

TLC Care Homes Limited

Wellwick House

Inspection report

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Essex
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Tel: 01255823547

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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

The inspection took place on 24 February 2016 and was unannounced. Wellwick House provides accommodation and personal care for up to six people who have a learning disability or autistic spectrum disorder. On the day of our inspection six people were using the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were protected from the risk of abuse as staff had attended training to ensure they had good understanding of their roles and responsibilities if they suspected abuse was happening. The manager had shared information with the local authority when needed.

People were supported by a sufficient number of suitably qualified staff. The provider had ensured appropriate recruitment checks were carried out on staff before they started work. Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people preferred.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. People at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Positive and caring relationships had been developed between people and staff. Staff responded to people's needs in a compassionate and caring manner. People were supported to make day to day decisions and were treated with dignity and respect at all times. People were given choices in their daily routines and their privacy and dignity was respected. People were supported and enabled to be as independent as possible in all aspects of their lives.

Staff knew people well and were trained, skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. People, where able, were involved in the planning and reviewing of their care and support.

People's health needs were managed appropriately with input from relevant health care professionals. People were treated with kindness and respect by staff who knew them well. People were supported to maintain a nutritionally balanced diet and sufficient fluid intake to maintain good health. Staff ensured that people's health needs were effectively monitored.

People were supported to maintain relationships with friends and family so that they were not socially isolated. There was an open culture and staff were supported to provide care that was centred on the individual. The manager was open and approachable and enabled people who used the service to express their views.

People were supported to report any concerns or complaints and they felt they would be taken seriously. People who used the service, or their representatives, were encouraged to be involved in decisions about the service. The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood their responsibilities to safeguard people from the risk of abuse.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Staffing levels were flexible and organised according to people's individual needs.

People had their prescribed medicines administered safely.

Is the service effective?

Good ●

The service was effective.

The provider ensured that people's needs were met by staff with the right skills and knowledge. Staff had up to date training, supervision and opportunities for professional development.

People's preferences and opinions were respected and where appropriate advocacy support was provided.

People were cared for by staff who knew them well. People had their nutritional needs met and where appropriate expert advice was sought.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

Is the service caring?

Good ●

The service was caring.

Staff had a positive, supportive and enabling approach to the care they provided for people.

People were supported to see friends, relatives or their advocates whenever they wanted. Care was provided with

compassion based upon people's known needs.

People's dignity was respected by staff and staff were aware of the importance of promoting this aspect of care.

Is the service responsive?

Good ●

The service was responsive.

People had access to a wide range of personalised, meaningful activities which included access to the local community. People were also encouraged to build and maintain links with the local community.

People were supported to make choices about how they spent their time and pursued their interests.

Appropriate systems were in place to manage complaints.

Is the service well-led?

Good ●

The service was well led

The registered manager supported staff at all times and was a visible presence in the service.

Staff understood their roles and responsibilities. The registered manager and staff team shared the values and goals of the service in meeting a high standard of care.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Wellwick House

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.

The inspection took place on 24 February 2016 and was unannounced.

The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, which included safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had very complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke briefly with four people who lived in the service. We also spoke with four care staff members and the manager as part of this inspection.

We looked at four people's care records, four staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe and were aware of what to do if they felt unsafe or were not being treated properly. One person told us, "I feel safe." One other person indicated by nodding and verbalising sounds excitedly that they felt safe at the service when asked.

People were safe as staff understood their responsibilities regarding safeguarding and reporting any incidents of potential abuse or neglect. The risks to people's safety were reduced because they were supported by staff who had received training to ensure they were aware of their roles and responsibilities in reporting any issues of concern. We found staff were able to identify the signs of abuse and knew who to report concerns to within the organisation and when to refer to external agencies. One member of staff told us, "People are kept safe here and we have a lot of training which we need, to ensure people are safe."

All of the staff we spoke with knew people's needs and how to manage risks to people's safety. Care plans contained clear guidance for staff on how to ensure people were cared for in a way that meant they were kept safe. Risk assessments were included in people's records which identified how the risks in their care and support were minimised. Staff understood people's needs, and risks to people were managed. For example the manager informed us at the start of our inspection about issues we needed to be aware of for three people, and how our presence might have an impact on their mood and behaviours. Additionally a member of staff told us how one person's behaviours involved then grabbing at things such as your glasses or your hair and that they did not always get on with one other particular service user. To alleviate this staff ensured efforts were made to avoid contact at times with that person in areas of the service where there were gender specific bedroom areas.

