Direct Health (UK) Limited

Direct Health (Leicester)

Inspection report

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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 19 February 2016.

Direct Health (Leicester) is a domiciliary care service providing care and support to people living in their own homes. The office is based in Leicester and the service currently provides care and support to people living in Leicester, Leicestershire and Coventry including older people and younger adults with physical disabilities, learning disabilities, and mental health needs. At the time of our inspection there were 100 people using the service.

The service had a registered manager. This 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.

People using the service and relatives said the staff were caring and treated people with kindness and compassion. Staff valued the people using the service and took an interest in their lives, families, hobbies and interests. This helped them to build up relationships of trust with the people they supported.

People told us they were encouraged to make decisions about their care and support. Staff supported them to be independent and offered them choices at every opportunity. Staff were made aware of people's specific instructions on how they wanted their personal care given. This helped to ensure that people were supported in a personalised and dignified way.

People told us they felt safe using the service and trusted the staff. Staff were trained in safeguarding (protecting people who use care service from abuse) and knew what to do if they had concerns about the well-being of any of the people using the service. If people were at risk in any areas of their lives staff were aware of this and knew how to help reduce the risk and keep people safe.

The staff team was multicultural reflecting Leicester's population and some staff members were multilingual, speaking a range of local languages including Gujarati, Punjabi, and French. The service employed both male and female staff so if a person using the service wanted a staff member of a particular gender this could usually be accommodated.

Staff encouraged people to eat healthily. Particular diets, including halal, low cholesterol, and diabetic were catered for. If people needed encouragement to eat staff provided this and assisted people with their hydration, offering them frequent drinks. Staff were knowledgeable about people's health care needs and knew when to alert health care professionals if they had any concerns.

Staff were safely recruited to help ensure they were suitable to work in a care environment. There were enough staff employed to meet people's needs. If people needed two staff at a time to assist them they were

provided. Staff were trained to administer medicines safely and people said they did this.

Most people using the service and relatives said staff were usually on time and stayed for the time they were supposed to. Some people thought there had been an improvement in staff time-keeping. However a minority of people said there were still issues with the timeliness of calls. The registered manager agreed to address this.

People using the service and relatives said they thought that overall Direct Health (Leicester) provided a good service. They told us they were frequently asked for their views and that staff and management listened to them and acted on what they said. Results of surveys and questionnaires showed that the majority of respondents were satisfied with the service they received.

Since we last inspected there had been a number of positive changes made to the service. These included better staff retention and an improvement to the timeliness of calls. The registered manager and staff had been nominated for The Great British Care Awards (a national celebration of excellence across the care sector) and were attending the finals in May 2016.

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 told us they felt safe using the service and trusted the staff.

Staff were safely recruited and knew what to do if they had concerns about the well-being of any of the people they supported.

People had risk assessments in place and staff knew what to do to minimise risk.

People were supported to take their medicines safely with appropriate records kept.

Is the service effective?

Good

The service was effective.

Staff had the training they needed to provide effective care and support.

The service used the principles of the Mental Capacity Act 2005 Code of Practice when assessing people's ability to make decisions.

People who were assisted with their nutrition and by staff who were knowledgeable about their needs with regard to eating and drinking.

Staff understood people's health care needs and knew when to request medical assistance for the people they supported.

Is the service caring?

Good

The service was caring.

People told us the staff were caring, kind, and compassionate.

People were actively involved in making decisions about their care, treatment and support.

Staff treated people with dignity and respect and protected their privacy.

Is the service responsive?

Good

The service was responsive.

Staff provided personalised care and support that met people's needs.

Some people were satisfied with the timeliness of calls but other felt staff time-keeping could be improved.

People knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well-led.

People were satisfied with how the service was managed.

People's views were sought using a range of methods, including surveys and telephone calls, to check they were getting the quality and type of care they wanted.

There was evidence of changes and improvement to the service as a result of listening to stakeholder's views.

