Saint John of God Hospitaller Services

Bradford Supported Living

Inspection report

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Date of inspection visit:
15 June 2016
28 June 2016
04 July 2016

Date of publication:
15 August 2016

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?	Requires Improvement

Summary of findings

Overall summary

On the 15 & 28 June and 4 July 2016 we inspected Bradford Supported Living Services. This was an announced inspection.

As a result of the April 2015 inspection the Commission used its enforcement powers to issue three warning notices. This inspection was a comprehensive inspection where we checked whether Bradford Supported Living Services had made necessary improvements. The provider was given 24 hours' notice because the location provides a domiciliary care service and management were not always office based. We found improvements had been made and the service was no longer in breach of regulation.

Bradford Supported Living provides personal care and support to adults with learning disabilities who live in their own homes. The service operates across five private houses in the Bradford area where people are encouraged to live as independently as possible. At the time of our inspection the service was providing 24 hour supported living services to 15 people. A supported living service is one where people live in their own home and receive care and support to enable them to live independently without total reliance on parents or guardians. People have tenancy agreements with a landlord and receive their care and support from the domiciliary care agency. As the housing and care arrangements are separate, people can choose to change their care provider and remain living in the same house.

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

The safety of people who used the service was taken seriously and the management team and staff at Bradford Supported Living were aware of their responsibility to protect people's health and wellbeing.

There were processes in place to ensure people's safety, including risk assessments. These identified how the risks to people were minimised but also ensured people's rights to choice and freedom.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

People told us they were supported by a consistent team of support workers who they had developed good relationships with. People valued the relationship they had with the support workers.

There were systems in place to ensure people's rights to respect, privacy and dignity were promoted and respected. There were sufficient numbers of support workers to provide a flexible service and staff were trained and supported to meet people's individual needs.

Where people required assistance with their dietary needs this was planned to ensure it was appropriate and safe. Where support workers had identified concerns around people's wellbeing, appropriate action was taken to contact other relevant health and social care professionals.

People and their representatives (where appropriate) were involved in making decisions about their care and support. People's care records had been tailored to the individual and contained information about how they communicated and their ability to make decisions.

The service did not always fully assume people's capacity in line with the Mental Capacity Act 2005.

The service was committed to person centred care and ensured people using the service were at the centre of everything they did. People's potential was recognised and they were supported to develop their skills and knowledge through learning.

The provider was seen to constantly strive to ensure people who used the service were able to achieve their full potential and people's choices were acted upon by staff and management who supported them to live a fulfilled life and cared for them in a way they preferred. There was evidence of positive outcomes for people, and people had pursued new opportunities, progressed over time, gained new skills and increased their independence.

There was a strong emphasis on person centred care and we found all staff and management were kind, caring and very positive in their attitude to the organisation and their role. They said they were committed to the support and care of the people who used the service.

The service had developed and sustained effective links with professionals and this helped them foster a multidisciplinary approach to supporting people. We saw written evidence from family members, health care professionals and the care files we reviewed that showed people's needs were continually reviewed.

Care plans ensured staff had all the guidance and information they needed to enable them to provide individualised care and support. People were consulted and involved in assessments and reviews.

People who used and worked for the service felt able to express their views and opinions to influence service delivery. The management team provided a support network for staff and acted on the views of people. People and staff told us they thought the service was well managed.

Systems to continually monitor the quality of the service were effective. The registered provider gathered information about the quality of their service from a variety of sources including people who used the service, their family and professionals.

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 that used the service were protected from the risks of harm or abuse because the registered provider had ensured staff were appropriately trained in safeguarding adults from abuse and safeguarding referrals had been made.

Where people needed support to take their medicines they were provided with this support in a safe manner.

People told us they trusted and felt safe with the support workers who supported them. There were enough staff to ensure people received a reliable, safe and consistent service.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills required to provide care and support for people who used the service. They undertook training to learn new skills and keep existing skills up to date.

Where people needed additional support from health and social care professionals this had been accessed.

The staff were not always working exactly within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People praised the staff for their caring and professional approach. People valued the relationships that they had built up with the support workers.

People expressed a high level of satisfaction with the values and culture of the service which were reflected in the kind, respectful and compassionate support they received.

People were supported by the registered manager and support

staff who encouraged people to do as much as they could themselves.

We saw the service was committed to a strong person centred culture which put people in the centre of the care and support provided.

Is the service responsive?

Good

The service was responsive.

Information about people's care and support needs was gathered before they went to live at the service. This information was used to create care plans and risk assessments.

Staff recognised people's changing needs and they worked closely with other health care professionals in order to ensure good outcomes for people.

