Charis Care Solutions Ltd

Charis Care Solutions

Inspection report

6 Felton Close
Coventry
West Midlands
CV2 2FJ

Tel: 07923182154

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection took place on 24 July 2018. The inspection was announced.

Charis Care Solutions is registered to provide personal care support to people. At the time of our inspection the agency supported six people, five of whom were in receipt of support with personal care and employed three care workers. The service is located in Coventry in the West Midlands.

This service is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people, younger adults, people living with dementia and physical and learning disabilities.

This was the first inspection of Charis Care Solutions since their registration with us in June 2017.

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 2008 and associated regulations about how the service is run. The provider is the registered manager of this service and will be referred to as 'the provider' throughout this report.

The provider needed to further develop their knowledge and understanding of their regulatory responsibilities to ensure their policies and procedures were up to date, safe recruitment practices were consistently followed and quality monitoring systems were always effective. People and relatives were encouraged to share their views about the service to drive forward improvement.

People and relatives were very satisfied with the service they received and the way the service was managed. People and relatives were provided with information about how to make a complaint. No complaints had been received by the service. People's medicines were managed safely.

People felt safe with their care workers and there were enough care workers to provide all planned care calls, at the times expected and for the length of time needed. The management team and care workers understood how to protect people from abuse and their responsibilities to raise any concerns.

People's care records were personalised and most informed care workers how people wanted their care and support to be provided. People and, where appropriate, relatives were involved in developing and reviewing planned care.

Care workers had a good understanding of the needs and preferences of the people they supported. People who required support had enough to eat and drink and were assisted to manage their health needs. The provider and care workers worked with other professionals to support people to maintain their health and well-being.

People and relatives spoke highly of care workers attitudes, reliability and were confident care workers had the knowledge and skills needed to meet their needs. Care workers completed some training, including on-going training to provide them with the knowledge and skills need to meet people's needs. Further training was being planned.

Care workers were inducted into the service and received regular management support through individual and team meetings. The provider was in the process of reviewing their induction to ensure it reflected nationally recognised guidance. Care workers felt valued and enjoyed working at Charis Care Solutions.

People's privacy and dignity was respected and their independence promoted. The provider understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Care workers had not completing further MCA training since starting work at the service. However, people confirmed they worked within the principles of the Act and the provider gave assurance future training was being planned.

Procedures were in place to ensure risk associated with people's planned care were assessed. Risk management plans were up to date and provided staff with the information they needed to safely manage and reduce known risks. Care workers followed the guidance provided and understood how to minimise risks to people's safety.

We found a breach 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medicines and risks associated with people's planned care were effectively managed and monitored. People felt safe with their care workers and there were enough care workers to provide people's care calls at the times they expected. The provider and care workers understood their responsibilities to safeguard people from harm. The provider's recruitment systems were not consistently followed to reduce the risk of recruiting unsuitable staff.

Is the service effective?

Good

The service was effective.

The provider understood the relevant requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). MCA training for care workers was being planned. Despite having not completed training care workers worked within the principles of the Act. Care workers supported people with their nutritional needs and to access health care when needed. Staff received induction and training that supported them to meet the needs of people effectively. Staff training was provided by a suitably qualified person.

Is the service caring?

Good

The service was caring.

People and relatives spoke highly of the care workers who visited them. Care workers understood people's needs and were flexible in providing their care. Care workers upheld people's privacy and dignity and promoted their independence. People were involved in making decisions about their care and described the care workers who supported them as professional and reliable.

Is the service responsive?

Good

The service was responsive.

People received their care calls from care workers they knew at

the times they expected. Care plans were personalised and mostly provided care workers with the information they needed to provide person centred care. People and relatives knew how to make a complaint. No complaints had been received

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Without exception people and relatives were very satisfied with the service provided and the way the service was managed. However, although there were systems for reviewing the quality of service people received, these were not always effective. The provider's policies and procedures required reviewing and updating. The provider was developing their knowledge and understanding of their role and regulatory responsibility. Care workers felt supported and valued.

Charis Care Solutions

Detailed findings

Background to this inspection

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

This inspection site visit took place on 24 July 2018. The inspection was announced. We gave the service three days' notice of the inspection because the provider is out of the office every day providing care to people and we needed to be sure that they would be available to speak with us.

This was a comprehensive inspection and was undertaken by one inspector.

This was the first time Charis Care Solutions had been inspected since registering with the Care Quality Commission (CQC) in June 2017.

Before our visit we reviewed the information, we held about the service. We looked to see if the service had sent us any statutory notifications and we contacted local authority commissioners. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. They did not share any information we were not already aware of.