People's individual care plans provided staff with comprehensive details on how to manage people's challenging behaviour in the least restrictive way. They highlighted specific management techniques to be used when people were exhibiting behaviour that challenged. Staff had received training to equip them with effective physical intervention skills in order to respond to aggression. Staff told us the training enabled them to safely disengage from situations that presented risks to themselves or the person receiving care.

The manager monitored incidents and accidents and reviewed them regularly to address any concerns. Staff told us they completed and had kept a record of each incident that occurred as indicated in the service's policy and procedure. Staff minutes showed all incidents and accidents were reviewed to ascertain any on-going patterns and to discuss ways to mitigate further incidents. This meant that the service learnt from incidents and accidents.

Staff identified and managed risks to people's safety to keep them safe. The manager had assessed risks to people's health and well-being and put plans in place on how staff would manage these to minimise the chance of harm. Risks to people using the service were assessed and managed so that they were protected and their freedom was supported and respected. We found people were encouraged to take risks and staff encouraged them to increase their independence in the home and the community. For example one person was living a separate flat area which was part of the service but was working towards becoming more

independent, We saw staff support people in line with their risk management plans. A person who could become agitated around other people was monitored closely by a member of one to one staff who was able to identify the trigger behaviours that indicated this person may be becoming upset or too excited. We observed the staff member sitting with this person listening to their favourite music on a mobile device. This person was very mobile and was not able to express themselves fully verbally and our observations and conversations with staff demonstrated that guidance on mitigating risks had been followed.

People's care plans contained comprehensive risk assessments for activities. Where potential risks had been identified an appropriate risk prevention strategy was in place. For example, several people went out on the day of inspection and one person attended swimming. The activity had been effectively risk assessed to promote their safety. Staff told us they felt the risk assessment process was essential to promote people's safety. We saw staff support people in line with their risk management plans.

We saw records which showed that the service was well maintained and equipment such as the fire system and mobility equipment had been regularly checked and maintained. Appropriate plans were also in place in case of emergencies, for example, evacuation procedures in the event of a fire.

On the day of our inspection six people were residing at the service. These people were being supported by five support staff and the registered manager. Staff confirmed these staffing levels were normal for the service and told us they felt the staffing levels were appropriate in promoting people's safety. Comments included, "It is often very busy here but we have enough staff to meet the needs of each resident, considering we take them out as well." And, "We help each other and if we have anyone call in sick we try and cover it with someone else." Throughout our inspection we saw there were sufficient numbers of staff to maintain a constant presence in communal areas and staff were able to respond quickly when people needed support. The manager ensured there was adequate cover for both planned and unexpected staff absences.

The service used robust recruitment procedures to ensure people received support from suitable staff. Interview records showed staff had demonstrated they had sufficient knowledge and skills to undertake their role to support people with specific healthcare needs such as autism or with varying degrees of learning disabilities. Recruitment records showed the provider had carried out checks on the new staff's background, employment history and experience. The provider had obtained references and a disclosure and barring (DBS), criminal records check and ensured the new staff's suitability before they started to provide support to people.

People were happy with the support they received with their medicines. Staff administered people's medicines accurately and as prescribed. Medicine administration recording sheets (MARS) records were completed and showed people had received the correct dosage of medicine at the correct time. Staff followed the service's procedures on supporting people with 'as required' medicines for pain relief, challenging behaviours and specific health conditions. Staff accurately recorded the time and reason why people had received the 'as required' medicines. Medicines were stored appropriately and securely to reduce the risk of misuse. Staff made regular checks to ensure medicines were stored at the correct temperature. The registered manager ensured people received their medicines from competent staff by ensuring staff completed relevant competency checks and had regular one to one supervisions.

Is the service effective?

Our findings

People felt they received care from sufficiently skilled and competent staff. One person told us, "I like them here. [Staff name] good." Staff also felt they were effective in undertaking their roles and responsibilities. Comments included, "We all work well together here. It can get very busy but we support one another."