The service provided educational and social activities for people. The activities were based on people's interests and were meaningful.

People told us they felt able to raise concerns and could make a complaint if they wished. There was a policy and procedure in place to support staff when dealing with complaints.

Is the service well-led?

Requires Improvement

The service was well-led.

There was a registered manager in post who was keen to continually develop and improve the service.

Audits had been completed to check the quality of certain areas of the service and a robust quality assurance system was in place.

People who used the service and staff we spoke with told us they felt supported by the registered manager who was approachable. There was a friendly welcoming feel at this service.

Bradford Supported Living

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 the 15 & 28 June and 4 July 2016 and the visit was announced. The registered provider was given 24 hours' notice because the location provides personal care and support and we needed to be sure that someone would be at the service that could assist us with the inspection. We last inspected Bradford Supported Living April 2015 and rated the service as 'requires improvement' and issued three warning notices.

The inspection team consisted of one Adult Social Care inspector.

Before the inspection took place, we looked at the information the Care Quality Commission (CQC) held about the service. We contacted the adult protection unit for information they had on the service. On this occasion, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Some people were unable to tell us about their experience of care at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at how people were supported throughout the day with their daily routines and activities. We observed staff carrying out their duties. These included supporting people with their preferred activities. We assessed if people's care needs were being met by reviewing their care records.

We looked at three care records for people that used the service and three staff files, quality monitoring arrangements and other staff support documents including supervision records, team meeting minutes and individual training records. We spoke with four people that used the service, the registered manager, the regional manager, the deputy manager and three support workers.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service and said they trusted the staff who supported them. People said about the service, "Yes it's nice here now," and, "It's improved."

There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. Safeguarding and whistleblowing policies and procedures were available for staff to either access in the office or on-line. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse.

Effective systems were in place where people required support to manage their finances. Staff supported people to manage their weekly spending budgets. Robust records including receipts were kept when staff supported people to make purchases. These records and the balance of any monies held were checked daily by staff.

There were systems in place to manage medicines safely and we saw from the training records held at the service that staff had completed medication training. The registered provider's medicines policy had been reviewed in June 2016 and contained clear information on safe ways of managing medicines in line with best practice guidance. This included how medicines were ordered, administered, recorded and disposed of in the houses. We saw that people's medicines were ordered via a local pharmacy on a monthly cycle and each prescription was seen and checked by staff. This meant there was an audit trail to ensure that medicines prescribed by the person's GP were the same as the medicines provided by the pharmacy. Medicines were stored securely in a locked cabinet in peoples own bedrooms.

We checked three people's Medication Administration Record (MAR) and we saw this included their name and date of birth. There were no gaps in recording and staff had used the corresponding keys appropriately if a person did not take their medication. People had individual 'How I take my meds' documents to assist staff in supporting the person in the best possible way. Some people did have controlled drugs and these were stored and recorded in line with good practice.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to them or staff. Risk assessments were colour coded for quick review, reviewed and detailed. Risk assessments were also designed to encourage people to develop their independence and normalise their lives. In discussions with staff it was clear they recognised people needed to be exposed to an element of risk in order to achieve this as long as they and staff were not put at unacceptable risk. For example, one person was at increased risk when crossing a road. Staff explained how this activity enabled the person to access the community more freely and become more independent despite the risk. Staff spoke positively about supporting people with their behaviour, to establish a balanced approach to risk, so that people were able to make informed choices about their lives.

People were supported by dedicated teams who were employed to work specifically in supported living. Everyone using the service received 24 hour care and staff shift patterns were individually designed for each person. We observed where possible familiar staff worked alongside people for constancy. There were suitable arrangements in place to cover any staff absence. Staff told us they would cover any shift absences where possible, as they believed having a dedicated team of staff to support the person was in their best interests. However there were regular times each week when agency staff were used and a familiar person would not be available. The service was currently recruiting for new staff. Staff had access to the rotas so they could check any changes as they occurred to inform the person. The registered manager covered for staff absence in an emergency. They were familiar with the needs of people using the service and regularly visited them to ensure people knew them well. People told us the managers sometimes supported them and they were happy with this arrangement.

People also told us that the staff were always available when they needed them. One person told us they would phone the registered manager if staff were not there but they said this had not been a problem in a long time. They said that they knew who to call if they needed anything and there was always someone there to listen to them.

Accidents and incidents forms contained detailed information about what had happened, and the action that had been taken as a result to reduce the risks in the future. These reports were also shared with people involved in the support of the person affected, for example social workers and other health care professionals. Staff were very clear of the process to report any changes in people's care and behaviour to protect their safety.