During our visit to the office visit we spoke with the provider.

We looked at three people's care records and other records related to people's care, including risk assessments, medicines records and daily logs. This was to see how people were cared for and supported and to assess whether people's care delivery matched their records.

We reviewed three staff files to check staff were recruited safely and were trained to deliver the care and support people required. We looked at records of the checks the provider made to assure themselves people received a good quality service, including complaints, medicine records and accident and incident records.

Following our site visit we contacted people by telephone and spoke with two people and three people's relatives to obtain their views of the service they received. We also spoke with two care workers via the telephone.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us they felt safe with the care workers who provided their care. One person explained this was because they knew and trusted the care workers who visited them. They said, "I wouldn't feel safe if I had to have stranger's come into my home." A relative described their family member as being 'definitely' safe because care workers had never missed a care visit and really understood the person's care needs.

There were enough care workers available to ensure people received all their planned care visits. People and relatives told us care workers always arrived at the times expected and, stayed long enough to do everything they needed. One person told us they could set their clock by the time of their care call. They added, "They arrive on the dot."

Staff rotas confirmed there were enough staff to allocate all planned care visits and care workers visited the same people at the times agreed. The provider told us because recruitment had proven challenging and to ensure consistency of care for people, they delivered daily care calls and used an agency worker who was known to people if additional cover was needed. For example, due to planned or unplanned staff absences.

The provider had a recruitment process to ensure, as far as possible, only care workers of suitable character were employed to minimise the risks to people's safety. This included obtaining Disclosure and Barring checks and references from previous employers before care workers started working at the service. The DBS is a national agency that keeps records of criminal convictions.

However, from the records we reviewed we could not be assured safe recruitment processes were consistently followed. We saw a risk assessment to check a prospective employee's suitability to work with people pre-dated their DBS check and an observation of their practice was dated three months prior to their start date. We discussed this with the provider who told us the wrong dates had been recorded on some records because the recruitment process was 'done in bits and pieces' over time.

Other records showed staff had been recruited in line with the provider's policy and procedure.

There were procedures to identify potential risks related to people's care. We saw risk assessments had been completed and care was planned to manage and reduce risks. For example, one person was at risk of falling, and could injure themselves. Care workers were informed to ensure the person took their pain relief medicine before mobilising and of the need to remind the person to use their walking stick to minimise the risk of them falling. Daily records showed care workers had followed these instructions. Risk assessments were regularly reviewed and updated if people's needs changed.

Care workers demonstrated they had a good knowledge of the risks associated with people's care and how these were to be managed. One told us, "We know the people we care for and how to keep them safe. It's also written down in the risk assessment." They went on to explain if they were concerned about a person's safety or identified a possible new risk they would talk to the provider so the risk could be assessed. They

added, "The provider would respond straight away."

The provider protected people from the risk of abuse and safeguarded people from harm. Care workers had received training in how to protect people from abuse and confidently described the types of abuse people may experience and the signs which might indicate someone may be at risk. One care worker said, "It could be physical, sexual or financial. Seeing a bruise could mean they [person] has been hit or that hoisting [using equipment to support a person to move] has not been done in the right way. That could be physical abuse."

Care workers demonstrated they understood their responsibilities to report any witnessed or allegations of abuse to the provider and were confident their concerns would be dealt with. One commented, "If I saw or suspected anything I would tell my supervisor and they would investigate." They added, if the [provider] didn't report back to me, or if I felt the investigation hadn't been done I would telephone CQC. I would whistle blow." Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.

We looked at how the provider managed people's medicines. People told us care workers supported them to take their medicines if this was part of their planned care package. One person described feeling 'reassured' because care workers always reminded them to take their medicine which otherwise they would forget to take.

Records confirmed care workers received medicine training and had their practice observed to make sure they continued to be competent to administer people's medicine safely. One care worker told us, "After you do the training you get observed (competency checks) to make sure you follow your training and then we have on-going checks to make sure we are still doing it right."

We saw medication administration records (MARs) had been signed by care worker to show people had received their medicine as prescribed, including creams which needed to be applied directly to people's skin. MARs had been returned to the office at monthly intervals and management checks of individual records completed. Records showed where recording errors had been identified these had been discussed with care workers and improvements made.

Some people were prescribed medicine on an 'as required' basis (PRN). We saw protocols were available to inform care workers why the medicine had been prescribed, for example for pain relief and how often it should be taken or applied to the skin. However, protocols did not inform care workers of the signs to look out for to indicate, for example the person may be in pain.

Staff understood their responsibilities in relation to infection control and had completed training in relation to this. People confirmed care workers wore protective gloves and aprons when providing personal care and carrying out other tasks.

