

<b>Service Name:</b>	Calverton Supreme Day Services
<b>Provider:</b>	
<b>Service Address:</b>	Mews Lane Calverton Nottingham NG14 6FN
<b>Manager:</b>	Wendy Bonas – Day Services Manager
<b>Date of Audit:</b>	14 July 2016

### Summary of Audit Findings

<b>Standard One</b>	People experience person-centred support
We found the provider had <b>clearly met</b> this standard. We found that people using Calverton Supreme day service consistently received person-centred support with risk assessments reviewed and up to date. Service users and their families were involved in decisions regarding their support. For those people who lacked capacity to make specific decisions, the requirements of the Mental Capacity Act 2005 was being followed.	
<b>Standard Two</b>	People maintain their routines in a suitable environment
We found the provider had <b>clearly met</b> this standard. We found that people were supported by staff that was respectful, dignified, and professional in their dealings. We found that people were supported to maintain their individual routines. We found the support setting was safe.	
<b>Standard Three</b>	People are protected from harm
We found the provider had <b>clearly met</b> this standard. We found that people were protected from abuse of the risk of abuse. We found medication was safely stored. We found that people were supported in an environment which was clean and tidy. We found that systems were in place to ensure people were protected from acquiring healthcare associated infections.	
<b>Standard Four</b>	People who use services are supported by competent staff
We found the provider had <b>clearly met</b> this standard. We found people were supported by sufficient numbers of staff who were appropriately inducted. Training was inconsistently offered, to provide staff with the knowledge, skill and experience to be competent and professional. We found supervision takes place on a regular basis leading to an annual appraisal.	
<b>Standard Five</b>	Services are managed effectively
We found the provider had <b>clearly met</b> this standard. We found that people received support by a suitably managed service. The manager was accountable for their actions. We found complaints were managed appropriately, and the quality monitoring of the service provision was efficient and effective. The provider was completing electronic monitoring was accurately.	

## Recommendations

<b>Standard One</b>
<ul style="list-style-type: none"><li>• None identified.</li></ul>
<b>Standard Two</b>
<ul style="list-style-type: none"><li>• None identified.</li></ul>
<b>Standard Three</b>
<ul style="list-style-type: none"><li>• None identified.</li></ul>
<b>Standard Four</b>
<ul style="list-style-type: none"><li>• None identified.</li></ul>
<b>Standard Five</b>
<ul style="list-style-type: none"><li>• None identified.</li></ul>

<b>Overall Provider Percentage 100%</b>
Average percentage from 86 – 100% is 'Clearly Meets'
Average percentage from 66 – 85% is 'Partially Meets'
Average percentage from 33 – 65% is 'Working Towards'
Average percentage from 0 – 32% is 'Does Not Meet'

**Standard One: People experience person-centred support**

People receive person-centred support, which considers their choices and preferences. Support is provided in a positive risk taking environment, which supports people to make decisions regarding their support. For those people who lack capacity to make specific decisions, the service acts in the person's best interests.

1.1	People and/or their families have been supplied with information about the aims, objectives and purpose of the service, the cost of services, how to raise a concern or complaint and feedback and local advocacy services.	Clearly Meets
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**Recommendation**

None identified.

**Observed Evidence**

We asked the provider to send us a copy of their statement of purpose prior to our visit. They complied with our request.

The statement of purpose gave details of what their aims and objectives, principles of care and their complaints procedures. We saw that their aims and objectives are, "To provide a confidential care service tailored to each client's individual care needs. To employ trustworthy, well trained staff that are able to provide care in a discreet and caring manner".

The statement of purpose also gave details on their principles of care. They are, "The care will adhere to the principle of a needs led service. The care of each service user will be tailored to meet the social, personal and nursing needs of each individual and the privacy of individuals will always be ensured". We saw the statement of purpose gave details of how and where complaints are dealt with.

We spoke with the day services manager about their admissions process. They told us that when they receive an application they would invite the person to come and have a look at what they do and spend some time at the centre. They went on to say, that they would then ask the person to come and join in the activities and have lunch with them to see if they like it. A full assessment of their needs whilst at the service would then be put together in consultation with family members. They also said, "The family would then be given an admissions pack that contains a copy of the statement of purpose, an assessment form, a personal details form and a 'This is me' document. The costs of the service are included in the service user guide, but we always discuss this with them anyway". We looked at the admissions pack and confirmed all of these documents were in place.