People were protected because staff were recruited safely. We looked at three staff recruitment records and found all of the relevant checks had been completed before staff started work. We saw that there were clear disciplinary procedures in place should unsafe practices be identified. People using the service were given the opportunity to interview prospective staff as one of the selection panel and this was facilitated by the registered manager.

Good

Is the service effective?

Our findings

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. In the case of Domiciliary Care applications must be made to the Court of Protection (COP). We found the service was not always working within the principles of the MCA. The registered manager told us they had referred all 15 people who currently used the service to the COP. We noted that two of the people had not had capacity assessments completed which showed us the service had not acted in line with the first principle (assumption of capacity) of the MCA. We saw risk assessments had been completed for these two people which indicated capacity assessments needed to be completed but were not in place at the time of the inspection. The registered manager told us these capacity assessments were not completed because they knew as part of the DoLS process the people would have a capacity assessment. The DoLS referral form indicated the staff believed these two people lacked capacity.

The registered manager told us, "Staff have Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training. It is put into practice to protect clients and to ensure they have as much freedom to make their own choices as possible." We saw from records held at the service that staff had received training on the MCA. Staff were able to tell us about MCA and DoLS which showed us they had received training in these subjects. One staff member told us that they supported people to make decisions about their day-to-day lives and they tried to guide people as much as possible to do things for themselves.

People using the service told us they agreed with their plans of care and support. For example, one person told us staff sat down with them and discussed if they wanted any changes in how they received their support. We saw that each care record we looked at contained some information on a person's capacity to make decisions and what decisions had been made. For example, people had a 'communication passport' which is a document that contains up-to-date information about how an individual communicates and their needs or capacity to make certain decisions. One person using the service told us, "I tell the staff what I want to do and they listen." This showed us that the service sought consent to provide care and support.

Staff had the skills and knowledge required to provide the care and support for people at the service. Staff received an induction when they started working at the service which included shifts shadowing existing staff, recorded accounts of observed good practice and medication competency checks. One staff member told us, "I did not start work until my initial training was completed. I did shadow shifts, read the service policies and procedures and looked at people's care plans."

We saw staff at the service had undertaken regular training in a variety of subjects such as manual handling, safeguarding, first aid, medication, health and safety, food safety and the MCA. All the staff we spoke with

told us that training was on-going and had to be completed to help them to maintain their skills so they could care for people effectively. One staff member told us, "There is always updates and refresher course to go on. My manager tells us when we are due training again." NVQ qualifications are now known as Qualifications and Credit Framework (QCF) Diploma in Health and Social Care. These Diplomas have been created to enable staff in health and social care settings to have access to appropriate qualifications which support on-going development. A number of staff had undertaken or completed their QCF.

People who used the service told us that they felt they were well looked after by staff. They said, "Staff know what they are doing, they are much better now," and, "They help me do what I want to do. I can ask them to do something and they will do it."

At the last inspection (April 2015) we had concerns over staff being supported. Since then, feedback from staff and documentation showed us that support had been improved significantly. Staff were now well supported by the registered manager and senior staff. Records confirmed staff had received regular supervisions and staff confirmed this. We looked at supervisions and saw they recorded discussions about work related matters and training and development needs. Staff told us, "We get regular supervisions now," and, "I feel well supported by the management."

People told us that their individual dietary likes and dislikes were met. One person told us, "I plan what am going to eat with staff and then they help me to go get it," "Staff help me to eat healthy" and, "Oh we eat what we want." We saw people's houses had an adequate sized kitchen's and their chosen menus were visible. On the day of inspection we observed people at lunch time. Staff prepared nutritious food where people were unable and staff had a good understanding of a balanced diet. People using the service had their nutritional needs assessed where appropriate. Information about people's preferred foods and drinks, food allergies, likes and dislikes was recorded. If any needs were identified with eating or drinking, people were referred to the appropriate health care professionals for advice and support and we saw evidence of guidance from the dietician in one person's records.

People were supported to make doctor's appointments if necessary, and everyone had regular routine access to a dentist, chiropodist or opticians when necessary. People using the service told us they saw healthcare professionals when they wanted to. One person said, "I went to the doctors the other day." We saw evidence in people's daily records that health care professionals were in regular contact with the service to support people. This included GP's, dentists, optician, occupational health and Speech And Language Therapist . The details of the visits or appointments had been recorded and any actions taken as a result. For example, we saw it was recorded that one person's weight had increased slowly over a number of weeks. The service had sought advice from the dietician. This demonstrated that the registered provider had systems in place to ensure that people were supported to access healthcare services where necessary.

Good

Is the service caring?