People were supported by staff who had received training to ensure they had the skills to support them effectively. On commencing employment staff were required to undertake an induction process to welcome them to the organisation and prepare them for their new role. Staff told us they felt the induction was effective in equipping them with the information they needed. One member of staff told us, "My induction was very detailed and provided us with a lot of information about people's needs." Staff also told us the induction process included a period of 'shadowing' where inexperienced staff were supported by more experienced staff until they felt ready to work effectively within the service independently. Staff told us, and records showed, that ongoing training opportunities were provided to ensure staff could remain competent in performing their roles and responsibilities at the service. One member of staff told us, "We do a lot of training here. It is required as the people we have here have very high needs at times and you need to know what you are doing." This showed that systems were in place to ensure staff were effectively supported to perform their duties and the aims and objectives of the service could be achieved.

Throughout our inspection we saw that staff had the skills to meet people's care needs. They communicated and interacted well with the people who used the service. Training provided to staff gave them the information they needed to deliver care and support to people to an appropriate standard. Person centred support plans were developed with each person which involved consultation with all interested parties who were acting in the individual's best interest. Our observations confirmed staff respected people's decisions and as they were seen to be asking people for their consent in all aspects of service provision. For example, we saw that staff asked people if they could enter their rooms. One member of staff told us that they ensured people provided consent before any interventions were undertaken.

The manager supported staff to understand their role and responsibility through regular one to one supervision meetings and an annual appraisal. One member of staff told us, "The manager is here every day and supports us well. They are very approachable." Regular team meeting minutes showed staff discussed how they provided support to people to meet their needs. The manager had reviewed staff performance against set objectives in appraisals and put a learning development plan in place. Staff said the manager of the service was very supportive and approachable and that they always took the time to offer support, advice and practical help whenever needed. Opportunities for staff to develop their knowledge and skills were discussed and recorded.

Staff had a good understanding of the issues which affected people who lived in the service. We saw from the training monitoring records that staff were kept up to date with current training needs. This was confirmed by all the staff we spoke with. Staff were able to demonstrate to us through discussion, how they supported people in areas they had completed training in such as challenging behaviour, dignity and respect, supporting people with their health and safety and nutrition. Staff used their knowledge and

training to develop good skills around communication. Some of the people at the service had complex communication needs and staff knew and recognised people's individual ways of making their needs known, such as how people communicated if they were over excited, unhappy or distressed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. The manager carried out a mental capacity assessment during their first visit, to determine people's ability to understand their care needs and to consent to their support. When people lacked capacity or the ability to sign agreements, a family member or representative signed on their behalf. The provider or the manager met with family members and health and social care professionals to discuss any situations where complex decisions were required for people who lacked capacity, so that a decision could be taken together in their best interests.

The manager told us they had contacted the local authority when they had concerns about a person's ability to make a decision and ensured appropriate mental capacity assessments were carried out. Records showed where people lacked mental capacity and were unable to make decisions, 'best interests' meetings were held.

People told us they enjoyed the food at the service. One person told us, "I choose what I want to eat. It is nice." Menu plans were flexible and reflected people's choices. People were asked every day what they wanted to have for their meal and were offered alternatives if they chose something different from other people. During the inspection we observed people having lunch. People we spoke with said they were happy with their lunch and the choice of food offered. One person insisted they made a cup of tea for the inspector independently with supervision. Staff told us they supported people, where able to prepare their own meals in the kitchen if they wished. Staff told us they encouraged people to make healthy lifestyle choices when planning their menu. People told us fresh fruit and snacks were available at the service any time they wished.

We found that staff had ensured people's weight was monitored on a monthly basis to ensure that any concerns could be identified and addressed in relation to people maintaining a healthy weight. We also found people could have received specialist diets such as low sugar diets or vegetarian meals although these were not required at the time of our inspection. We also found that people were supported to choose from a variety of drinks throughout our inspection to ensure people remained hydrated.

Is the service caring?

Our findings

People received support from staff that were caring and kind. The atmosphere within the service was welcoming, relaxed and calm. Staff interactions with people were kind and compassionate. People were seen smiling with staff. One person indicated, by smiling, that they were happy with their care when asked if the staff supported them well.

Staff demonstrated a good knowledge and understanding about the people they cared for and their needs. They were able to tell us about each person's individual needs and preferences.

