

Access Dignity Care Limited

# Access Dignity Care Limited

## Inspection report

34 Newgate Street  
Walton-on-Naze  
Essex  
CO14 8AL

Tel: 01255852882

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Access Dignity Care Limited is a domiciliary care service that provides personal care to older people in their own homes within the Walton on Naze and surrounding areas. At the time of our inspection the service was supporting 49 people with personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People felt safe and were supported by safely recruited and trained staff who understood their needs and preferences and knew them well. People were supported to take their medicines as prescribed and access health professionals should they require and wish this. Where the service was responsible, people were supported to maintain a balanced diet. People were supported by staff who were respectful, kind and compassionate.

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.

People and those important to them were at the heart of their care. People were very involved in the planning and delivery of exceptionally person centred and holistic support from staff. This had significantly improved people's physical and mental wellbeing, independence and overall quality of life. Everyone said staff were exceptionally kind and caring. Staff were able to describe how they ensured people's dignity was respected. People and their relatives said they were involved in their care plans.

People were empowered by passionate staff who encouraged people to achieve their goals and follow their interests. People were supported by staff to improve their confidence, spend time in their local community and build trusting relationships with staff and other people receiving care to improve their quality of life.

People were consistently supported and encouraged by staff to engage in activities which were meaningful to them. This meant people consistently achieved positive outcomes with their care and support and remained independent for longer.

People were actively involved in the planning and review of their care and encouraged to give feedback about the service. People's needs, goals and preferences were included in person centred care plans which gave staff clear guidance on how to meet their needs. This ensured people received care and support in a way they preferred.

Where people had made complaints, the registered manager had dealt with these thoroughly and provided feedback to people and their families. The registered manager reviewed the quality of the service to ensure

areas of improvement were identified and people continued to experience a high quality of care. The registered manager promoted an inclusive and positive culture at the service which meant people felt able to communicate openly with staff and the management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 17 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re inspection programme. If we receive any concerning information we may inspect sooner.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring

Details are in our Caring findings below

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well led

Details are in our Well Led findings below.

# Access Dignity Care Limited

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

This inspection was completed by one inspector and one 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.

#### Service and service type:

Access Dignity Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service predominantly to older adults in Walton on the Naze and the surrounding areas. At the time of our inspection the service was supporting 49 people and employed 28 members of staff.

The service had a manager registered with the Care Quality Commission. The registered manager was also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone was available at the office. Inspection site activity took place on 23 October 2019 and telephone calls to people using the service, staff and relatives were made on additional days. We visited the office site location to see the registered manager and office staff and to review care records and policies and procedures.

#### What we did when preparing for and carrying out this inspection:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the

local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with five people and seven relatives of people who use the service to ask about their experience of the care provided. We spoke to members of staff including the registered manager who is also the provider, and another director of the company.

We reviewed a range of records. These included five people's care and medication records. We also looked at five staff files including supervision records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "They are all nice people and I feel very much at ease and safe with them." A relative told us, "They are great. [person] has had no accidents. They are safe, and they find easy to get on with them (carers)."
- Staff were trained in how to recognise signs of abuse and were clear on how to report concerns. The registered manager understood their responsibilities in relation to safeguarding and how to report and investigate concerns. They managed and investigated any concerns, this provided consistency in investigating and ensuring lessons were learned.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm. People told us they felt safe receiving care. Their comments included, "They [staff] are very good they seem very professional and have high standards and they are very helpful."
- Potential risks to people's safety and wellbeing were identified and assessed. Individual risk assessments were in place and included for example, the risk of falls, risks associated with specific healthcare conditions, and within the environment.
- When accidents and incidents occurred, staff completed reports about what happened. The reports were reviewed by where appropriate by the behaviour nurse or a member of the management team.
- Staff told us changes to risk assessments were communicated well and documents in people's homes were amended promptly.
- There was a twenty-four hour on call system in place to cover any emergency situations and ensured staff were well supported outside of office hours.

Staffing and recruitment

- People were cared for by staff who had been appointed following safe recruitment processes.
- New staff were appointed subject to satisfactory checks. This included identification, employment and character references, as well as clearance from the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions, by preventing unsuitable people from working with vulnerable people.
- There were enough staff available to ensure people received their expected care visits. People told us they knew who to expect and said the office informed them if there were any changes. One person told us, "I think they are excellent. They are on time the carers are exceptionally helpful, they are more like friends and we stick to the same people mainly regulars which we like."

#### Using medicines safely

- People who required assistance with the administration of their medicines were supported by staff who had received medicines training.
- People's care plans contained clear guidance for staff to follow, to ensure people received their medicines safely.
- Records showed people received their medicines as prescribed. Medicines administration records were up to date, there were no gaps or errors in the records reviewed.

