

Premier Care Limited

# Premier Care Limited - Cheshire Branch

## Inspection report

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## Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



## Overall summary

This inspection took place on the 3/4/18/22/23 December 2014 and was announced with 48 hours' notice given to allow for arrangements to be made to speak with people who received support from the service.

The service had a registered manager. 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.

Premier Care Limited - Cheshire Branch is owned by Premier Care Limited. It is registered to provide personal care to people living in their own homes. The service

# Summary of findings

provides staff to support approximately 350 people of all ages with a range of support needs. It is a large domiciliary care service and people are provided with a range of hours of support per day or per week in line with their assessed needs across the Halton, Cheshire and Warrington area.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) to report on what we find.

Staff had not received training in the Mental Capacity Act 2005 and they were limited in their understanding about the Mental Capacity Act (MCA). We found the service needed further development in training their staff and in their understanding of how to support people when they lacked capacity. The MCA guidance helps identify and protect the interests of people who lack the ability to consent on various issues.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Recorded care reviews showed that people supported by this large service were included with regard to how their care was managed. However, the sample of people we spoke with felt improvements could be made to the management of the service regarding main themes involving, the management of staff teams, lateness and communications. Most people told us that ideally they

wanted an up to date staff rota to inform them of who they could expect to be providing their support each week and ideally they wanted the stability of a team of carers who they knew to provide their support. We have made a recommendation for the service to regularly monitor and assess the quality of the service and have regard for people's comments and views expressed about the service.

The service had a quality assurance system in place which had recently been revised to offer improvements in the management of the service. They had various checks and audit tools to show how the provider and registered manager were checking on the standard of services offered and with regard to what changes they had made to help improve the service.

The majority of people being supported by this service and their relatives were happy with the standard of support provided by their support workers. They told us that staff were caring and respectful to them. They were positive about the staff and gave lots of compliments about their caring attitudes.

Staff recruitment was very organised with detailed checks to help show good practices in employing those people assessed as suitable to provide support to people within this service.

Staff had a good understanding of their duty of care to ensure people were safe. They understood their safeguarding procedures and the service had accessible procedures and training to ensure people were always safeguarded.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The service had robust safeguarding policies and procedures that staff were knowledgeable of. Staff were conversant in what they needed to do to keep people safe.

The registered manager had appropriate systems and risk assessments in place to manage risks. Risk assessments were detailed and kept up to date to ensure people were protected from the risk of harm and included regular 'client spot checks' where medications were regularly reviewed.

Staff recruitment was very organised with detailed checks and good practices so staff were employed that were suitable to provide support to people within this service.

Good



### Is the service effective?

The service requires improvement.

Staff had not received training in the Mental Capacity Act 2005 and they were limited in their understanding about the Mental Capacity Act. The MCA guidance helps identify and protect the interests of people who lack the ability to consent on various issues.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the service had a good support mechanism to supervise their staff to ensure appropriate standards of practice were provided.

People receiving support were positive about how the staff supported them with their choices including support with their hobbies and planning their shopping and meals.

Requires improvement



### Is the service caring?

The service was caring.

We met and spoke with various people receiving support and their families who told us that staff were caring and respectful to them.

Staff were knowledgeable in their understanding of their role and respecting the homes of the people they supported. They checked with people in regard to what gender of staff they would like to receive support from acknowledging that not everyone liked receiving support from a member of the opposite sex.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

Support plans showed detailed records where people being supported and their relatives where applicable were regularly involved in reviews of their care plans.

Complaints records were detailed and offered an appropriate audit trail to show how complaints had been investigated and responded to. Those people we spoke with that had raised complaints previously, were happy with the responses received and acknowledged when they had received apologies on the conclusions of their complaint.

## Is the service well-led?

The service requires improvement.

The sample of people receiving support felt improvements could be made to the management of the service regarding main themes involving, the management of staff teams, lateness and communications.

The service had a quality assurance system in place which had recently been revised to offer improvements in the management of the service. They had various checks and audit tools to show how the provider and registered manager were checking on the standard of services offered and in regard to what changes they had made to help improve the service.

The service had a manager in post who had submitted their application to CQC to apply to be the registered manager for this service. Following our inspection he is now registered with the Care Quality Commission. Staff were positive about the service and provider and felt it was a supportive service with a healthy culture where they could always speak openly and make suggestions.

**Requires improvement**



# Premier Care Limited - Cheshire Branch

## 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 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.

We gave the provider 48 hours' notice of our inspection to provide an opportunity for people being supported to speak to the inspection team. Due to the size of this service, this inspection took place over five different days covering between 3 and 23 December 2014.