Direct Health (Leicester)

Detailed findings

Background to this inspection

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

This inspection took place on 19 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience for this inspection had expertise in services that provide domiciliary care.

Before the inspection we reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with ten people using the service and five relatives. We also spoke with the registered manager, regional trainer, the care co-ordinator and six care workers.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at the care records of four people using the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service and trusted the staff. One person said, "I feel safe with the staff that support me." Another person commented, "Yes I do feel safe with the carers." Relatives told us they also felt their family members were safe. One relative said, "We trust them all [the staff]. I have no worries about them caring for my [family member]."

Staff were trained in safeguarding (protecting people who use care service from abuse) and knew what to do if they had concerns about the well-being of any of the people using the service. The staff we spoke with said that if someone appeared to be at risk of abuse they would tell a senior member of staff immediately and ensure they contacted the local authority .This meant that an agency independent of the service would be involved in safeguarding investigations and the provider did not deal with them on their own.

The provider's safeguarding policy was specific to the Leicester area and provided staff with some of the contact details of the agencies they needed to report safeguarding incidents to. There were no contact details, however, for the equivalent agencies in Coventry. The policy was a lengthy document, 25 pages in all, and complex in parts due to the amount of information it included.

We discussed this with the registered manager who agreed to look at producing a more accessible document for staff. She said this would include the telephone numbers of the local authorities who would take the lead in any safeguarding investigations, and other agencies who might need to be informed. This will help to ensure that staff have clear and up-to-date guidance about what to do if abuse is suspected.

The service took action to minimise risk to the people using the service. They knew which people were particularly at risk, for example those who lived alone. Staff carried out 'vulnerability checks' every two months to identify who was at high or low risk so they had up to date information. The registered manager said this meant that in an emergency, for example if there was an unexpected shortage of staff due to sickness, they would be able to prioritise those who needed support the most.

If people were at risk this was also highlighted in their care files. This meant that staff could see straight away if a person was at risk as a result of any health or care needs they had. Where people were at risk, support plans and risk assessments were in place so staff had the information they needed to help reduce the risk. These covered areas such as maintaining hygiene, indoor and community activities, and fire evacuation.

We looked at individual risk assessments belonging to four people using the service. These set out general areas of risk and those specific to the person in question. For example, one person had risk assessments in place for bathing, assistance with moving, premises and meals. Measures were in place to help staff to reduce risk, for example, by checking water temperatures, and being trained in moving and handling and food hygiene.

The staff we spoke with had a good understanding of how to protect people from risk while at the same time

respecting and supporting their freedom. One staff member explained how staff had taken a particular and consistent approach to one person who sometimes did not want to let staff into their home. Their risk assessment read, 'Carers are to wait for 5 mins and try again. If she still refuses contact office and do not leave until advised to do so.' This was an example of the service taken steps to help ensure a person was safe.

Records showed staff took the relevant steps to reduce risk. For example, one person was at risk of pressure sores. Staff were asked to monitor the condition of their skin at each visit and report any changes to their manager and the person's family. Daily records showed this had been done.

Records showed that the numbers of staff people needed for each visit was decided prior to their care commencing. So, for example, if people needed two staff to support them safely they were provided. This will help to ensure that people using the service and staff remained safe.

Staff were safely recruited to help ensure they were suitable to work in a care environment. The registered manager said the provider used a recruitment process designed to select staff with the right values. Staff were also interviewed in groups to test their teamwork skills as the registered manager said good teamwork was one of the way the service kept people safe.

We checked four staff recruitment files. We found that all had the required documentation in place including proof of identity, criminal records checks, and satisfactory references. This helped to ensure staff were suitable for the work they were employed to do.

We looked at how people were assisted with their medicines. Records showed staff were trained in medicines administration and had regular competency checks. This will help to ensure their skills remain up to date and they are aware of changes in good practice with regard to medicines management.

If staff were involved in administering medicines or prompting people to take it themselves they followed people's medicines care plans and kept appropriate records to show when and how the medicines had been given.