We saw in the main room a display board which had details of the complaints procedure, also in an easy read version, and details about safeguarding displayed.

This means that service users and their families are provided with relevant information about the service.

1.2	Each service user has a personalised assessment and support plan that identifies their assessed needs, individual's wishes, choices, goals and sets out how the support, care or treatment is delivered.	Clearly Meets
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**Recommendation**

None identified.

**Observed Evidence**

On the day of our visit we observed service users engaged in various activities. We saw them taking part in playing dominoes, decorating cakes and biscuits, playing bingo and group activities; for example skittles.

Our contractual expectations for support plans are they should include a 'one page person profile', and how to achieve the identified outcomes including key elements of focus. For example, why are they attending the day service, what are the goals of the service provision, and to look at how has their life improved through attending the day service.

We looked at three support plans and saw that this had been done via the, 'This is me' document. We saw details gathered, in consultation with family members, about the service users' life history, their likes and dislikes, their hobbies and their immediate care needs. For example, we saw where one service user was born and raised, their family structure, and their needs such as walking with a frame.

We saw that each support plans that fully identified their assessed needs, wishes, choices and goals whilst using the day service. For example, we saw on one support plan that a service user needed assistance with preventing them from falling when walking around the day centre. We saw a personal care support plan with a risk assessment that gave details for staff to follow.

We saw the three support plans showed the outcomes required for the service user attending the day centre. For example, on one of the support plans it stated the outcome was, 'To provide social interaction in a safe and warm environment. To provide nutritious hot midday meal'. Our observations of the day showed this took place.

We saw that life histories had been gathered and were used to inform the activities taking place. For example, we saw one service user enjoys knitting and taking part in playing dominoes. On the day of our visit this service user was knitting and then played dominoes.

We spoke with the day services manager about service users on 1:1 hours. They told us they don't have any service users requiring this support.

We looked at the support plans for three services users. We saw 'hospital transfer sheets' were prepared in advance, should the service user be admitted to hospital. We saw that these were comprehensive, giving details of the service user, next of kin details, medication and a history of their disability and behaviours. Likes and dislikes as well as allergies were also documented. We saw these sheets were reviewed every three months or sooner if there were any changes identified.

This means that each service user has a person centred support plan that identifies their needs whilst using the day service.

1.3	Support plans include identified areas of risk and detail how these will be managed and are reviewed, supporting people to make informed choices.	Clearly Meets
<b>Recommendation</b>		
None identified.		
<b>Observed Evidence</b>		
<p>We looked at the support plans for three service users. Our contractual agreement states that the provider will ensure proper records are maintained. For example, service users will be reviewed periodically by the Council to ensure that their care package remains appropriate to their needs. The support plans and learning logs, managed by the day service provider, will be central to this review. Of the three support plans we looked at, we saw that these had been reviewed every three months or where there had been a change.</p> <p>We observed staff giving service users choices. For example, what activities they would like to take part in or what drink they would like.</p> <p>We looked at the support plans for three service users. We found these were identified areas of support or need and any associated risks. For example, we looked at the support needed for one service user who needed assistance with their personal care. We saw a risk assessment that assessed the service user's level of risk and detailed instructions for members of staff to follow.</p> <p>We found risk assessments were reviewed every three months or sooner if changes were identified. The reviews included the views of the service user and or their family members.</p> <p>This means that support plans include identified areas of risk, how staff support service users and are reviewed.</p>		

1.4	People who are supported with meals and/or drinks have sufficient for their needs.	Clearly Meets
<b>Recommendation</b>		
None identified.		
<b>Observed Evidence</b>		
<p>We observed the lunchtime period. We saw a hot meal was provided for all the service users. We were told by the day services manager, that this meal is part of the objectives for services users coming to the day centre. Members of staff prepared drinks for the service users after asking them what they would like. We saw drinks were available throughout the day for the service users.</p>		

We saw the service users eating their meal at the tables within the main room. We observed members of staff asking service users if they would like to use the toilet and wash their hands prior to eating. The meal looked appetising and hot.