The inspection team consisted of three adult social care inspectors who visited the service on 18 December 2014. We also had two experts by experience who assisted with the inspection by carrying out telephone interviews to people who received support. An expert by experience is a person who has personal experience of this type of care service. We also had a specialist advisor in the Mental Capacity Act who visited people in their own homes having gained their permission and consent to carry this out.

During this inspection, we spoke with a variety of people via telephone including: 17 people using the service and

nine next of kin. In addition, having gained consent and permission, we also visited four people and their families in their own home. We spoke with 17 staff, we also met one of the directors for the service and the registered manager.

We used a number of different methods to help us understand the experiences of people using Premier Care Ltd. We looked at a sample of documentation in relation to how the service was operating, including records such as; staff recruitment and 16 staff files showing supervision and training; complaints; risk assessments; surveys; minutes of meetings; quality assurance audits and policies and procedures. We looked at a total of 16 support plans for people provided with support.

Before our inspection we request that services provide us with a provider information return [PIR] which helps us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. However the staff informed us they had not received this request which meant we did not have this PIR prior to our inspection. We looked at notifications received and reviewed all other information we held prior to visiting. We contacted Warrington and Halton local authority which had responsibility both for safeguarding and commissioning services from Premier Care Limited. We reviewed all the information held by the Care Quality Commission (CQC) relating to this provider.

# Is the service safe?

## Our findings

The service is safe.

People using the service and their relatives felt the service was safe. The majority of people told us they felt safe and content in their own homes and were happy with the staff they knew who supported them.

They made various positive comments such as, “I do trust them. I always feel safe”; “The key safe works well for me. I feel safe and secure”, “I do trust all of them, I wouldn’t hesitate to speak to them” and “Can trust them all.”

Everyone we spoke with told us they felt safe and respected by the members of care staff they came into contact with. However some people felt that if they had consistent members of staff supplied to them, then they would get to know them better and would be able to build a better rapport with them to enable them to confide in them if they ever needed to.

Risks to people’s safety were appropriately assessed and reviewed. We looked at a large sample of support records for people supported by the service. They provided up-to-date risk assessments. These risk assessments reflected the potential risks to people, such as when they needed support with the use of specialist equipment such as hoists or the use of key safes to help protect their security and access to their home. Staff were knowledgeable with regard to the importance of keeping people safe and discussed various ways they promoted safety and in checking the security of their home before leaving.

People using the service and their relatives told us they generally had no concerns in regard to the usual staff teams sent to support them, they told us, “I would say 100%, I’ve got a very good relationship with the office staff and also with the carers who come out to care for me” and “always have everything we need.”

One relative told us of an incident where the two visits made were only two hours apart instead of four as the first visit was late. This meant that the medicines given were not four hourly as prescribed by the GP. They told us the office staff took this on board and were approachable and altered the times according to the necessity of having medications at specific times.

Staff, relatives and people using the service told us the service mostly supplied the same staff teams that they knew. However they had general concerns for those occasions they received support from people they didn’t know and general lateness of staff. The majority of people that we spoke with shared these views.

They offered various comments to reflect their opinions telling us, “They (the staff) are usually on time but it depends on the previous call and if something happens”, “The girls will normally let me know if they are going to be late”, “The office will ring if going to be late, we’ve never been left with nobody” and “I would say we are happy with the care so long as we get the same circle of carers.”

One person told us, “I do ask for a rota it’s important to me to know whose coming in sometimes I don’t know them.”

The registered manager was new in post and acknowledged areas of work they were carrying out to improve the stability of staff teams provided to the people being supported. The minutes of staff meetings showed evidence of these areas being discussed and acted upon amongst staff teams, where staff had discussed and acknowledged the importance of providing the same staff teams to offer better stability of care.

We looked at a sample of medication records completed by staff where people needed their support to ensure they received their necessary medication. The service had developed medication audits. These checks were regularly completed and were captured during ‘client spot checks’ carried out by senior staff. These checks helped show how staff were supported and supervised to safely manage medications to a safe standard. Staff acknowledged that they regularly received spot checks and were knowledgeable with regard to why these quality checks were in place. People were protected against the risks associated with medicines such as ‘medication errors’ because the provider had appropriate arrangements in place to manage medicines and to safely support people with their medications.

We checked the recruitment and selection procedures the service followed in order to make sure that only suitable people were employed to work for them. We looked at a sample of staff files including newly recruited staff to check that effective recruitment procedures had been completed. Personnel files were very organised and included appropriate checks to show effective recruitment and

## Is the service safe?

management of staff especially in checking references and criminal record checks. These thorough recruitment checks helped the service to ensure they were able to make safe recruitment decisions and prevented unsuitable people from working for Premier Care Ltd.

