

Rainbow Care Solutions Limited

# Rainbow Care Solutions (Redditch)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 25 January 2017 and was announced. The provider registered Rainbow Care Solutions with us to provide personal care to people who live in their own home. At the time of our inspection 56 people living in their own homes received care and support services. Services provided are for children and adults who may have a range of needs which include physical disabilities, varied health conditions, learning disabilities, dementia and sensory impairments.

The provider is also the owner and 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 re-registered this service in November 2016 and has not been previously inspected. This is the first rating inspection.

People were supported by staff who knew how to respond to any concerns that might arise so people were kept safe from abuse. People had been supported to avoid the risk of accidents and where required people had been assisted to manage their medicines by staff who had received training to do this. The provider had procedures in place to check people received their medicines as prescribed to effectively and safely meet their health needs. There were enough staff to provide people with the support they needed and background checks had been completed before new staff had been appointed.

Staff had received training and guidance and they knew how to support people in the right way. People were supported by staff to make their own choices and decisions about their care and support. This was supported by the improved rota system which helped people in having the same staff provide the care they needed and who had become familiar with people's different ways of making their own daily care decisions. We saw people were actively involved in how their care was planned and their needs met. Where people needed support with their meals and in accessing healthcare assistance staff provided this to help people in keeping healthy and well.

People were treated with kindness and respect by staff who had become to know them well and understood their likes, dislikes and preferences for care and support. Staff recognised people's right to privacy and promoted their dignity when assisting people with their individual care needs. The registered manager had knowledge of how people could access local advocacy services and staff had this knowledge to assist people when required in being involved in their care. Confidential information was kept private.

People had been consulted about the support they wanted to receive and they had been given all of the assistance and encouragement they needed to be as independent as possible. The registered manager had recognised there was a need to combat social isolation and social events had been planned to provide people with opportunities to meet. There was a system for quickly and fairly resolving complaints which the

registered manager was determined to use as another method of learning and improving the services provided.

People were encouraged to share their opinions about the quality of the service through telephone conversations, visits with the management team and regular surveys. Quality checks had been regularly completed both internally and externally to ensure people reliably received all of the support they needed. Staff were supported to speak out if they had any concerns and good team work was promoted through staff being recognised for their caring practices. People had benefited from the registered manager working with their staff team to continually drive through improvements to benefit people who used the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff understood how to recognise and report abuse. People had been helped to stay safe by managing risks to their health and safety. People were supported where required to take their medicines and there were sufficient staff to support people with their needs. The registered manager had developed recruitment procedures which helped them to ensure staff were suitable to provide care to people in their homes.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the necessary training and support to meet their needs. Staff understood the need to gain people's consent before assisting them and how to support them to make informed choices. Staff gave people the support they needed to prepare their meals and eat and drink.

### Is the service caring?

Good ●

The service was caring.

People had built up caring and positive relationships with staff who supported them on a regular basis. Staff knew people well and understood their likes, dislikes and preferences and supported them in their preferred way and promoted their independence. People were treated with respect and their dignity and privacy was respected.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support which was personalised to their needs and preferences. Staff were responsive to people's

changes in needs and adapted their support to meet these. People knew how to complain about the care provided and felt comfortable doing so.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People were encouraged to share their views about the quality of the service provided to drive improvements. The staff were given guidance and support by the registered manager and their colleagues and understood their roles and responsibilities. The registered manager used their own and external quality checks to drive improvement to benefit people who used the service.

# Rainbow Care Solutions (Redditch)

## **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 took place on 25 January 2017 and was announced. The provider was given 48 hours' notice, because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. The inspection team consisted of one inspector.

We looked at information we held about the provider and the service. This included information received from the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also sought information from the local authority who commission services on behalf of people and Healthwatch. (The local consumer champion for health and social care services). We used this information to help us plan this inspection.

We spoke on the telephone with 15 people who used the service and three relatives following our inspection visit to the office. This was to establish people's views about the care and support provided. In addition to this we sampled the care records of four people and the comments people had expressed about the care staff who supported them in their homes.