Records showed accidents and incidents were logged and appropriate action taken at the time to support people safely and to check for trends or patterns in incidents which took place. The provider used this information when needed, with people's consent, to make referrals to relevant health care professionals, including falls teams. Falls teams provide specialist assessment and treatment for people in the community who have had falls, have a fear of falling or poor balance/ mobility or who are at risk of falls.

Good

Is the service effective?

Our findings

People's needs were assessed and documented before they started using the service. The provider told us, "I visit all service users to make sure we understand and can meet their needs. Our assessments are individual. It's not a blanket assessment." They went on to describe how they used the information shared by people and their families to 'tailor their care'.

One relative described what this approach had meant for their family. They told us, "Entrusting the care of someone you love, who is fragile can be difficult. But straightaway when the provider asked if they could visit and we met them we were 'really reassured'. They went on to explain how the provider had taken time to understand their family member's needs and what was important to them so the service could be planned to reflect these.

We saw assessments included information about people's backgrounds, needs, beliefs and preferences. The provider told us understanding what was important to each person enabled them to provide person centred care. They added, "It's important to ask questions but not to be invasive. For example, we ask about gender preference of care worker so we can respect choices."

People and relatives were confident care workers had the skills and knowledge needed to support them effectively. One person told us, "If you could be here you would be able to see how good they are their jobs." Another person said, "They [care workers] understand about my diabetes, they talk to me about it and have explained why it is important that I look after it." Relatives told us because care workers had completed training related to specific conditions, for example Parkinson's disease they were able to better understand their family member's need.

Care workers completed an induction when they started work at the service. This included working alongside an experienced staff member, and completing some training the provider considered essential to meet the needs of people who the service supported. One staff member described how working with an experienced care worker had enable them to learn about people's needs so they could provide care in line with people's preferences.

However, the provider's induction did not reflect nationally recognised guidance for effective induction procedures. The Care Certificate was introduced in 2015 and assesses staff against an agreed set of standards during which they have to demonstrate they have the knowledge, skills and behaviours expected of specific job roles in social care sectors. The provider told us they had already identified this and were in the process of linking the Care Certificate to their induction process. They explained this had not been a priority because care workers employed by the service held relevant alternative qualifications, for example national vocational qualifications in health and social care.

Care workers described the training they received as 'informative' and 'valuable'. One commented, "Even though I have worked in social care before and done a lot of training you still learn new things and different ways of working. That's good for the people we look after." We saw care workers had completed 'a

mandatory training course' which included medicine management, safeguarding adults, infection control and equality and diversity training.

The provider told us, following the recent recruitment of new staff, they were in the process of developing an electronic training matrix. They explained this would include a 'alert' to ensure care workers completed the training needed to keep their knowledge and skills up to date.

Records showed care workers had regular individual meetings with the provider to discuss their work and any development needs. The provider also regularly completed observations of care worker's practice to ensure they remained competent to provide the care and support people required.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Discussion with the provider demonstrated they understood the relevant requirements of the Act. They confirmed no one using the service at the time of our inspection had restrictions on their liberty; however, they were aware of when this may be applicable for people.

Records showed care workers had not received MCA training. Despite this care workers demonstrated they an understanding of the MCA and were clear they should assume people had the capacity to make their own decisions. One told us, "All clients [people] are deemed capable of making decisions unless proved otherwise. If I had concerns about a person's capacity I would let the care manager know so they could contact family, the GP or social worker. They would look to arrange a best interest meeting." The provider told us MCA training was being planned.

People confirmed care workers sought their permission before providing care and support. We saw people's care records contained information about people's capacity to make decisions. Where people had been assessed as not having capacity to make complex decisions, records showed who and what decisions could be made in people's best interests.

People's nutritional needs were met by care workers if this was part of their planned care. One person told us, "They [care workers] know what I like for breakfast but they still ask me. I guess in case I change my mind." We saw people's care records informed care workers of the types of food and drinks people preferred. For example, one person like cornflakes for breakfast and preferred to take their medicine with a glass of orange juice. Care workers confirmed they ensured people who required assistance with meal preparation were always offered choice.

People told us they made their own health appointments, but care workers would support them with this if they needed it. One person told us, "I'd only have to ask and [provider] would help me." A relative explained the provider contacted them if they had any concerns about their family member's health which ensured timely medical advice was sought.

The provider worked in partnership with other health and social care professionals to support people. They explained they felt developing positive working relationships was important for the health and well-being of the people they supported. They said, "It's important to look at the overall picture for each person so they

get the best care possible." They went on to describe how working with the district nursing service and following their recommendations had prevented damage to a person's skin deteriorating.