The service had effective procedures for ensuring that any safeguarding concerns they had regarding people receiving support from Premier Care Limited were appropriately reported. All of the staff we spoke with were able to explain how they would recognise different types of abuse and how they would not hesitate to report any allegation of abuse.

Staff were familiar with the term 'whistle blowing' and told us they would not hesitate to report any concerns regarding poor practice. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. Staff told us, and training records confirmed that 98% of staff had received training to make sure they were up to date with the process for reporting abuse.

The registered manager was able to explain to us how they would respond to allegations of abuse and this was in line with the local authority agreement on safeguarding procedures. Recent safeguarding records were detailed and showed appropriate procedures in place for safeguarding people and showed they had been fully cooperative with any police investigations and local authority reviews of recent incidents. However we noted that historic records for earlier in the year did not have a complete audit trail to show how they had been managed. Since the registered manager commenced working at the service they explained they had identified a number of areas to develop and update. They discussed lessons learned and actions taken after a recent safeguard referral which helped ensure the safety of the people they supported.



# Is the service effective?

## Our findings

The service required improvement

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find.

The Mental Capacity Act 2005 (MCA) says that before care and treatment is carried out for someone it must be established whether or not they have capacity to consent to that treatment. If not, any care or treatment decisions must be made in a person's best interests. We found that staff had limited understanding in regard to the Mental Capacity Act and very few of the staff had received this training. The service did not demonstrate a clear understanding or process in relation to the Mental Capacity Act 2005 (MCA). The MCA assumption is that anyone aged 16 or over has capacity unless proven otherwise, and people should not have their freedom inappropriately restricted. Appropriate guidance is available from a variety of authoritative sources.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People provided with support were happy that any requests they had were met. One person said that if they were short of anything their carer would collect it for them on their day off and bring it when they next visited, other examples included picking things up from the chemist and going to the shops. Another person felt similar and told us, "She'll (the carer) do anything we ask."

People receiving support told us they were very happy with the support provided by the staff team. The majority of people being supported and their relatives thought the staff were well trained and knowledgeable in their role.

However we received two comments from people stating, "I don't feel the staff are trained well. My relative needs a lot of care and I have to show new staff how to use things. I

don't think they fully understand their condition" and "I am not sure carers know about my condition, they don't understand what it's all about, they should have training." People's comments and opinions should be reviewed by the registered manager to assure people regarding the arrangements provided to offer fully trained and knowledgeable staff.

Staff told us they received regular training and that they were provided with all the training they needed to help them with supporting people. Staff were positive about the support they received during induction which they felt helped them to get to know people and get to know their job.

They were very positive regarding how their training needs were managed. Staff explained they had access to a wide variety of training that was offered each year which covered lots of variable subjects as seen in their staff files such as: health and safety, dignity in care; communication; person centred approach; equality and diversity; basic life support; first aid; end of life care; infection control; dementia; food hygiene; safeguarding and moving and handling. The registered manager had developed detailed records to help demonstrate how they managed the training needs for all of their staff including new staff.

Staff were positive regarding the support they received from their senior staff and registered manager. Staff told us they received regular supervision and support. They offered various positive comments such as, "You can always ring the supervisor", "We have regular spot checks", "I always have support when I need it" and "Yes you can go to them about anything."

We checked records and they confirmed that supervision sessions had been regularly recorded for staff. Supervisions are regular meetings between an employee and their line manager to support staff development which provides staff with the opportunity to discuss their responsibilities and the care of people they support, including any issues that may affect the staff member's job.



# Is the service caring?

## Our findings

The service was caring.

People who receive support and relatives that we spoke with told us they were happy with the care they received from Premier Care Ltd. People told us that staff always treated them in a respectful manner.

We visited a small number of people in their own homes and noted the staff rapport with the people they were supporting as being respectful and polite at all times. We received various positive comments about the care provided such as, “Staff always treat me well; we have a bit of banter. I get a shower most mornings and they stay with me in the bathroom. I feel safe and they help me help myself”, “I feel I could talk to the staff, I feel close to them, we have set up a rapport, they understand where I am coming from. They will even find out things for me, like what’s on in the area”, “I don’t think there is anything they could do better, the things I have brought up in the past have been complied with”, “They (the staff) are really good and kind. I have even recommended them to my friends”, “She (the carer) always treats me with dignity and respect, I am very happy with the care I get, no complaints with her at all” and “I just think I’ve got an excellent carer that she’s very professional and caring. She’s one of the best carers I’ve had”.