During our inspection visit we spoke with the registered manager, who was also the provider and five staff members, including a duty manager, senior care co-ordinator and care staff. We looked at four staff recruitment files, staff training records, accident and incident forms, records of complaints and compliments, a newsletter and records associated with the provider's quality checking systems.

Following our inspection visit to the office the registered manager sent us further documentation which

included the statement of purpose, business strategy, recent survey and people's comments about their care experiences.

## Is the service safe?

### Our findings

People told us they felt safe in the presence of staff who supported them with their care needs in their own homes. Everyone we spoke with described how staff were friendly and helpful which people felt assisted them to feel comfortable, confident and safe. One person told us, "The girls [staff] are all nice and they're friends to me who I look forward to seeing." Another person said, "I am a lot safer" due to the help from staff and it had meant they could continue to live in their home. Relatives told us they were confident their family members were safe and the care provided supported people to remain in their own homes with risks to their wellbeing reduced.

Staff had received training in how to protect people from harm and abuse. Staff we spoke with knew how to recognise and report abuse so they could take action if they were concerned a person was at risk of harm. Staff were confident, people were treated with kindness and they had not seen anyone being placed at risk of harm but if they did they would not hesitate to report any harm and/or ill treatment of people they supported. One staff member said, "I'd report it [abuse] to [registered manager's name] and the office. I know action would be taken." Staff told us when the office was closed there was an out of hour's system which made sure there was always someone available if they required support.

The registered manager had developed a formal procedure to make sure any harm and/or abuse to a person was reported to the relevant external organisations and thoroughly investigated. We spoke with the registered manager about a notification they had sent to us which showed they had recently contacted the local authority and a person's GP. This was because a concern had been raised about a person which had led to actions to establish how best to continue to ensure the safety of the person concerned in the future.

Staff we spoke with were aware of people's risk assessments, and understood the need to follow these. They told us they had the up-to-date information they needed to keep both people and themselves safe. For example, staff were able to tell us how they supported people with specific equipment so risks to their safety were reduced and how they regularly supported people with their skin care needs to avoid this becoming sore. One person we spoke with told us how by staff assisting them to apply cream to areas of their skin it had made a difference to their skin remaining healthy. Another person described how staff helped them with everyday tasks which they were unable to do safely themselves.

Staff we spoke with understood the safety hazards to look out for when caring for people in their own homes, such as trip hazards or faulty equipment. Staff told us they would immediately report any new hazards they encountered to staff at the office so the relevant action could be taken.

If people were involved in any accidents or incidents, staff understood the need to record and report these events without delay. They told us the registered manager acted on these reports to keep people safe. We saw the registered manager used accident and incidents reports to identify any action needed, by themselves or other external agencies, to reduce the risk of reoccurrence. For example, staff noticed one person's physical abilities had decreased and believed an assessment for equipment would benefit them to reduce the risks of further falls and/or injuries. The action taken by made sure the person had all the



equipment they needed to support their physical needs.

People provided us with their experiences of how reliable their care service was. We consistently heard from people staff were usually punctual and missed calls were not an issue for people who we spoke with. One person said, "They [staff] are generally on time, if they are ever late which is not often at all there is always a good reason." Another person said, "They [staff] have never missed a call and they are always pretty much on time. If staff were running a little bit behind I have no doubts the office would let me know." The coordinator explained staff did their best to notify people if staff were unavoidably running late. People confirmed they were normally kept up to date about any such delays in their calls. One person told us, "They [staff] ring me to let me know if they are going to be ten minutes late."

The registered manager assessed and planned their staffing requirements based upon the total number of care hours provided and people's individual care and support needs. Staff told us there were sufficient staff to make sure people received the care they required and times of preference were taken into account whenever possible. Where people required two members of staff to support them we saw this happened. The duty manager told us, "The team we have are very reliable." They went on to say the last missed call was in October 2016 and the registered manager took disciplinary action as their ethos was this was unacceptable. All staff were also reminded about the procedures they were required to follow if they were running late as part of the action taken at the time of the missed call.