We spoke with the day services manager about the meals. They told us, “Each day the service users are given a hot meal, they are asked what they want, it is usually meat and veg, but there is a second option on the menu or they can have other options such as omelettes or sandwiches. We saw the temperature of the food was checked via a probed prior to leaving the kitchen. We saw the daily fridge and freezer temperature logs and the cleaning schedules for the cleaning of the kitchen.

We spoke with a member of staff about nutrition and dehydration. They told us, “If I thought one of the service users was at risk, I would inform my line manager, I’d then try and speak with their family member, and if possible I’d try to encourage them to eat or drink.”

We saw members of staff assisting one service user with their food during lunch time. We saw PPE was consistently used. We spoke to staff regarding infection control. They told us, “We use aprons and gloves all the time, to make sure we don’t spread any potential infections”.

This means the service users are supported with meals and/or drinks.

1.5	Service users and/or families / advocates are involved in the support planning process and are able to contribute their views, opinions and understanding. Where the service user lacks capacity to make decisions, the requirements of the Mental Capacity Act 2005 are met.	Clearly Meets
<b>Recommendation</b>		
None identified.		
<b>Observed Evidence</b>		
We looked at the support plans for three services users where the requirements to the MCA 2005 had been fully met. We saw that service user’s support plans identified where the service users did not have the capacity to make their own decisions. We saw a MCA two stage test and best interest decisions completed, where consultation with other professionals and or family members or representatives had taken place.		
The MCA provides a framework to empower and protect people who may lack capacity to make some decisions for themselves. For example, we saw on the support plan that the service user lacked the mental capacity regarding making choices around leaving the day centre. The support plan had the MCA two stage test completed and the best interests of the service user had been considered. It was decided that the service user did not have the capacity to understand their vulnerability when leaving the day centre on their own. In the best interests of the service user, staff were to distract or accompany the service user if leaving the building.		
We spoke with staff about the MCA and their understanding of it, and they said, “Well you assume the service user has capacity until proven otherwise”. We saw from the training log that		

100% of staff had undertaken MCA training.

This means that where the service users may lack capacity to make specific decisions, the requirements of the MCA are fully met.

**Standard Two: People maintain their routines in a suitable environment**

People are supported to maintain their individual skills and engage in activities that are meaningful to them. The service is suitable, safe and personalised.

2.1	A live running record of each person is maintained, including any refusal of service. Members of staff recognise and maintains confidentiality in respect of information about people. Accurate records relating to people are completed in a timely way and stored in a safe place.	Clearly Meets
<b>Recommendation</b>		
None identified.		
<b>Observed Evidence</b>		
<p>We looked in the support plans for three service users. We saw that the support plans were stored in a locked cabinet and locked away when not in use. We looked at the daily records for three service users and found these were a description of significant events throughout the day. We found the records were written in a factual and accurate way and supported the dignity of the service users.</p> <p>We saw staff completing the daily entries for each of the service users during the day. We looked at these entries and found they were a true reflection of what we had seen the service user taking part in during the day.</p> <p>We spoke with staff about how they prioritise the changing needs of the service users. They said, “We look at the daily record logs and speak to each other for any updates”.</p> <p>We also spoke to staff about their understanding of the Data Protection Act 1998. They told us, “It’s about confidentiality of people’s private records, and getting rid of information when it is no longer needed”. We saw members of staff demonstrating their knowledge of confidentiality during the day, where we saw them speaking privately about a service user when they were required to assist them with personal care.</p> <p>This means that a live running record of service user is maintained. Members of staff recognise and maintain confidentiality in respect of information about people. Accurate records relating to service users are completed in a timely way and stored in a safe place.</p>		

2.2	Social inclusion, independence, health & wellbeing and self-realisation are promoted through organised meaningful activities and unstructured time.	Clearly Meets
<b>Recommendation</b>		
None identified.		
<b>Observed Evidence</b>		
We spoke with the day services manager about the range of activities, including how the social independence, health and wellbeing and self-realisation programme was put together. They		



said, “We speak to the service users and their families about the range of activities we have to offer and have a person centred activity plan for each person. This plan identifies their outcomes and is reviewed every three months to see if the service user is benefitting from coming here”. We looked at three person centred activity plans and saw they were put together using the service user’s life history and hobbies and saw these were reviewed every three months.