One staff member told they were satisfied with their training and felt confident to administer medicines safely. They told us that if there were any problems with a person's medicines they would ring the person's GP for advice and report their concerns to their manager.

We looked at the results of the service last medicines audit which was carried out in February 2016. This identified the medicines people were on and what assistance they required, for example, prompt, prompt and observe, apply cream, and administer. The registered manager said this information was used to give her an overview of people's needs with regard to medicines, prioritise people in terms of risk, and plan future staff training to ensure people received tier medicines safely.

Good

Is the service effective?

Our findings

Most people using the service and relatives described the staff as well-trained and effective at providing care. One person using the service told us, "The carers know exactly how to look after me." Another person said, "I would describe the carers as very nice and they know what they're doing." And a relative commented, "All the staff we've had have been properly trained."

One relative told us they thought that some of the staff needed more training in moving and handling people. They told us, "They're not quite as adept at handling my [family member] as we'd like. Some carers have the knack others don't." And one person using the service said, "The newer carers need more training in how to make beds."

We discussed these comments with the registered manager. She said she would review staff moving and handling training to make sure staff were up-to-date with this and confident in what they were doing. She also said she would review the care of people who needed assistance with moving and handling to ensure they were receiving an appropriate service. And she said she would raise the bed-making issue at the next staff meeting to make sure staff knew how to make beds properly.

Staff told us they were satisfied with the training the service provided. One staff member said, "The training has been very helpful. I was new to care when I started here and the training gave me the confidence to do my job." Another staff member commented, "People are safe using this service because the staff are properly trained and we have the equipment we need to care for people effectively. We also have our training regularly updated so we can keep up with good practice in care." Staff also said they had regular supervisions and appraisals with senior staff and records confirmed this.

We spoke with the service's regional trainer who was responsible for overseeing staff training at Direct Health (Leicester) and two other locations belonging to the provider. She told us that the service looked to employ people with a vocation to work in care as they make the best staff members. She said the job was fully explained to people before they accepted it so they understood what being a care worker entailed.

New employees had a 10 days taught induction aligned to the Care Certificate, a nationally recognised qualification is social care. This included a flexible period of shadowing which extended past the induction period depending on the learning needs of the member of staff in question.

The induction was followed by an extensive ongoing training programme which consisted of a wide range of courses relevant to health and social care. The staff training matrix, a record of the training staff had done or were scheduled to do, showed staff had had the training they needed to help ensure they provided the people using the service with effective care. For example, courses in Equality and Inclusion, Mental Capacity and Dementia Care meant staff had an understanding of the needs of people who might need extra support in communicating what they wanted.

The service employed both male and female staff. The registered manager said that if a person using the

service wanted a staff member of a particular gender this could usually be accommodated. The staff team was also multicultural reflecting Leicester's population and some staff members were multilingual, speaking a range of languages including Gujarati, Punjabi, and French. This meant they could use their languages skills where necessary to support people who spoke the same languages as 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 provider had policies and procedures in place concerning the Mental Capacity Act 2005 (MCA) and the registered manager and staff we spoke with understood their responsibilities under this legislation. Staff were trained in the MCA during their induction and used the MCA code of practice to help ensure they sought people's consent to receive care lawfully.

The provider's statement of purpose and service user guide also included an 'easy read' explanation of the MCA for people using the service and their relatives. This was available in Gujarati and Punjabi which helped to ensure it was as accessible as possible to people who were part of the diverse local community.

Records showed that staff followed the MCA code of practice and a 'best interests' in carrying out capacity assessments for people using the service who may be unable to make certain decisions. The registered manager said that if there was any uncertainly with regard to people using the service making decisions a social worker was involved so they had an independent person involved in their assessment.

Care plans set out the support people needed to ensure their nutritional needs were met. If people had particular needs relating to their nutrition these were recorded. All staff who assisted with meals were trained in basic food hygiene so they understood how to prepare food appropriately.