The registered manager carried out checks on all new staff to confirm they were suitable to provide care to people who used the service. These consisted of a Disclosure and Barring Service [DBS] check and the receipt of suitable employment references. The DBS helps employers to make safer recruitment decisions. Staff we spoke with confirmed these checks had been completed before they were allowed to start work and we saw quality checks were routine completed on staff recruitment files. These checks were effective as we saw where a staff member had not completed a philosophy of care questionnaire and this was sent to them. The registered manager had also developed formal disciplinary procedures to address any staff misconduct which may affect people's safety or wellbeing.

People who required support with their medicines told us they received them regularly and staff were very helpful in prompting them at the times of day they needed their medicines. One person described to us how staff helped them with their eye drops which they appreciated. Another person said staff always checked their medicines, "Very carefully each time I need them." Staff told us, they had been provided with training to administer people's medicines and had their competency checked on a regular basis to make sure they did this safely.

We saw the registered manager had put systems and procedures in place designed to ensure people received their medicines safely. People's care plans detailed the specific support they needed to take their prescribed medicines. When assisting with or administering people's medicines, staff kept up-to-date medicine records which were returned to the office so these could be checked on a monthly basis.

## Is the service effective?

### Our findings

People were confident staff knew how to provide them with the support they needed and wanted to receive. One person described the staff as, "Very helpful." The same person continued, "They [staff] know exactly how to support my needs in the right way for me and on what days I prefer to be helped with different things." Another person said, "They [staff] are very efficient and everything is recorded so nothing is missed when telling the next staff. They all know me which makes a difference. Of course they are trained, it shows in the way they help me in the right way with my care." Relatives were also confident about this matter with one of them saying, "The staff know my family member in detail. They have built up their knowledge about how to help and support them over time and my family member tells me they have no complaints about how their needs are met by staff who are familiar to them."

The registered manager said it was important for all staff to receive comprehensive training in order to ensure their knowledge and skills remained up to date. Staff told us and records confirmed new staff had received introductory training before they worked without direct supervision. This training was in line with the National Care Certificate which sets out common induction standards for social care staff. We also noted established staff had been provided with refresher training in key subjects. These included how to safely support people who needed help to manage their everyday care needs, such as supporting people's personal hygiene, safety and promoting their health.

Staff we spoke with told us their induction and on-going training prepared them for when they worked on their own in supporting people and had equipped them to carry out their roles with confidence. One staff member told us, "The support I have received from [registered manager's name] and office staff has helped me to do my job well. If I feel I need or interested in some training I only have to talk to [registered manager's name] who is very keen on training to help us to do our work well." Staff we spoke with were positive about the support they received from the registered manager and office staff who they felt were always approachable and they could talk to them at any time.

We asked people who used the service if they felt staff understood people's individual needs. We heard positive examples of how staff knew how to assist people with their particular needs, such as, supporting people with their physical and health care needs. One person described how staff had provided care and supported them when their physical health had declined until gradually they felt better.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 found the registered manager and staff were following the Mental Capacity Act 2005 in that they had supported people to make important decisions for themselves. This had involved consulting with people and explaining information to them.

Consent to care was sought by staff. People acknowledged staff asked for their permission before they

assisted them to meet their daily needs or offer them support. Staff told us it was important to seek people's consent, and to provide care and support in line with their wishes. Records confirmed people's consent had been sought and documented, for example, in respect of medicines and provision of care.

The registered manager had not made any applications to the Court of Protection for approval to restrict the freedom of people or to deprive them of their liberty. The registered manager told us they were not aware of anyone who used the service who was being deprived of their liberty at the time of our inspection.