We saw a daily record kept of all the activities that were undertaken for each of the service users. We saw staff engaging with the service users with the activities, dominoes, bingo, knitting, chatting and skittles. We saw that these were reflected in the service users’ activities plans.

We spoke with staff about what community resources were available, they said, “We have a local singer that comes in on a regular basis, the service user love the singing and we also have Mrs Motivator for gentle exercises”.

This means the social inclusion, independence, health & wellbeing and self-realisation are promoted through organised meaningful activities and unstructured time.

2.3	The premises and equipment are safe, comfortable and suitable for the service delivery. An appropriate standard of cleanliness and hygiene is maintained throughout the premises and equipment in order to support people. Equipment is used in accordance with assessed needs.	Clearly Meets
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**Recommendation**

None identified.

**Observed Evidence**

We spoke with the day services manager about the maintenance of the property. They told us, “All maintenance issues are reported to the landlord and are dealt with quickly”.

We looked around the premises and found they are being maintained to a good standard. The premises were appropriately laid out for the support being carried out. We looked at the layout of the building, which consisted of a large room with tables and chairs and an area for comfy chairs where group activities are conducted. There was a kitchen, toilets and a disabled toilet for the delivery of personal care.

We spoke with staff about providing personal care for the service users. They said, “We use the disabled personal care room, it has everything in there that we need, the service users bring their own personal care products in with them. We take them to this room to give them privacy and help carry out their care”. We looked at the disabled personal care room and saw that it was adequate for personal care to be delivered, clean and tidy.

We spoke with staff about equipment for the service users, they said, “Each service user brings their own equipment with them; we do not supply any for them. It is cleaned by the cleaner weekly or by us if needs be”. We looked at the equipment and saw that it was clean and was fit for purpose.

We saw during our visit, that staff were competent in using the equipment on site. For example, using the rotunda to support service users to mobilise or transfer their position. We looked at the provider's training record and found that 100% of staff had completed their moving and handling training.

This means equipment is used in accordance of the service users' needs and is fit for purpose, and procedures are always followed for the moving and handling of service users.

**Standard Three: People are protected from harm**

People are protected from the risk of abuse. People are supported with the safe handling of their medication. People have access to suitable equipment, essential utilities and the support to maintain these.

3.1	People are protected from the risk of abuse through the effective operation of safeguarding arrangements, which identify and prevent abuse; people respond appropriately if suspected and report in line with local and national requirements.	Clearly Meets
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**Recommendation**

None identified.

**Observed Evidence**

We asked the provider to send us copies of their safeguarding policy and procedures prior to our visit. They complied with our request. We saw that the policy and procedures were in need of updating. We spoke with the day services manager on the day of our visit. They told us, "All the policies and procedures have now been updated and are on our computer system". We looked at these and saw they had all been reviewed and updated.

We spoke with a member of staff about safeguarding vulnerable adults and asked what they thought it meant. They told us, "It's making sure they are not abused in any way and they are safe". They also told us that if they saw anyone being abused they report it to the manager immediately, and if it were the manager they would report it to social services. We saw that this was in line with their policy.

We saw from the training log that safeguarding training had been completed by 100% of staff.

We looked at the support plans for three service users. We saw that on one support plan it provided instructions for members of staff to safeguard the service users from harm. For example, when using equipment. We saw instructions to ensure members of staff support the service user when using their frame as they are unsteady on their feet and at risk of falling.

We spoke with the day services manager about referrals to safeguarding in the last twelve months. They told us, that they hadn't had cause to refer anything but they do have a procedure in place should they need to. We saw on the notice board of the main room details of safeguarding arrangements for Nottinghamshire.

This means that the service users are protected from abuse through the effective operation of safeguarding arrangements.