Relatives were positive about the caring nature of the carers provided to support their family members and offered various complimentary comments such as, “Very kind, yes like them” and “I wouldn’t go to anybody else (for care)”, “I am very happy with them overall” and “All the staff are very friendly, they have set up a nice relationship with both of us. We look forward to them coming in.”

The service had a policy providing details about caring and dignity and they had also trained a small number of staff to be ‘dignity champions.’ Throughout our inspection, we spoke with staff about how they respected each person’s privacy and dignity when they were supporting people. Staff discussed how they acknowledged and respected the fact they were entering people’s own homes. They were mindful to this and they told us they ensured each person’s privacy and dignity and were well aware of the importance in respecting people’s homes during their visits. They gave details with regard to how they protected people’s privacy and dignity when providing personal care and told us they, always closed curtains and doors, kept people covered with towels when providing care and asked people in regard to the gender of staff they would prefer when receiving support.

# Is the service responsive?

## Our findings

The service was responsive.

The majority of people receiving support and their relatives were happy with the responses and the feedback they received regarding concerns and complaints they had previously raised.

One relative told us, “There was an issue a while ago. I complained and it was sorted out within a week” and another relative said “My relative will say if she is not happy she is not frightened to speak up, she gets on to the office. Problems have always been sorted in the past.”

People told us they wouldn’t hesitate to ring the office if they were concerned about anything, however the main theme of complaints related to lateness of staff and sending staff they didn’t know and not receiving messages regarding a change of the time to their expected call. People told us they always received an apology but they were concerned there were still repeated concerns about visits and supplying different staff.

We reviewed the information relating to complaints which was available for both people who use the service and staff. This consisted of a ‘Quality Policy Statement’ a complaints policy and information within the service user guide. Some of the people we spoke with did remember having access to their complaints policy kept in the care file in their home. The service had a formal complaints policy and processes were in place to record any complaints within the timescales given in the policy if any were received. We reviewed complaint records and found that recorded complaints had been addressed within the service and there was evidence of investigation into the complaint.

The majority of people receiving support were happy with the standard of care and support provided to them. They offered various positive comments about their carers such as, “They are very good and do everything by the book when they are here”, “All the staff are very friendly, they have set up a nice relationship with both of us. We look

forward to them coming in”, “They (the staff) are really good and kind. I have even recommended them to my friends”, “I am very happy with them overall” and “I am very happy with the care I get.”

Staff were employed to deliver personal care to people in their own home and they also provided home care duties to a number of people such as support with housework and assisting with preparation of meals and snacks and support to some people in going out with in the community. Staff told us that they had completed dementia training and end of life care which helped them to understand the needs of those people with very specific and specialised needs. Staff were knowledgeable about each person they supported.

Each person had a support plan that had been developed to show what support they could expect from the service and what time they could expect their call from staff. All of the support plans we looked at were well maintained and were regularly reviewed by senior staff. Files contained relevant information regarding each person supported such as; communication needs, risk assessments, social history; general health needs; religion; financial interactions and support and each person’s background to ensure staff had the information they needed to safely support people.

Although the majority of people were happy with the standard of care, most could not remember if they had been involved with any reviews of their care plans, some people remembered being asked to sign their plan and filling in a questionnaire a while ago, some told us they had received a phone call to ask if everything was going ok. In most of the care files we reviewed there was evidence that people supported had been given the opportunity to sign their annual care review.

The registered manager had acknowledged improvements that had needed to be made and was in the processing of making arrangements for care reviews to be updated for everyone and for people to have the opportunity to offer their feedback on a regular basis.

# Is the service well-led?

## Our findings

The service required improvement.

Overall those people we spoke with during our inspection including relatives and people being supported were happy with the care provided by staff but they felt improvements could be made to the management of the service. They felt comfortable to ring the office or speak to their support staff as they felt the staff were friendly and approachable. However most people felt improvements needed to be made in regard to how their views and opinions were managed. One family member shared with us their recent experiences stating “I am very happy with the service they receive during the day but we are going to cancel the night time visit as, we are never sure what time they will come” and “I can’t see things improving really.”

They made various suggestions to improve the management of the service regarding main themes involving the management of staff teams, lateness and communications. One relative told us, “If you asked for someone and leave a message, they don’t always get back to you.”

Only two people that we spoke with could remember whether they had been asked about their care plan or care review. One relative told us, “They do now and again to check all is ok and I think I have filled out a survey sometime but not sure when.”

Most people told us that ideally they wanted an up to date staff rota to inform them of who they could expect to be providing their support each week and ideally they wanted the stability of a team of carers who they knew to provide their support.