People could be assured that staff would respect their privacy and dignity. We found people had access to private areas within the service, such as their bedrooms and an activity room behind the kitchen. Staff told us that people could use these areas at any time and our observations throughout our inspection confirmed this information. We saw staff knocking on bedroom doors and waiting for an answer prior to entering and when staff spoke to people about personal matters they also did this. This showed that the staff were aware of the importance of respecting people's privacy and dignity at all times.

Throughout our inspection we saw that staff interacted with people in a relaxed and caring manner and it was evident that positive relationships had been developed. The staff we spoke with had a good knowledge of people's personal histories and we saw this information was recorded in people's care plans and utilised to communicate with people effectively. We saw staff were patient when people required support and reassurance. For example we saw one person was very anxious; to relieve their anxiety a member of staff interacted with them in a calm manner and provided reassurance when required. It was evident that the person reacted positively to the interaction and a reduction in their anxiety was observed. This showed that staff were aware of people's needs and appropriate responses to promote a caring environment for people.

We found systems were in place to monitor staff to ensure people received interventions that were caring and respectful. The manager told us they observed staff to ensure people were being treated with respect and dignity. They also told us that if any issues of concern were identified through the observational process these issues would be discussed within formal staff supervision sessions so additional training and guidance could be provided when needed.

People were involved in making choices about their care. We were told people's diverse needs would be catered for by staff. For example staff told us that should people express a desire to attend religious organisations these would be respected and facilitated.

Staff listened to people, showing empathy and understanding, giving them time to process information and waited for a response without rushing them. If someone was trying to communicate something staff listened attentively until they understood what the person wanted. We observed the service had a culture which focused on providing people with care which was personalised to them. Staff were well motivated, warm and caring towards people.

People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. Staff sat with people when they spoke with them and involved them in things they were doing. Staff told us how they respected people's wishes in how they spent their day, and the individually assessed activities they liked to be involved in. For example one person went swimming on the day of inspection as they really enjoyed this activity. People were supported to maintain relationships with others and relationships with friends and family. However where this was not possible we were told that advocacy support services were available and were used. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Is the service responsive?

Our findings

People were assured that their individual preferences were known by staff and they were encouraged to make independent decisions in relation to their daily routines. For example we observed staff serving a variety of drinks and food throughout the day and it was evident that staff were aware of, and respected, people's choices.

Staff told us effective communication systems were in place to ensure they were aware of and could be responsive to people's preferences. For example, individualised care plans were in place which provided detailed information relating to people's preferences. One member of staff told us they valued the information provided in care plans and felt they were important and ensured a responsive service could be provided. Another member of staff said, "The care plans are very detailed. We can look at them at any time for information about the individual. All the care plans are signed by staff to show they had read them and they were aware of any recent changes in care. Staff also told us that daily handovers were performed to provide a forum for staff to discuss people's needs. This meant people were involved in planning their own care when able and their changing needs could be identified and responded to in a timely manner.

Staff told us they were required to read the care plans on a regular basis and signed to confirm they understood the content of the plans. Care plans contained guidance for staff which described the steps they should take when supporting people who may present with distressed reactions to other people and or their environment. Staff were able to tell us about individual triggers which might affect people's behaviour and different techniques they used to defuse and calm situations. The staff told us they used various supervision and communication techniques and their knowledge of the person to keep people safe.

We saw that the risk assessment process supported people to increase their independence. Where people did not have the capacity to be involved in risk assessments we saw that their families or legal representatives had been consulted. The service demonstrated a culture aimed towards maintaining people's independence for as long as possible. Care plans contained risk assessments in relation to risks identified such as challenging behaviour, nutritional risk and going into the community, and how these affected their wellbeing.

People's care plans incorporated risk assessments to promote people's safety whilst undertaking a comprehensive range of planned activities undertaken within the service and the community. These included attending college, the swimming pool and going on planned trips and outings. One person who was partially sighted had a care plan that was sufficiently detailed to fully inform staff of effective risk reduction strategies. Staff were fully aware of the content of the risk assessments which were reviewed on a regular basis to ensure they remained current and pertinent to people's changing needs.

Staff talked passionately about the people they supported and had a good understanding of their individual personalities and what could cause their behaviours to change. Staff told us that they were confident and knew how to support people who could become anxious in a safe and dignified manner. We saw staff were receptive to people's non-verbal communication and understood when they did not seem happy and when people needed to be kept safe. Staff had sufficient guidance in the health and behavioural action plans, so

they could provide support to people, when they needed it and reduce the risk of harm to others.