When people needed help to ensure they had enough to eat and drink as part of their home care support this was provided by staff. One person we spoke with told us staff would heat a meal in the microwave for them and always made sure they had a drink before they left. Another person explained through staff's assistance with their meals they were not only kept safe from the dangers of using their cooker but also at risk of not eating adequately. We saw people's care records gave staff information about the support needed to help people to eat and drink their meals where this was required. Staff had also recorded what people had eaten and drunk at each visit so they could respond quickly if any significant changes were noted. Staff we spoke with told us if they were concerned a person was not eating or drinking enough they would report their concerns to the registered manager or staff at the office.

Staff worked closely with a range of local health and social care services on behalf of the people who used the service, including doctors and district nurses. For example, one staff member told us how with a person's agreement they helped them with the equipment they required by making contact with their GP so their needs could be met. Talking of other people they supported, another staff member told us, "If I had any concerns [about someone's health] in an emergency I would call for an ambulance and tell the office." This approach was confirmed by one person who used the service, "I was unwell with a bad chest and they [staff] rang my GP for me. I was very grateful for their help."

## Is the service caring?

### Our findings

People were happy with the care they received and told us staff were kind and caring towards them. One person said, "They are really nice people [staff] and there is no doubt in my mind they do care. They do their best for me." Another person said, "Very pleased with them [staff]. Very nice and polite, you can have a joke with them which brightens up the day."

Everyone we spoke with knew the staff who provided their care and support by name and confirmed regular staff visited them. People told us staff took the time to get to know them well, and behaved towards them in a professional and caring manner. They used words such as "kind", "polite" and "friendly" when describing the staff team. One person told us about a staff member who supported them by saying, "We have become friends. She is good fun and sets my day off to a good start." Another person said, "They [staff] are very polite and respectful. They always have time to chat and are a really chirpy lot with smiles on their faces."

Staff we spoke with showed they enjoyed their work and were fond of people who they supported. One staff member described how when a person was low in mood they helped them to feel better by baking a cake with them and singing which the person enjoyed. The staff member said, "I want to do a good job." Another example provided was how staff celebrated a special event in someone's life with flowers and cards.

People told us they felt involved in their own care. One person told us, "They [office staff] have called me and we talk about everything I need help with." Another person said, "[Staffs name] knows how to make me feel comfortable when helping me. Always checks with me, I feel involved all along the way. It is called good customer care." Staff explained how they gave people choices and involved them in making decisions about their care. One staff member said, "I always ask people about their choices when I visit so they are able to say if they want a drink or whether they would like their hair washed on any particular day."

People told us they were able to advocate for themselves, but explained if they needed to have more of a voice they had relatives who would support them. The registered manager had information about different organisations if anyone needed an independent advocate.

People told us they were supported to maintain their independence. One person said, "I have regular carers and they all know what I am able to do but are there if I should struggle with anything. Can't really fault them [staff] or praise them highly enough." Care plans we looked at showed the care and support promoted an approach which recognised people's choices and independence. People told us about how staff took time to enable them to participate as fully as they could. Examples we were given included aspects of personal care and meal preparation. One staff member told us, "We are all different and people are able to do different things for themselves which we respect."

We heard from people how staff promoted their privacy and dignity when they assisted them in their homes. One person told us, "They had discussed what I wanted and how I wanted it, I only need help with certain things and they are there if I struggle." Another person told us, "They are very careful in how they help me to have a wash, so discrete." The care plans we looked at contained information on promoting people's dignity

and respect. Staff we spoke with gave us good examples of how they supported people's privacy and dignity when they assisted people with their care needs. Examples included, making sure doors and curtains were closed and people were covered when assisting people with their personal care.

Staff recognised the importance of respecting people's homes were their private and personal space. When people had been first introduced to the care services they were asked how they would like staff to gain access to their homes. We saw a variety of arrangements had been made which respected people's wishes while making sure people were safe and secure in their homes.

We saw records which contained private information were stored securely in the office. The computer system was password protected so could only be accessed by authorised staff. In addition, paper records were secured in locked cabinets when not in use.