One staff member told us how their encouraged a person using the service to eat healthily and have a varied diet. They said they took them shopping and pointed out wholesome items for them to try. The staff member said, "I'm not having much luck but at the end of the day the choice is their choice and I can only make suggestions."

We looked at records to see how people using the service were supported to have sufficient to eat, drink and maintain a balanced diet. Particular diets, including halal, low cholesterol, and diabetic were catered for. Areas of risk, for example choking, were identified and staff given instructions on how to assist the person to eat safely using blended food and appropriate aids and adaptations. Staff were also asked to check there was no out of date food in people's homes that could pose a risk to them.

If people needed encouragement to eat, staff used different methods to tempt them, for example care plans told staff to 'leave food in sight' or 'assist [person's name] into the kitchen and offer her a choice of the food she has in the fridge'. Staff also assisted people with their hydration, offering them frequent drinks and, in one case, making them a flask of tea so they had something to drink between calls. Records showed that where necessary staff kept detailed records of food and fluid intake so their diet could be monitored and health professionals involved if necessary.

Records showed people's health care needs were assessed when they began using the service. If people had particular health conditions information about these was included in people's care plans. This helped to ensure staff were knowledgeable about the needs of the people they were supporting so they could alert health care professionals if they had any concerns.

One staff member gave us an example of how she had intervened when a person they supported showed signs of developing a medical condition. They told us they had been trained to look out for this and when they saw symptoms they contacted the person's GP to ask them to come out and reassess the person. This was done and new medicines were supplied which prevented the person's health from deteriorating. This was an example of staff supporting a person to maintain good health.

Good

Is the service caring?

Our findings

People using the service and relatives said the staff were caring and treated people with kindness and compassion. One person told us, "What I like best [about the service] is talking to the carers, they're so nice." Another person said, "The staff are wonderful and always kind to my [family member]."

People said that having mostly regular staff gave them the opportunity to get to know the people who supported them. One person using the service said, "I have just one carer and I know her name." A relative said, "All the staff are good and the agency does try and give us regular staff which works best as my [family member] can get used to them."

The staff we spoke with valued the people using the service. One staff member referred to the person they supported as a 'fantastic lady, in her 90s, very independent'. They told us how they swopped stories about each others families. The staff member said, "She knows all about my family and I know all about hers. She loves talking about the past and I love listening to her." This was an example of a staff member building up a trusting and satisfying relationship with a person using the service.

Another staff member told us how they built up a relationship with a person who was sometimes reluctant to accept care and support. They said, "It took a long time to win their trust." They said that by being a regular staff member for this person they had the opportunity to get to know them. They told us, "I made a big effort. I started conversations with [person's name]. I didn't take personally any verbal challenges. I always explained what I was doing and why because [person's name] was more likely to accept care if they knew the reason behind it." This was a further example of a caring staff member winning the trust of a person using the service.

Staff understood the different ways people using the service communicated. Care plans set out people's preferred communication methods, for example verbally in the language of their choice, or by facial gestures. Staff gave us examples of the different ways they communicated with people using the service. For example, one person had a notice board in their kitchen where staff wrote the name of the staff member who was coming to see them each day. This helped to remind the person which staff member to expect which was something they wanted to know.

The registered manager gave us an example of how one staff member had advocated for people using the service. She told us that one staff member had helped to ensure that a person they supported did not become socially isolated. They did this by helping to arrange, in conjunction with the local authority, weekly outings for this person so they could get out into the local community.

People using the service supported people to make decisions about their care and support. One person told us, "I am forever encouraged to be as independent as I can." Care plans and daily records showed that staff offered people choice at every opportunity. People had also been encouraged, where possible, to sign their care plans to show they were in agreement with them.

Staff respected and promoted people's privacy and dignity. They were trained in how to do this and every care plan they read reminded them of their responsibilities with the statement, 'Treat me with dignity, listen to me, talk to me in my preferred manner, encourage my independence and respect my confidentiality. Allow me to make my own choices and take positive risks in my home'.