People told us staff had asked about their preferences and delivered their support in the way they wished. The service had assigned a member of staff as a key worker to work with each person and had discussions/meetings with them where applicable. Staff kept records of these meetings which showed they supported people to be involved (where able) in reviewing their health and making plans about how to progress further.

Staff also told us they were aware of people's life histories and were knowledgeable about their likes and dislikes and the type of activities they enjoyed. We saw that people accessed the community and the staffing levels supported this and any special events to take place. People could choose to participate in a range of individualised social events and follow their own individual interests. People were encouraged to attend college where able. Staff told us that there were a variety of activities and that people were actively encouraged and supported with their hobbies, interests, personal goals and ambitions.

People were assured that complaints were managed in a responsive manner. One person's relative told us they felt they could speak with staff and tell them if they were unhappy with any aspect of service provision. Furthermore they told us that whilst they did not have any issues of concern they felt comfortable in approaching any members of staff or the manager, if required. We also found that staff were confident that complaints or concerns would be responded to appropriately and the management team would take them seriously. People told us they were listened to and their views or concerns were addressed. The manager addressed people's complaints appropriately. One person told us, "The manager is very good at sorting things out." Records showed the manager kept a record of all complaints received. The service had investigated a few complaints and resolved them in line with the provider's procedure.

Is the service well-led?

Our findings

People told us they were happy with the way the service was managed. One staff member told us, "The manager is lovely. They guide you well and are very supportive." Another person told us, "We all work as a team here." People and staff told us the manager was approachable and involved a lot in the day to day running of the service.

Staff told us the manager asked their views about the service and valued their input and comments which they used to improve the service. Staff told us there was a positive and open culture at the service and they felt fully supported by the manager. Staff told us the manager gave them feedback to support them to develop their skills. Minutes of meetings the manager held with staff showed there was discussion about improvements to the service. We observed a staff meeting that took place on the day of inspection which was well attended. One member of staff told us, "We see the team meetings as a learning opportunity and to raise any issues we have concerns about. We are all quite open about things."

The manager used audits to take action to improve the service when issues were identified. Audits were carried out on people's care records. The manager had checked staff had completed monthly care plan reviews, support plans and key worker reports. Medicines management audits carried out showed staff had accurately completed the medicine administration records and people had received safe care and treatment. Another senior manager regularly reviewed all concerns raised in the service and ensured staff acted on the issues raised. The service's health and service audits showed that repairs and refurbishment had been undertaken to make the premises safe. We saw the maintenance personnel replacing some blinds and dealing with some other repairs on the day of inspection. Staff identified any repairs to the manager and they ensured maintenance staff promptly carried out any required work.

The manager had submitted notifications to CQC appropriately of incidents which had happened at the service and any safeguarding concerns raised.

The manager regularly obtained people's views about the service. People completed surveys about their care and support. Records showed the service listened to people's feedback and responded to their concerns. The manager attended meetings with senior managers to share best practice in supporting people. They had a service improvement plan which they regularly reviewed and updated with senior management.

The service worked in partnership with community healthcare professionals and ensured people received appropriate support on their needs. Records showed staff received relevant guidance and best practice from, social workers, community mental health teams, occupational therapists, behavioural therapy teams (BATS) and other health professionals.

The manager told us of the service's vision and values which ensured people received appropriate support to ensure they lived as independently as they could. Staff told us they understood the service's vision and values and used these as their focus in their delivery of people's care and support. The registered manager

monitored how staff practised the values of the service and gave them appropriate support. Reports of one to one meetings between staff and the registered manager showed they discussed team-working and people's support and shared ideas on how to improve the service.

Systems were in place to record and analyse adverse incidents, such as altercations between service users, with the aim of identifying strategies for minimising the risks. Providers are required by law to notify us of certain events in the service and records showed that we had received all the required notifications in a timely manner.

There were systems in place for managing records and people's care records were well maintained and contained a good standard of information. The registered manager explained that all records were reviewed, assessed and updated according to changes in people's needs. Care plans and care records were locked away in the office when not in use. People could be confident that information held by the service about them was confidential.

We looked at audits which were carried out by the manager on a regular basis. These included care records, medicines, environment of the home, activities, staff records, infection control and health and safety. This showed the service had an effective system in place to regularly assess and monitor the quality of service that people received.