## Is the service responsive?

### Our findings

People we spoke with told us they received care and support based on what they needed and in the way they liked. One person told us, "I find the care is very good and the [staff] are very helpful." Another person said staff, "Are very efficient and very accommodating when I need to change anything I need them to help me with. I can't fault the care I get it really meets all my needs. One relative said, "The staff are really good with [person's name]" and most importantly they are liked by [person's name]."

People who used the service and staff we spoke with told us people's care and support needs were always assessed prior to their care service starting. Staff said they tried to provide care which met the expectations of the person receiving the service. They said they always asked them how they preferred things to be done and at what times. People consistently told us how their care was planned to respond to their needs. Comments included, "Exactly how I wanted it [care]" and they [staff] were able to "Adapt their care and support accordingly" to meet their individual needs. People said staff provided all the practical everyday assistance they needed and had agreed to receive in their care plans. This included support with a wide range of everyday support and care, for example, washing and dressing, using the bathroom and getting about safely.

The registered manager told us about how they had responded to people being at risk of social isolation and how they had taken action to address this. For example, coffee mornings were held, activities were organised and 'Rainbow days out.' The registered manager told us these had proved to be successful and comments they had received from people were positive.

People we spoke with gave us examples of how at different times staff had responded to their needs. One person described how they were impressed by staff practices. They told us, "They [staff] are helpful to me. Nothing is too much trouble and all with a smile on their faces." Another person said, "They never go before time and have a chat to me, I am very satisfied." People told us they looked forward to seeing the staff and they knew who would be coming because they had a rota. One person told us, "It's nice to have familiar faces who know you." The coordinator and staff we spoke with described to us how the management of the call scheduling had made a difference to both people who used the service and staff. We consistently heard from people how the deployment of staff into particular rounds meant people had a regular team of staff to provide their care which people told us they greatly valued.

People told us staff arrived on time but if they were going to be a bit late then they were contacted to let them know. The call scheduling system helped the registered manager to ensure each person was supported at their preferred time. Each visit was scheduled for the appropriate length of time and there was an electronic system in place which monitored when staff arrived and left people's homes. Staff in the office were alerted to any instances where staff had not arrived within the agreed time to provide care. Staff would then be contacted to establish the reasons why and make plans to cover the call if the staff member was delayed so people were not left at risk of not having their care needs responded to and met.

Staff were able to tell us about the needs of people they provided care and support to which showed us they

had a good insight into people's individual needs, likes and preferences. One staff member showed us their work telephone and described how their work rotas and people's individual care needs were sent to them via their telephone. Staff we spoke with told us when they reported changes in people's needs and abilities to the registered manager and staff in the office; they undertook a review straight away. One person who used the service told us, "There is a book. They write down if anything unusual happens." Staff kept daily records about how people were, their appetites and moods, which ensured they recognised when people's needs and abilities changed. One staff member told us, "The daily records and our phones tell us what we need to know, whether people are okay, any problems, if they are not well." Another staff member told us, "Whenever extra time is needed or equipment for a person this is looked at and actions taken."

People were aware of the formal complaints procedure, and told us they would tell staff or the registered manager if they had anything to complain about. One person said, "I have no reason to complain but I know I could speak to staff and the manager at the office if I did." We saw a recent complaint about the conduct of a staff member had been acted upon, and the person received a response, in line with this procedure. Staff understood their role in encouraging people to come forward, if they were dissatisfied with their care and support. One staff member explained, "We always try to encourage them [people] to call the office if they want things done differently."

In addition to handling any formal complaints, the registered manager also actively sought people's general feedback on the service. This included the distribution of feedback surveys to the people who used the service. The registered manager told us they collated and analysed any feedback received from people who used the service and their relatives to identify potential areas for improvement.