Our findings

Everyone we spoke with told us that they were treated with kindness and compassion by all the support staff. One person said that all the staff were, "Very caring." Others told us, "I like the staff very much" and, "Staff are much better now."

People were encouraged to go out with their relatives and friends whenever they wished and some went to visit family members on holidays. We saw the service had done a lot of work on relationships with people. We spoke with one person during the inspection and they told us they were going to see their family on a trip.

Following our last inspection in April 2015 where we raised concerns about the service, the management team had met with people's relatives to discuss what had happened, apologised and explained to people what actions they were going to take. People and staff told us family members and friends were free to visit the service providing it was ok with the people who lived there.

We found that the service made a difference to people`s lives. Staff talked with kindness and compassion about people. They told us they were fond of people and supported them through happiness, sadness and achievements. Staff knew the people they supported and this enabled conversations and positive professional relationships to be made.

We saw staff had worked hard to ensure everyone who lived at the service were able to access the community and live the life they wanted to lead. Some people had bus passes and others had mobility vehicles to aid them to develop strong links with the community.

We saw people who had difficulty communicating verbally had 'communication passports' within their care records. These outlined in detail the important things for staff to follow to help them communicate in an appropriate manner in different situations. We saw staff supporting people and communicating with them in line with their communication passport. We were introduced to people during the inspection and staff interpreted their body language for us and communicated their message.

We saw one person used a Picture Exchange Communication System (PECS). PECS is a form of alternative communication that can be used with a wide variety of learners, from children to adults, who have various communication, cognitive, and physical impairments. We saw the person's photo cards were organised and stored where they were easily accessible to both the person and the support staff. This meant the person was supported to have the skills to communicate their wants and needs.

Staff talked about people in a respectful manner and they told us they respected people's privacy and dignity. For example, when we asked staff to talk about people's needs, they obtained assurance from us that the information they gave us was confidential and protected people's right to privacy. One staff member told us, "We always knock on people's doors and greet people when we arrive on shift. We ask people's consent before supporting them." This was backed up by people telling us staff were respectful and

our observations during the inspection.

We asked the registered manager about advocacy services. They told us each house had details of advocacy services available. Advocates support individuals, particularly those who are most vulnerable in society, to ensure their voice is heard on issues important to them and will make sure the correct procedures are followed by the registered provider and other health professionals.

Good

Is the service responsive?

Our findings

We were told by people that used the service that they knew about their care records and we saw that people had actively contributed and consented to information held about them. One person told us, "I have a care plan; staff use it to learn about me."

Assessments were undertaken to identify people's support needs and individualised support plans were developed outlining how these needs were to be met. The care records we looked at were written in a person centred way and identified the person's individual needs and abilities as well as choices, likes and dislikes. Care records included an in-depth 'Life story' about the person, their family, education and any passions they had. For instance, we saw one person's care records recorded that they were passionate about 'Elvis.'

Each care record had individual care plans in place to support the person and we saw these recorded the person's strengths and support needs in that area. The care plans we saw included, health and wellbeing, diet and nutrition, medication, cooking, personal care needs, communication and mobility. Care records evidenced the information had been gathered from the person themselves and people told us they agreed to the contents. We saw these were appropriately reviewed and updated to ensure a person's current needs were known and met. These systems ensured that staff had up-to-date information enabling them to provide responsive care as people's needs changed.

Each person had a person centred plan that included goals for things people wanted to achieve. Daily records reflected progress towards people's goals and staff had a good understanding of what people wanted to achieve and how they could support them in achieving these. These documents were created with the person at the centre of the meeting and the recordings from the meetings indicated each person decided who they wanted at each meeting and reflected on what had not worked so well and what had been a success.

Care records included a 'Getting to know me' document that recorded, 'What's important to me', 'What people like about me and who I am' and 'How to support me'. One person's document gave detailed information about their routine and they would sometimes choose not to do the things that help them keep healthy. Other people's documents listed information about allowing people time to think and respond. These helped staff to understand the person and provide appropriate support.

As part of people's care records they had a section about their social lives. This included a list of people's interests and hobbies and what activities they liked to take part in. We saw people liked going to the local shop, sitting in their garden, watching 'the soaps', trips to the seaside, going to the cinema and having meals out. People told us they had active lives and the staff supported them to try new things but also achieve the hobbies they were interested in. On the days of inspection, some people were out of the house due to their commitment to day centres or other activities they were involved with.

Staff told us that they knew people's interests from reading their care plans and from talking to them. One

staff member told us, "We get to know people by spending time with them and just getting to know them," and another member of staff told us what people who lived in the service enjoyed doing. This demonstrated the service listened and learned from people's views and experiences.