3.2	There are systems in place to ensure medication is obtained, stored, and administered safely.	Clearly Meets
<b>Recommendation</b>		
None identified.		
<b>Observed Evidence</b>		
<p>We asked the provider to send us a copy of their medication policy and procedures prior to our visit. They complied with our request. We looked at this policy and saw it was in need of updating. We saw that it included the use of PRN and controlled drugs. We spoke with the day services manager on the day of our visit who told us that the policy had now been updated. We looked at this and confirmed this had been done.</p> <p>We spoke with staff about the administration of medicines for the service users at the day centre. They told us, "Some of the service users bring their medication with them on the day, we would record it on the MAR sheet and lock it away in the cabinet". We looked at the MAR sheets for three service users and found this to be true. We checked the quantities of medication in stock against the MAR sheets for three service users, these matched with correct amounts recorded. We found that the records were accurate and correctly reflected the amount of medication administered.</p> <p>We spoke with the staff about controlled drugs. They said, "We don't have any at the moment, but if we did they would be locked in the controlled drugs cabinet". Controlled drugs are medications which are protected by the Misuse of Drugs Act 1971. We looked at the controlled drugs cabinet and saw that it did not contain any controlled drugs.</p> <p>We spoke with the day services manager about staff competency regarding the administration, storing and returning of medication. They said, "They receive training yearly and we spot check on supervisions every six weeks to ensure they are still competent". We looked at the training log and saw 100% of staff were up to date with their training and looked at the spot checks for three members of staff and saw medicines administration was also observed.</p> <p>This means that there are systems in place for the safe handling of medication within the day centre.</p>		

**Standard Four: People who use services are supported by competent staff**

People are supported by sufficient numbers of staff who are suitably recruited, sufficiently inducted and trained to provide them with the knowledge, skills and experience to be competent and professional when delivering support.

<b>4.1</b>	Members of staff have been recruited using robust processes to ensure the safety of people and ability to meet their needs.	Clearly Meets
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**Recommendation**

None identified.

**Observed Evidence**

We looked at the staff files for three members of staff currently employed at the service. We found each file included the application form and records of their interview. We saw that relevant checks had been carried out before the staff member had started their employment, including Disclosure and Barring Service (DBS) checks. We saw right to work documents verified as true copies.

The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We looked at the induction process which is covered over a two week period, and covers a variety of topics that are all signed and dated when completed.

We asked the service to provide a copy of their recruitment process prior to our visit. They complied with our request. We found that the recruitment of staff was in line with the provider's recruitment procedures. We also saw copies of certificates of training undertaken by the members of staff.

This means that members of staff have been suitably recruited in line with the provider recruitment policy and procedures.

<b>4.2</b>	Members of staff have the knowledge, experience, qualifications and skills to support the people. Staff are supported to deliver safe and effective care/support to people	Clearly Meets
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**Recommendation**

None identified.

**Observed Evidence**

Our observations of staff interactions with the service users showed us that staff was confident, competent, respectful, responsive and supportive. For example, at lunchtime one of the service users was asking for a drink, and the member of staff responded straight away. We saw good staff and service user interactions throughout the day. We saw service users smiled and laugh with the staff.

We looked at the provider's training records and found that overall 100% of training had been completed. We saw staff had attended training to person centred planning and approaches, duty

of care and communications.

We spoke with a member of staff about the changing needs of the service users. They said, "We look regularly at the support plans and discuss all the service users individually at staff meetings". We looked at the staff meeting minutes and found this was true.

We looked at three members of staff files and saw consistent recording of staff supervision. For example, we saw one member of staff had received a full supervision once a year but had also received spot check supervisions every six weeks. Annual appraisals were also on their file.

We spoke with staff about their supervisions. They told us they thought they were useful to be able to discuss any problems they may have in private and discuss training opportunities.

This means staff has the knowledge, experience, qualifications and skills to support the service.

4.3	Staffing levels for the service are determined and deployed according to people's assessed needs. Staff interact respectfully, supportively and in confidence with people.	Clearly Meets
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**Recommendation**

None identified.

**Observed Evidence**

We spoke with staff regarding sufficient staffing levels. They said, "Yes, definitely". We spoke with the day services manager regarding how they determine the number of staff required. They said, "We work to a 1:6 ratio. All of our staff are employed full time, 9am to 4pm Monday to Friday". We looked at the amount of staff working on the day of our visit and found this matched the description from the day services manager.

We spoke with the day services manager about the staffing levels, vacancies and volunteers. They said, "We don't have any vacancies at the moment and don't have any volunteers working here".

We looked at how meaningful group and individual activities were planned. We found activities were planned and sufficient members of staff were available to facilitate these activities.

We observed the mealtime experience and found to be relaxed with sufficient staff to support service users as needed. Service users chose where they wanted to eat their meal. We saw service users given their pre ordered choice of meal.