## Is the service well-led?

### Our findings

People who used the service and their relatives told us they considered the service to be well managed. One person told us, "I receive good care which shows staff are well trained and supported." Another person said, "I very feel it is well managed otherwise I would get missed calls and staff who are uncaring which does not happen." Relatives were also reassured about this with one of them saying, "I'm confident that my family member has their care at the times planned for by staff who know them well and do not miss calls. Must be managed well"

The registered manager had developed systems and procedures designed to encourage people who used the service, relatives and staff team to share their care experiences and views. The registered manager said they welcomed and valued other's views and feedback on the service. People who used the service told us they felt involved in any decisions taken by the registered manager which directly affected them. We consistently heard from people how they appreciated the regular teams of staff who they had. In addition people who used the service and staff had the opportunity to provide feedback about staff who supported them. We read some of people's comments which included, "Can I say all your carers are top notch" and "Because they [staff] are kind and professional and my wife feels relaxed with them."

The registered manager had also developed a quarterly newsletter to help to keep people informed about topics. These included how successful the recent office move had been, staff members achievements and a list of planned 'Rainbow days out' dates so people could choose their preferences..

Staff we spoke with talked positively about the registered manager and office staff. They felt well supported, and had a sense of working towards the shared value of the organisation of a, 'Better life for all our customers. The registered manager showed they were committed to celebrating staff member's achievements and were proud of how staff worked together for the benefit of people who used the service. Staff were clear what was expected of them and we heard positive comments from staff about how they enjoyed their work and felt valued. One staff member described to us the awards ceremony which was held annually where people who used the service and staff were able to nominate staff for going 'the extra mile' in their caring roles. Awards included, employee of the year, best newcomer and most flexible staff member.

Staff felt they could approach the registered manager and office staff with any difficulties in their work, and had confidence these would be addressed, where possible. One staff member told us, "If I had a problem I would talk with [registered manager's name], they would always listen." Another staff member said they had been proud to work with such a caring group of people who had shown compassion to them as they had experienced a recent sudden family bereavement.

There was an open and inclusive approach to running the service. Staff said they were well supported by the registered manager and office staff. They were confident they could speak to them if they had any concerns about another staff member. In addition, most staff said the positive leadership in the service reassured them they would be listened to and action would be taken if they needed to raise any concerns about poor practice.



The registered manager held regular staff meetings. Staff told us they valued these meetings as they provided them with an opportunity to raise any concerns or suggestions, and to be updated on any planned developments in the service. The registered manager described how staffs wellbeing was focused upon at these meetings together with learning and looking at suggestions for areas of improvement.

The registered manager was committed to continually develop their own learning and knowledge by partnership working and undertaking higher degree courses. They were currently undertaking an higher degree course, a master in business administration [MBA] which they used to improve the service and develop their business strategy. The registered manager was clear about their roles and responsibilities in leading by example. They had made improvements which had directly had an impact upon making sure staff were confident and competent to carry out their roles and responsibilities. One example was the practice the registered manager had now adopted which was a 'duo lingo' test which tested people's language abilities, and formed part of their recruitment process. The registered manager also provided staff with information about how they could improve their language skills by completing direct learning courses. The registered manager was also able to tell us how effective this improvement strategy had been as they had chosen at random 25 people who used the service to gain their views about staffs communication. The results showed people felt there had been a huge improvement.

Another example was the educational material the registered manager had sourced so staff had opportunities to broaden and refresh their knowledge in serious but also fun ways to test staff's understanding around aspects of their work. The registered manager gave staff incentives to continue to develop their knowledge when staff answered questions correctly which staff told us they valued. A further example, were the cards where pictures were illustrated alongside the different smells linked with the pictures, such as grass and cakes to aid and prompt daily conversations with people.

The registered manager had developed systems and procedures to assess, monitor and address the quality of the service provided. These included office staff having regular telephone calls with people who used the service and their relatives. These calls alongside survey responses, care reviews and meetings where people came to join in activities and outings all helped the registered manager to better understand people's experiences of the care and support provided. The registered manager also sought to learn from any complaints, general feedback on the service or accidents and incidents involving people to identify other potential areas for improvement.

The registered manager described how they kept abreast of best practice through, amongst other things, attending conferences and accessing care resources online. This assisted them in continually measuring the quality of the service provided against current best practice.