Care plans showed that staff had the information they needed to meet people's individual choices with regard to their privacy and dignity. For example, staff were made aware of people's specific instructions on how they wanted their personal care given. This helped to ensure that people were supported in a personalised and dignified way.

Good

Is the service responsive?

Our findings

People told us the staff provided them with personalised care that was responsive to their needs. For example, one person said, "They wash me every day, once a day in the morning, which is what I want." Another person commented, "My carer helps me with my shopping, get things that are out of my reach and pushes my trolley." The person said this is the type of support they wanted. And a further person said, "The carers never leave me home without asking me if there's anything else I want done."

The care records we saw were personalised and reflected the needs of the people using the service. Care plans began with a 'person centred summary sheet' containing basic 'at a glance' information about the person and their needs. This was followed by information about people's social and health care needs, lifestyles, choices and preferences. In addition, all the people using the service were invited to complete a form called 'a little of my life history'. This gave them the opportunity to tell staff about their social, employment, and family history in order to help staff to get to know them.

We looked at the care plans for four people using the service. Staff told us they read these prior to supporting the people in question. One staff member told us, "With regard to [a person using the service] I know about her past jobs and where she has lived. I know what makes a bad day for her and what makes a good day. I know to encourage her to use her walking aid so she doesn't fall." Having access to this information helped to ensure staff provided people with responsive care.

Care plans included information on people's religious and cultural needs and their preferred routines for personal and other care. They included a detailed description of how they liked their care provided setting out what they liked to do for themselves and what they would like support with. Preferences like hair care and styling and clothing choices were included to make the service as personalised as possible.

Some of the people using the service did not have English as a first language. The registered manager told us that where possible the service allotted them staff who spoke their preferred language, for example Gujarati or Punjabi. However this was not always possible on all their visits. To address this the regional trainer told us staff were given visual aids which featured pictures of everyday activities, for example having a meal, and the words for these in both the person's preferred language and in English. This meant all staff could communicate with the people using the service even if they didn't speak their first language.

We asked people using the service and relatives about the timeliness of their calls. People had mixed views on this. Most people said staff were usually on time and stayed for the time they were supposed to. One person using service told us, "Usually the staff are on time." A relative said, "The carers are pretty punctual – they are usually here within 15 mins of when they should be."

Some people using the service and relatives said they thought there had been an improvement in staff time-keeping. One person said, "The carers used to come late but now they come on time." A staff member said, "We're much better organised and we can get to our clients on time and we don't have to rush away to get to someone else." The records we saw provided evidence that calls were mostly punctual and staff stayed

for the allotted time.

However a minority of people, those using the service and relatives, said there were still issues with the timeliness of calls. One person said, "The only problem I have with this agency is that the staff are sometimes so late. It's not their fault – it's usually the traffic – but it does make things difficult for me." A relative told us, "A few times they've been really, really late." In addition, some people using the service and relatives said they didn't always get a phone call to let them know that staff were going to be late. This concerned them as they were left waiting for a member of staff who there were not sure would arrive.

Some of the staff we spoke with said there could be a problem with getting to calls on time if there was a lot of traffic on the roads. One staff member told us, "The travel time we're allotted doesn't take into account the amount of traffic at different times of the day. If I'm late that's the reason." Another staff member said they tried to set off early in the morning to avoid the traffic but it didn't always work. They told us, "Because of the traffic even if I set off early I can sometimes be late." Staff said that if they were going to be really late they rang the office so the staff there could inform the person using the service that there was a delay.

We discussed this with the registered manager who accepted that there were instances when staff were delayed. She said this was sometimes unavoidable, for example if another call took longer due to unexpected events. With regard to hold-up due to travel she said she would raise this with senior management with a review to ensure that allotted travelling times were realistic given the variation at different times of the day.

People told us they knew who to contact if they had any complaints about the service. One person said, "I know how to make a complaint if it's required." One person told us they had 'not gelled' with a particular staff member so they had told the office staff who had sent them someone else instead. Records showed that the service listened to the people using the service and responded promptly if a complaint was received.