#### Preventing and controlling infection

- People were protected from the risk of infection because staff had received training about infection control and followed safe practices.
- The risk of cross-contamination or infection were reduced as staff had access to and knew how to use personal protective equipment (PPE). The PPE included items such as gloves and antibacterial hand gel. The PPE supplies were kept in people's homes, as well as at the office to ensure staff always had access.

#### Learning lessons when things go wrong

- Learning from mistakes was embedded in practice. When things had gone wrong appropriate action was taken and processes put in place to prevent a repeat.
- The registered manager used staff meetings to discuss issues of concern and ensured any changes as a result of learning from incidents was shared with the staff team.



# 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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Before care packages were agreed, people's care choices and needs were assessed. People had care plans in place which reflected their assessments and reviews of their needs.
- People received care and support in accordance with their assessed needs because staff understood the importance of care plans and made sure they were kept up to date.
- People had hospital passports in place, to promote continuity in their care in the event of being admitted to hospital. These explained how best to communicate with the person, their support needs and key information a health care provider may need to know.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training to meet their needs. Staff were required to complete training in a range of areas, including person-centred care, manual handling and the Mental Capacity Act.
- The provider had an online training system which enabled the registered manager to have an overview of the training staff had completed. Any training due was either scheduled or in the process of having dates confirmed.
- New staff completed an induction checklist and shadowed more experienced staff until they were confident and competent to work independently. People confirmed this took place, one person said, "They are trained to be professionals and they know their stuff which makes it really good for us."
- Staff progress and competencies were monitored through observations of the care they were delivering, and supervision meetings. Staff could discuss if they felt further support was needed, or if they wished to develop their skills and knowledge in any area of their role.
- Staff felt well supported by the registered manager. Staff said the registered manager was very approachable and they were always able to contact someone if they required advice or support.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans contained guidance for staff around what people liked or disliked, as well as how they can support the person with their nutrition and hydration.
- Where the service was responsible for supporting people with their food and drink, records of daily care showed what the staff had helped to prepare.
- Staff worked with other health professionals to make sure people received food and drink according to their needs. For example, staff were vigilant about monitoring people's intake and made appropriate referrals to people such as dieticians or the GP should they be required if they felt people were at risk of malnutrition or were not eating properly.

Supporting people to live healthier lives, access healthcare services and support

- People told us they felt the staff would contact healthcare services for them if needed, such as the GP or community healthcare professionals.
- Some people were supported by staff to attend healthcare appointments.
- In the event of a person's needs changing, staff who cared for the person were contacted before the next visit and informed. The person's care plan would then be updated from the office and distributed to the person's home.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with the local authority, particularly when confirming care packages for people with complex support needs.
- The staff worked with other healthcare professionals to make sure people's health needs were met and they had the equipment they required to promote their safety and independence. Care records showed that staff communicated with other health care professionals when needed.
- Staff worked as a team to support people and ensure care visits were covered in the event of staff shortfalls. We saw the office staff coordinating carers and visit times to ensure people's needs were met.

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

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 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 told us staff sought their consent and talked through any care they were providing.
- Where required, people's mental capacity had been assessed and the staff had consulted with the local authority.
- If people had a nominated legal representative, such as a Lasting Power of Attorney, this was documented in their care plan and a scanned copy was held by the service. This meant where people lacked capacity the office staff knew who the decision maker was in the event of specific decisions needing to be taken.

# 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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People, and where appropriate their representatives, were involved in decisions made about their care. The management team from Access Dignity Care had visited people prior to them receiving care visits, to discuss their care needs and to develop a care plan. Where necessary, they sought external professional help to support decision-making for people.
- Care plans were regularly and formally reviewed, agreed and signed, by the service user and/or their relative and a representative from the agency.
- We received many positive comments about the care staff and their approach. Feedback from people and their relatives included "[Relative] now adores them and feels really at ease with them. [Relative] refused at first to have strangers in the house, to now they look out for them calling. The gentle contact makes all the difference. They've improved [relatives] life 100 percent. And this is relief for me as well. They always have time for me as well. They are trained to be professionals and they know about what makes it really good. The last lot were just box tickers. Now it's real care." And, "Access provide dignity and they ask me how I may want to be helped and just what I ask, they do." Another person said, "They are excellent, they are far better than the last agency."
- The registered manager told us of the importance of ensuring people were supported by staff they felt comfortable to have in their home. They said, "That could be the only person they see that week, so it is really important we match the right staff with the right person."