Good

Is the service caring?

Our findings

People and relatives spoke highly of the care workers who supported them. We were told, "The carers are friendly, caring and professional." "They [care workers] have a certain maturity which is very positive.", and "I like my carers. They are really kind. They really do look after me and I look forward to their visit. They are like family."

We asked care workers what being 'caring' meant to them. One told us, "First thing is to understand and respect their [people's] differences so I can do the best I can for them. It's not what I do or believe it's what they want and like. Giving them time and showing an interest."

Care workers knew the people they supported and understood how they preferred their care and support to be provided. One person told us, "We have built up a lovely relationship. They [care worker] have taken the time to get to know me and what I like." They added, "I really look forward to their visits. They always make time to talk to me about lots of different things which stops me from feeling isolated because I live alone." Another person told us care workers never made them feel 'rushed' and 'always' stayed until they completed everything the person needed. Care workers told us they had enough time allocated for care calls. Staff rotas confirmed this.

People's independence was promoted and the support they received was flexible to their needs. One person told us, I like to do as much as I can and my carers know that. So, they ask how much help I need each day." They added, "Being independent makes me feel better, but knowing help is there when needed is reassuring."

Care workers told us because they visited the same people they understood their abilities and the importance of supporting people to remain independent. One care worker described how they encouraged a person they visited to come into the kitchen by asking them 'to keep me company while I make hot drink'. They explained this helped the person keep mobile which was important in enabling the person to remain living in their own home.

Care workers understood the importance of supporting people to remain independent and the positive affect this had on people's wellbeing. One explained a person they visited was able to shower independently and only needed assistance with 'the areas they can't reach very well'. They told us this was important to the person because it enabled them to remain living in their own home.

People's privacy and dignity was respected by care workers. People described how staff closed curtains and doors before assisting with personal care. When discussing prompting people's rights one care worker told us, "Privacy and dignity is so important. If a person is safe to be left alone I explain I will be outside the bathroom door if they need me. If they are not safe, I make sure their private bits are covered and chat whilst helping them to try to make them feel at ease."

People's records held in the office which contained personal information were secured and kept

confidential. Discussion with care workers demonstrated they understood the importance of maintaining people's confidentiality.

Good

Is the service responsive?

Our findings

Everyone we spoke with told us the service was responsive to their needs and they would 'highly' recommend the service. One person told us this was because care workers were 'punctual' which meant the person received their medicine at the right time which they said was important. Two relatives described the provider as 'very accommodating' as they regularly responded to requests to change care visit times, often at short notice, when people had social or health care appointments.

Another relative told us 'routine' was a very important aspect in supporting their family member to manage a health condition. They added, "In all the years [name] has been receiving care we have never had such consistency, both in terms of the time of calls and care workers." They added, "We know the difference between good and bad care. And I can honestly say this service has been the best. They are fantastic."

The provider and care workers understood and were responsive to people's needs. For example, the provider had liaised with a person's family and GP because the person had had several falls which was an indication they may be unwell. Records showed the person had undergone a medical intervention and no further falls had been reported.

Care plans were personalised and most provided detailed information about people's needs, life style choices and daily routines. For example, one person's plan informed care workers the person's favourite drink was coffee, which they liked served hot, white and without sugar. Another person's records showed religion was an important part of their life. We saw the person's care visit times had been changed to ensure the person could attend church services and social events.

People and, where appropriate, relatives were involved in planning and reviewing their care. We were told, "We had a review meeting yesterday. Knowing that you openly discuss everything is one of the many positives about this service." and "I was involved from day one. [Provider] came out to talk to me about what I needed and what I wanted." Records confirmed regular review meetings were held.

Care workers told us care plans included the information they needed to provide individualised care to people. A newly recruited care worker commented, "I found all the information I needed in the plans. It tells me what I need to do and how to do it. Things like where I need to apply creams and what they [people] like."

The provider ensured care workers had the information they needed to support people and respond to any changes in people's needs. They told us they telephoned care workers to share any changes before the start of each shift. We saw information was also recorded in a communication book so the provider could refer back if care workers needed to check something. One care worker told us, "Contact and communication with the provider is the best I have ever experienced whilst working in social care."

We looked at how complaints were managed by the provider. People and relatives told us they had been provided with information about how to make a complaint when the service started. They told us they had

no cause to complain but would not hesitate to contact the provider if they needed. One person said, "I would tell [provider]. I am sure she would deal with it because she really cares." A relative told us because the provider was 'very open and approachable' they would feel comfortable to raise any concerns.

