacy services.
- The registered manager fully understood their duty to cooperate with safeguarding authorities should the need arise. They also worked with other care providers so people's care was joined up.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all risk assessments were in place, where they were they lacked detail and not all risks had been identified. This put people at risk of harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits were not effective. Not all records had been completed and there were missed opportunities to improve the quality of care.