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

- People were invited to share their feedback in different ways. The registered manager and senior care staff completed care visits. This enabled them to speak with people face to face and gain their feedback about whether they were happy with the service. People completed annual feedback surveys and had regular reviews with the service.
- The staff worked with other healthcare professionals to make sure people's health needs were met and they had the equipment they required to promote their safety and independence. Care records showed that staff communicated with other health care professionals when needed. The registered manager told us they had good relationships with health professionals and they worked in partnership to assess people's needs and arrange independent personalised care packages of that promoted people's well-being and independence.
- Staff had real consideration and empathy for the people they cared for and went 'the extra mile'. Although staff primarily provided care in people's own homes, they understood the impact of isolation on people's wellbeing. Staff encouraged people and relatives to meet up to develop or maintain relationships. For

example, the manager described one person who had not left their reclining chair and wanted to attend a family funeral. The care staff enabled them to purchase an outfit of their choice and accessories and took the person to the funeral and spent the day with them. The person's relatives were surprised the person had attended and had made a decision to leave their house as they had not done so before. The staff member stayed with them throughout the day, enabling them join in the gathering with their family.

- Another person had shown an interest in doing a computer course and the carer took it upon themselves to research available courses, so the person could do this. Another carer told us how they had visited a person who was feeling down as they had a throat infection. The carer purchased a miniature pink rose to cheer them up and bought them some soft jelly sweets and crème caramel puddings as they were softer and easier to swallow.
- We were also told about a situation whereby one person had been admitted to hospital and had no relatives. The carer arrived at the person's home and was told by a neighbour they had been taken to hospital following a fall. The carer then decided to get together some clothes and belongings for the person along with their mobile phone and delivered it to the person as they had nothing with them. The person was very grateful and wanted to return home, and with Access Dignity Care staff available to help them, they felt confident this was possible.
- On at least two other occasions carers had independently helped people source and set up their mobile phones as the people found it hard, and one person could not see the keys well enough. This enabled them to remain in contact with friends and relatives.
- Staff spoke with a high level of pride about their jobs and enjoyed supporting people. One staff member said, "I love this job it gives me real satisfaction and I look forward to seeing the people I care for and making a difference in their lives. It is so rewarding." Staff spoke with genuine warmth, empathy and compassion when referring to the people they cared for.
- People's preferences about the gender of staff member they wanted to be supported by were respected. The staff had received training in equality and diversity. The registered manager told us they have a welcoming approach to supporting diversity in the people who receive care, as well as amongst the staff team. They said, "We do not allow bullying of any kind, we have an open door here and we all work together as a team."
- Time was taken to make sure that staff were matched with people's interests and personalities. The registered manager told us one person's relative lived a distance away and when they visited their relative, they were always very pleased, and the service kept in regular communication with them and the relative could view the person's care plan remotely via a secure access code to keep up to date with the care given. Additionally, messages could be sent to the service from the relative remotely, so contact could be maintained.
- In the last year the service had received numerous compliments from various sources which demonstrated the service was meeting its aim of providing an exceptional quality of care and companionship for people.
- Staff had a comprehensive knowledge and understanding of people which put people at total ease. One person said, "I'm very pleased with them thank you. It's been a few years. I was agreeable to the times and they are on time and come when they say. Yes, they are nice people, I'm at ease with them and feel very safe with them. I've had no falls or accidents. They've looked after me and know me well. Staff were given time with people to get to know their backgrounds as well as their care needs to enable them to meet the needs of the person as a whole and not just their care needs. This made people feel more comfortable and confident in their care."
- The provider was exceptional at working in partnership with people and their families to offer a truly holistic service which gave families respite from their caring role and nurtured people's relationships with those important to them. One relative told us, "I have complete peace of mind with them looking after [relative]." Another relative said, "They are terrific, I can't fault them, it really helps me too." This nurtured

approach to people's relationships ensured people continued to be able support their relatives at home by promoting and valuing the wellbeing of carers. This meant people and their relatives consistently achieved positive outcomes through their care and support.

Respecting and promoting people's privacy, dignity and independence

- People's personal care support was delivered in a dignified and respectful manner. New staff would visit with an experienced staff member and were fully training in how to use people's equipment. shopping. For others, it involved support to attend healthcare appointments.
- Staff placed people at the heart of their care and supported them to continue to make choices around their care and independence in line with their preferences. People were consistently treated with dignity by staff who were passionate about ensuring people received high quality care which respected their privacy. For example, staff were able to give examples of closing people's curtains and doors and covering people with towels during personal care.
- People's right to confidentiality was respected by staff who understood the importance of this. Training was provided, and policies guided staff to recognise and support people's diverse needs. Confidentiality was respected. Records were kept securely at all times.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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.

- People had personalised care plans which reflected their physical, mental, emotional and social needs. For example, care plans included people's preferences and guidance for staff on how to support people to reflect them.
- People were at the heart of their care planning and provision. We saw care plans focused on people's life experiences and goals and empowered people to improve their confidence and wellbeing. This was supported by people and their relatives who gave exceptionally positive feedback about how the service had gone above and beyond to improve their confidence by spending time getting to know what was important to them and tailoring their care and support.
- People told us they were consistently supported by staff who knew them well.
- Staff visit schedules were well organised to ensure people had visits from staff that knew them well and could meet their needs and preferences. Systems were in place to alert the office team if carers had not arrived for their visit or were running late. This meant that people were assured that their visits were monitored and managed well and prevented the risk of a missed visit.