Records confirmed the provider had not received any complaints since the service started operating in 2017.

We saw the provider also kept a record of compliments. One 'thank you' letter read, 'Huge appreciation we have for you for everything you do…your cheerful disposition is always a joy to see… [person] needs consistency and continuity at all times and you deliver that…' During our inspection we spoke with the author of this letter, who told us, "Because they [service] are so good and I was so impressed I wanted to put my thoughts, heart and soul in a letter."

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider told us they were developing their knowledge of the framework to ensure information was available to people in different formats, for example large print and further formats were being developed.

Requires Improvement

Is the service well-led?

Our findings

The provider's current knowledge of relevant legislation, their regulatory responsibilities and the services policies and procedures did not assure us risks to people's safety were always minimised.

For example, records showed prior to completing the required pre-employment checks the provider had arranged for a prospective employee to work alongside an experienced care worker to gain an insight into the role. We saw the prospective employee had taken part in the provision of personal care support. This meant the provider had not always followed safe recruitment practice.

The provider's policies and procedures required improvement. We saw some policies and procedures were not up to date and lacked the necessary detail. For example, the provider's medicine policy did not included information about the management and administration of 'as required' medicines and the staff supervision policy, whilst, updated in June 2018, referred to outdated legislation.

We found audits and checks to assess and monitor the quality of the service provided had been completed but were not always effective. For example, a medicine audit dated June 2018 was signed 'checked and correct' but had not highlighted prescribing instructions omissions on the MAR. This meant care workers did not have the information they needed to administer medicines safely and as prescribed.

This was a breach of Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014. Good governance.

The provider acknowledged our findings and gave assurance policies and procedures would be updated. They told us they were developing different ways to improve their knowledge and understanding, including internet searches and attendance at meetings with other provider's hosted by the local authority. The provider went on to explain they were confident they would be able to focus on managing the service and developing their knowledge because more care workers had been recruited. They said, "As much as delivering care has benefited me to see how the service is operating it has been difficult along with managing the service."

The service had a registered manager who was also the provider for the service. 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 2008 and associated Regulations about how the service is run.'

Without exception people and relatives were very satisfied with the service provided and the way the service was managed. One person commented, "I am very, very happy and would hate it if I had to change for any reason." A relative told us they could not speak highly enough of the service quality, the provider and care workers who they described as 'professional'. The relative continued, "The quality of care and standards they work to are very high and they have been maintained since the service started." Another relative told us

how the service had 'significantly' improved the quality of life for their whole family because the service was reliable, consistent and had a caring approach.

People and relatives told us they were encouraged to share their views about the service and areas where improvement could be made. One relative told us they regularly discussed the service provision with the provider informally during care visits and formally through an annual quality survey. They added, "You hear such negative things about social care but our experience has been extremely positive. I cannot think of anything that needs to improve." Another commented, "I say, you simply cannot improve on perfection. They [service] are fantastic."

The providers analysis of their quality survey dated March 2018 confirmed people were very satisfied with the service provided. The analysis also demonstrated people's feedback had been used to improve the service. For example, one person said they felt communication about 'domestic issues' could be improved. In response, following discussion with the person, the provider had agreed detailed information would be recorded in a note book. Daily records completed by care workers confirmed the agreed action was followed.

Discussion with care workers demonstrated they had a clear understanding of their roles and responsibilities. One told us, "We discuss everything in meetings. The provider is lovely. We can be open and ask questions." They told this was one of the reasons they enjoyed working at the service. Records showed meetings were regularly held and gave care workers an opportunity to discuss issues important to them.

Care worker told us they were supported and felt valued by the provider. One said, "I've only just started but [provider] has been very good, advising and guiding. They are very approachable." Records showed the provider shared positive feedback they had received about care workers. They told us, this assisted in building 'confidence' within the team and showing them they were valued.

The provider operated an 'on-call' system so care workers could seek support, advise or guidance outside of normal office hours. One care worker told us, "You know you can ring at any time so help is always at hand." People and relatives told us they had the provider's telephone number. One person said, "She [provider] told me I can call day or night."

We asked the provider about their responsibility to submit statutory notifications because we had not received any since the service registered with us. A statutory notification is information about important events which the provider is required to send to us by law. The provider demonstrated a good understanding of the requirements. During our inspection we did not identify any events which we needed to be informed of.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 17 (1) (2) (a) HSCA RA Regulations 2014. Good governance The provider was not always operating effective systems to assess, monitor and improve the quality and safety of the service provided. The provider had not ensured their policies and procedures were consistently followed and they reflected current legislative requirements and best practice guidance.