The registered provider had made information available about how to make a complaint. People told us they knew who to talk to if they had any complaints or worries. One person who used the service told us, "I have had no complaints in a while." We checked the complaints log and saw it contained the registered provider's complaints policy and a monitoring log for recording any complaints and actions taken. The service collated all the complaints so they could be monitored, action taken, or to look for trends. We saw they had received eight complaints in 2016. We saw some complaints had been dealt with and others were currently being investigated. Staff told us they would listen to a person's complaint or concern and would deal with the complaint immediately if they were able to do so. Otherwise, they would report the issue to management. This showed us complaints were taken seriously.

Meetings were held regularly for people who lived at the service. Staff told us they had tried group meetings but these had not worked in all the houses, so some people have private meetings with staff. These meetings were recorded and we saw discussions around health, finance, changes to the service and goals. People that used the service were also part of the interviewing process for new staff members and meetings to plan the future of the provider. Some people who used the service attended regular meetings of a group called 'Taking Part North'. This group was set up by the provider to create a fun and accessible meeting that was effective for getting people's views on their lives and how the service was run. We looked at meeting minutes from the last meeting which were produced as an easy read document so other people could understand what was happening. The regional manager told us the provider's next goal was to support someone who used their service to take a place on the board of directors. This showed us the service was committed to promoting and supporting people's lives who used the service.

Requires Improvement

Is the service well-led?

Our findings

As a condition of their registration, the registered provider is required to have a registered manager in post. At our last inspection (April 2016) there was no registered manager in place. There was a registered manager in post on the day of our inspection. They told us that they kept themselves updated about any changes through their own internal systems and training and by using the provider guidance published by the CQC. They said the service received regular updates from the Social Care Institute for Excellence (SCIE) and the National Institute for Health and Care Excellence (NICE). NICE provides national guidance and advice to improve health and social care. They said this helped keep them updated with any changes in legislation and with good practice guidance.

The registered manager was on duty with a regional manager and a deputy manager. They supported us during the inspection, were knowledgeable about all aspects of the service and were able to answer our questions in detail.

Management knew about their registration requirements under their registration with the CQC and were able to discuss notifications they had submitted. The Health and Social Care Act 2008 (HSCA) requires providers to notify CQC of certain incidents and events. We found the service had notified us of all incidents they were required to.

During our inspection we observed an efficient administration office with support workers and management interacting well. There was a clear management structure in place and staff appeared to understand their roles and responsibilities. We asked staff if they felt able to discuss things with the management and we received positive responses. One member of staff said, "There has been a lot of changes but we are in a much better place now, I really enjoy my work now," and another told us, "We have confidence in the management team now and they are supportive and help with our concerns."

Staff described the culture as, "Open and a happy place to be," and, "A positive environment." Comments from people who used the service included, "It's much better now, I enjoy living here and staff are always good fun."

We saw a staff meeting minute's folder that included minutes from meetings between seniors, managers and staff. Staff told us that they had the opportunity to ask questions, make suggestions and express concerns at staff meetings and that they felt they were listened to. One staff member told us they had brought up concerns in the staff meetings and that the managers listened to these concerns and acted on them, or spoke with the staff to allay their fears. Another staff member told us, "Staff meetings are there for all staff now. They let staff know what's happening and any changes. Staff are asked their opinion as well," and, "Staff meetings are regular and good."

There was a statement of purpose and an easy read tenant's handbook in place. These were given to all new users of the service. The statement of purpose included details of the agency's aims and objectives, the staff structure and provisions of service. The handbook included clear information about the expectations of

people whilst they lived in their property which included keeping the property clean and tidy, their right to complain and accepting support as part of the person's plan.

Following our last inspection (April 2015) we had concerns about how the service was run and the lack of a robust audit system. During this inspection we learnt from the regional manager and the registered manager that the provider had held meetings with the people who used the service and their families to apologise for their failings that were identified in our report, explain what had happened and what the provider planned to change. During this inspection we saw evidence of the changes that had been implemented. This showed us the provider was willing to learn from mistakes and assess how to make quality better.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the care and support they received. We saw the registered provider had a comprehensive quality assurance framework in place. This was linked to each domain of the CQC's regulations and set out how the service would meet these, what audit tools would be used, the timescales and any outcomes and evidence. A quality assurance planner was in place for 2016 which indicated which audits would be completed and when.

We saw additional audits were completed and covered areas such as medicines, service user files, safeguarding, risk assessments, health and safety and infection control. Overall assessments of the audits were completed. This was so any patterns or areas requiring improvement could be identified. Completed audits fed information into action plans. We concluded that this was an effective system for monitoring the quality of care and support provided and driving improvements with the service.