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.

- The provider met the Accessible Information Standard and information was available to people in a variety of formats including pictorial and large print.
- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards; for example, where people were identified as having hearing difficulties.

Improving care quality in response to complaints or concerns

- People and family members knew how to provide feedback to the registered manager about their experiences of care;
- A complaints procedure was in place. This was included in the service user information guide and included details for other contacts if people were not happy with the response including the local authority and Care Quality Commission.
- Where complaints had been received, these were investigated and responded to appropriately.
- For some concerns, meetings had taken place with people or their relatives. The meeting minutes and

outcomes had been documented and any learning was shared with the staff team. Plans were put in place to reduce the likelihood of recurrence.

- If concerns were raised in reviews or surveys, a phone call to the person or their relative took place to discuss the concerns in more detail and what could be done to make things better.

#### End of life care and support

- There was no one using the service at the time of the inspection that was receiving end of life care.
- The registered manager said that the service would work with other health care professionals if someone was at the end of their life.

# 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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had built a positive, person centred, open culture based on a high standard of care and strong relationships with people and their families/representatives.
- People received a high standard of service which was focused around the needs of the individual. The registered manager said, "We aren't a large company, we have just opened up another branch, but we keep to our designated areas. Staff develop lasting and caring relationships with the people which helps with continuity of care. We are always available on the end of the phone. We know everyone we provide a service to personally."
- People were enthusiastic in their praise for the agency and its staff. One person told us, 'They've been absolutely brilliant. It's a completely better service than other services like those from the hospital these people are just magic. She is even mentally in a better place. Another said, 'So far they've been excellent. Yes, they are on time They are pleasant and efficient and what more could I ask for.'
- Staff had an obvious affection for their clients and spoke highly of the agency as a place to work. One said, "I have worked for bigger companies but this one is like family. You can call anytime, and everyone is always very helpful." Another told us, "I feel like a real valued member of the team here, you never feel out on your own. The manager will help you with anything."
- The registered manager also advised that there was a staff recognition system in place for staff which ensured staff that provided excellent care in their role were acknowledged appropriately.

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 was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment. There had been no duty of candour events at the service.
- The registered manager understood their responsibilities in relation to the duty of candour. They told us, "We are always very open and honest and open. We will ensure we do everything possible to explain everything and what needs to be done at all stages."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- People spoke highly of the registered manager. One staff member said, "[Registered manager] is lovely,



very approachable and knows their stuff. They will always help you and I am not worried about discussing anything with them."

- The registered manager had good oversight of what was happening at the service. Staff worked closely together to ensure effective communication and a high level of support to people. One staff member said, "We all work so well together as a team. Communication is second to none here."
- A system of quality assurance checks were used to measure and monitor the smooth running of the service. For example, care and medicines records from people's homes were routinely returned to the office for review by the registered manager.
- Management carried out direct observation visits of staff as they supported people. This checked the staff member was wearing the correct uniform, their conduct, if they followed the care plan and how they recorded the visit. One staff member told us, "We have regular supervisions and checks made. It is really good that they do that as I feel reassured and supported." A relative said, "They are very good there's no improvements needed they are much better than others they let me know about what is going on if needed. They are regularly monitored."

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

- People and staff were actively involved in developing the service. The registered manager sent annual quality review forms. In addition, new clients were asked for their feedback soon after starting with the agency and people were asked for their feedback on new staff when they attended their calls.
- Feedback from people and relatives was overwhelmingly positive. One person told us, they take the time to do it all right. And they know what to do. They are well trained they seem so, and they've never let me down." A relative told us, "I would know if [relative] was not happy. And the care, it's all done right and done with dignity. We are more relaxed about all this so [relative] is now happy in their own home and she can still wave to their great grandchildren going past to school. They can pop in as well."

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with others. The registered manager and staff had good working relationships with other professionals' people and their families. They had worked in partnership to provide the best outcomes for people who used the service. These include working closely with the Local Authority, GP surgeries, district nurses, and specialist teams. This ensured that people were referred appropriately and provided the registered manager with links for advice and guidance.
- Staff were proactive in seeking out new equipment when people's need changed. One staff member shared one example of a person whose own bed was too low for them. They highlighted this to the office and they were able to get a profiling adjustable bed sourced for the person. They said, "If we identify something and it does not work for that person then it's great if we can find a solution as we did in this case."
- The registered manager kept up to date with best practice and guidance via the local authority, Skills for Care, the Care Quality Commission and other organisations.