Our observations of staff showed that members of staff were calm, polite and respectful with the service users. We saw the service users' smile when they staff spoke with them. We observed one member of staff speaking quietly with a service user, when asking if they wanted to go to the toilet. This meant that this member of staff was aware of confidentiality and is discreet in their delivery of support.

This means that staffing levels for the service are determined and deployed according to the service users assessed needs.

**Standard Five: Services are managed effectively**

People receive high quality support through an effective and professionally managed service. The provider/manager takes responsibility, accountability for their actions, and has an effective system for identifying, assessing and monitoring complaints and the quality of the service provision.

5.1	The service is managed by an experienced, suitably qualified manager.	Clearly Meets
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**Recommendation**

None identified.

**Observed Evidence**

We looked at the qualifications for the day services manager. We also looked at their experience and training and found these were appropriate and suitable to lead the team. The staff we spoke with told us they felt supported by the manager, knew what they were talking about, they lead the team well. Our observations of the day services manager found they did lead the team well.

We spoke with the day services manager regarding how they instil the vision and philosophy of care delivery with members of staff. They said, "We do this via their supervisions and their spot checks ensuring they understand what the service is about". We spoke with staff who confirmed to us their understanding of the service.

We asked the day services manager how they measure their effectiveness as a leader prior to our visit, they complied with our request. They said, "I like to think I lead by example, and by staff supervisions and training". On the day of our visit we saw the day services manager working alongside other members of staff.

This means the service is managed by an experienced, suitably qualified manager.

5.2	There is an effective system for identifying, receiving, handling and responding to and learning from complaints.	Clearly Meets
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**Recommendation**

None identified.

**Observed Evidence**

We asked the provider to send us a record of their complaints in the last twelve months prior to our visit. They complied with our request. We saw that there hadn't been any complaints made during this period.

We looked at the complaints policy and procedure on the day of our visit and saw that it had been updated this year. We also saw a copy of the complaints procedure was displayed on the board within the main room and available in an easy read version, with signs and symbols.



We spoke with a member of staff about what they would do if they received a complaint. They told us, "I would report it to the manager straight away". We found that this procedure was in line with their policy requirements.

This means there is an effective system in place for identifying, receiving and handling and responding to complaints.

5.3	There is an effective system for identifying, assessing, monitoring the quality of service delivery and risks to health, welfare and safety of people.	Clearly Meets
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**Recommendation**

None identified.

**Observed Evidence**

We asked the day services manager to answer this question on behalf of their day centre prior to our audit visit. They complied with our request. We also spoke with the day services manager on the day of our visit about their auditing processes. They told us, "I conduct three monthly audits of the care and support plans. A medication audit takes place every week and daily inspections of the room and its cleanliness". They went on to say that monthly they have equipment checks and fire drills every six months. We looked at the audits and found they were completed.

We asked the day services manager about the service users having regular meetings to influence the running of the service. They told us, "We have service user meetings every three months and ask the service users if they are happy and if they have any suggestions for improvements or any complaints". We looked at the minutes and confirmed this process.

We asked the day services manager how a service user's suggestions for improvement had been put into place. They said, "Service users are asked to complete an annual satisfaction survey which is analysed and acted upon". We looked at the annual survey and saw from this a change in the type of biscuits provided and heaters put in the toilets.

This means there is a system for identifying, assessing, monitoring the quality of service delivery and risks to health, welfare and safety of people.

5.4	The provider has effective and reliable systems in place to manage contractual agreements relating to the use of electronic monitoring of service delivery.	Clearly Meets
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**Recommendation**

None identified.

**Observed Evidence**

We spoke with the day services manager about how they manage their contractual agreements. They told us, “Our head office submits the information through NCC ABACUS. We give them the information on who has attended a daily; it is then submitted every two weeks”.

We looked at the process used by the provider’s administration office and found the procedures matched the actual information provided to the local authority.

We were told by the day services manager that they use their own register and send the returns of attendees to head office every day. This is their way of recording date on an electronic system, for administration needs. We looked at this system and found this to be true. The day services manager also told us that their head office uses purchase orders to engage with Nottinghamshire County Council’s commissioners.

This means that there are systems in place to manage contractual agreements and electronic monitoring of service delivery.