The provider's complaints procedure was in its statement of purpose and service user guide. It advised complainants to contact their care co-ordinator if they were unhappy with any aspect of the service. The service would then follow a set procedure in addressing the complaint. Alternatively people could use an option called 'Tell Jonathan' on the provider's website which gave people the opportunity to complain anonymously if they wished.

The complaints procedure also included contact details for agencies that could assist people in making a complaint or, in certain circumstances, re-investigate if the complainant was not satisfied with the outcome of the provider's investigation. These included social services and the local ombudsman. This information helped to ensure that the people could take any complaints they had outside the service if they felt they needed to.

Good

Is the service well-led?

Our findings

People using the service told us they thought Direct Health (Leicester) provided a good service. One person said, "My overall opinion is that they are very good, and yes I would recommend Direct Health to others." Another person commented, "Staff listen to me so I've never had reason to be unhappy with the service I receive."

Relatives also said they were satisfied with the service. One relative said, "I am very happy indeed with what they do." Another relative commented, "They are as good as any of the other agencies if not better."

Staff said they thought the service provided was good. One staff member said, "I would recommend this service to a relative or friend." Another staff member commented, "The agency endeavours to maintain high standard of care."

Since we last inspected there had been a number of positive changes to the service. Records showed that staff retention had improved meaning that people using the service were more likely to get continuity of care. An internal 'carer of the month' award had been introduced with people using the service and staff invited to nominate candidates. The registered manager said she hoped this would enhance staff morale. In addition, the registered manager, one of the care co-ordinators, and a care worker had been nominated for The Great British Care Awards (a national celebration of excellence across the care sector) and were attending the finals in May 2016.

People using the service and relatives told us they were frequently asked for their views on the service. One person said, "The office asks me quite often if I'm happy with the care. They are always phoning me and sending me forms to fill in." A relative commented, "We get lots of opportunities to give feedback. They send out questionnaires quite often and they call and ask if everything's OK. I'd tell them if it wasn't."

The provider's quality assurance system included an annual survey. This was sent out to people using the service, relatives, and health and social care professionals connected to the service. Once the survey was completed respondents were sent an overview of the results and information about what action management were taking in response to any issues or concerns raised.

It addition the provider carried out what were knows as 'snappy questionnaires' once a month. These involved staff contacting 15 people using the service and/or relatives by phone to see what they thought of the service. The registered manager/provider said this gave her an overview of the service at different times during the year and helped to identify any issues or areas of good practice.

We looked at the results of the latest 'snappy questionnaire' carried out in January 2016. These were positive with 100% of respondents saying they staff made them feel 'important' and that they 'mattered', 93% saying the service had improved, and 93% said they would recommend the service to others.

Staff said they had the support they needed from management. One staff member told us, "If I have an issue,

anything at all, I ring the office and ask for advice. I always get a good response." Another staff member commented, "If I have a problem I can phone for advice, even at weekends." Staff members also told us they had regular supervisions, appraisals and team meetings and that management listened to them and welcomed their ideas and suggestions.

Some staff said they had had problems with their schedules of calls which they though could have been better planned. One staff member said, "My schedule has sent me back and forth across my area which has meant much more travelling time than was necessary." Another staff member said, "I wish they'd sort out the rota. It could be much better and save time if it was done properly."

We discussed this with the registered manager who was aware of this issue. She said it had come about due to a staffing problem in the Coventry area. She said it was being addressed and she hoped staff had seen an improvement already.

We looked at how the provider ensured the service was running well. The registered manager carried out a range of audits incorporating all aspects of the service. Monthly and quarterly audit results were sent to the provider so they could monitor the progress of the service. Where necessary, action plans were put in place for the registered manager to follow. Records showed that these were being followed.

The registered manager was also working with the two local authorities who commissioned with the service in order to bring about improvements where necessary. Records showed that all outstanding actions had been met or were in the process of being met. This was evidence of the service's commitment to a programme of continuous improvement with the aim of delivering high-quality care.