We saw evidence that the provider had previously sought feedback from people and their families about the support provided to them in 2013/2014. There was limited evidence that feedback was sought on a regular and consistent basis. We looked at the results of these surveys which showed that people were included and encouraged to share their views. The results were positive about the service provided over the last two years, feedback was good but updated views needed to be reviewed and managed with appropriate communication to people using the service. The registered manager discussed plans to seek regular reviews and the challenges in providing regular ways to seek feedback in such a large service.

The service had a manager who was newly appointed and following our inspection is now registered with the Care Quality Commission. The registered manager and one of the directors for the service openly discussed their recent management systems for Premier Care Ltd and acknowledged that further improvements were needed. They felt confident that the registered manager and the revised systems they had in place would improve evidence in regard to the management of Premier Care Ltd. We noted that areas needing further review to help show improvements included: the management of staff teams, care reviews and management of people’s opinions and feedback.

The registered manager demonstrated that they knew the details of the support provided to people receiving support from Premier Care Ltd. Most people told us they had not met or spoken with the new registered manager yet but most were aware there was a new registered manager for the service.

All of the staff told us they felt supported and enjoyed their work. They were very positive about the management style of the service. The staff we spoke with were complimentary of the current registered manager. They told us they had no hesitation in approaching the registered manager if they had any concerns. They shared various positive comments including, “I can’t fault the company, they are very approachable”, “I would recommend this service”, “Yes fine, the manager is very good” and “I do feel supported by management, they are always on the end of a phone.”

Staff told us staff meetings were held regularly, where they had lots of opportunity to raise questions and speak to senior staff. We looked at a selection of recent minutes of meetings which had evidence of a wide variety of topics discussed with staff including: safeguarding; the development and management of the service; stability of care teams offered to support people and training. The minutes showed that the staff were kept up to date with the management and changes within the service.

The service used a number of methods to monitor the quality of its service to people. It ensured that its staff were suitably trained and received regular supervision and they monitored this via their quality assurance schedule. The service managed staff records very well and had organised records to show good management of their training, development, recruitment and supervision.

## Is the service well-led?

We noted that accidents and incidents were recorded in detail. The registered manager for the service confirmed that support would be given during individual staff supervision to any recorded incidents.

The service used a similar system for communicating with people who used the service. We looked at a sample of records that included various details for the quality assurance of, 'Client spread sheets; annual reviews; communication (discussions) with the person; medication record checks; quality surveys and client spot checks.' The quality assurance schedules for clients documented when these checks took place and the spread sheet allowed for notes to be made such as, "Client A very happy with carers said she does not know what she would do without them". During our inspection we spoke to a large cross section of relatives and people being supported by the service and it's important for their views referred to within this report to be reviewed and for feedback to be given to them via the registered provider and registered manager.

The registered provider and registered manager had evaluated various recent audits and created action plans for improvement. These audits showed evidence of regular monitoring of the quality of the service and acknowledged the changes and work involved in addressing some of the issues raised by relatives and people being supported. The director discussed their recent revised changes to their hands on approach to the quality assurance of the service. We saw evidence that the registered manager produced monthly reports to the provider which allowed them to monitor the service and set actions for the registered manager.

We noted that the service had received recent reviews by Warrington and Halton local authority. Periodic monitoring of the standard of care provided to people funded via the

local authority was undertaken by both of the council's contract monitoring team. This was an external monitoring process to ensure the service meets its contractual obligations to the council. We saw that actions set by one authority regarding monitoring the quality of the service had noted some improvements to the service.

The provider had also recently arranged for an external consultant to inspect the service and they produced an action plan to help them identify areas for improvement. The consultant had completed an extensive inspection of the service and produced a detailed report identifying areas of good practice and areas in need of further action to show improvement. The registered manager was confident that the actions identified were achievable and that they had already noted improvements being achieved.

We looked at a sample of records called 'notifications.' A notification is information about important events which the service is required to send to the Care Quality Commission (CQC) by law in a timely way. These records showed that the registered manager was knowledgeable of these requirements and was transparent in ensuring the Care Quality Commission was kept up to date with any notifiable events including 'safeguarding notifications.' However we identified that a recent safeguard notification had not initially been notified and shared with the Care Quality Commission. The registered manager had acknowledged this prior to our inspection and following their start date of working at the service they had duly sent updates and regularly notifications as required.

**We recommend that the service should monitor and assess the quality of the service and have regard for people's comments and views expressed about the service they receive.**

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The registered person must have suitable arrangements in place for obtaining and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.</p>