Royal Mencap Society

Royal Mencap Society - Lombardy Park

Inspection report

5 Monmouth Close
Ipswich
Suffolk
IP2 8RS

Date of inspection visit:
02 November 2016

Date of publication:
02 February 2017

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

The inspection took place on 2 November 2016 and was unannounced.

Lombardy Park is a purpose built residential service providing support and accommodation to 15 adults with learning disabilities and a supported living service to others living in the same complex.

The service had a registered manager in place. 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.

When we last inspected this service on 31 March 2015 we found that staffing levels were not sufficient to ensure people were safe and were able to live their lives the way they chose. We gave the provider a requirement notice and they submitted an action plan documenting how they would improve. At this inspection we found the situation had improved, although further improvements are still needed in some parts of the service.

We found that staffing levels enabled most people to be supported to live their lives fully and safely but there was still a negative impact for some, especially those who required higher staffing levels to access the local community. The service has recently split into two different kinds of service, a registered service providing accommodation and care and a supported living service where people have the status of tenants. This has brought about a significant change in the way staffing was managed and was designed to be beneficial to the people who used the service.

Recruitment procedures were designed to ensure that staff were suitable for this type of work and checks were carried out before people started work to make sure they were safe to work in this setting. Some staff records showed that checks had not been rigorous in all cases which posed a possible risk.

Staff were trained in safeguarding people from abuse and systems were in place to protect people from abuse. Staff understood their responsibilities to report any safeguarding concerns they may have and were confident they had the skills to do this. The service made appropriate safeguarding referrals and worked with the local authority to undertake investigations into safeguarding concerns. Systems designed to protect people from financial abuse were not always adhered to.

Risks to people and staff were assessed, clearly documented and action taken to minimise these risks. We were not told about a possible infection control risk during our inspection and there was a lack of clear strategy to deal with this risk.

Medicines management was mostly good, however some documentation could have been clearer to ensure less experienced staff gave people their medicines consistently.

Training was provided for staff to help them carry out their roles and increase their knowledge of the healthcare conditions of the people they were supporting and caring for. Staff were supported by the managers through supervision and appraisal systems. New staff were able to shadow more experienced staff and a robust induction was provided

People gave their consent before care and treatment was provided. Staff had been provided with training in the Mental Capacity Act (MCA) 2015 and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS ensure that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. Where people's liberty needs to be restricted for their own safety, this must done in accordance with legal requirements. People's capacity to give consent had been assessed and decisions had been taken in line with their best interests. DoLS applications had been appropriately submitted to the local authority.

People were well supported with their eating and drinking needs and people were involved in shopping and cooking. Staff helped people to maintain good health by supporting them with their day to day physical and mental healthcare needs. Support for specific health conditions such as epilepsy and diabetes was good and staff demonstrated good knowledge of these conditions.

Staff were caring and treated people respectfully making sure their dignity was maintained. Staff enjoyed the relationships they had built with the people they were supporting and caring for and interactions between staff and those they were supporting were kind, friendly and patient.

People, and their relatives, were involved in planning and reviewing their care and were encouraged to provide feedback on the service. Care was individualised and subject to on-going review and care plans identified people's particular preferences and choices. People were supported to follow their own interests and hobbies.

There was a complaints procedure in place but no formal complaints had been received. Informal issues were dealt with promptly and well. People who used the service and their relatives and legal representatives had been consulted and supported to understand the implications of the recent changes at the service.

Staff understood their roles and were well supported by the management of the service. The service had an open culture and people felt comfortable giving feedback and helping to direct the way the service was run. Staff were positive about their work and feedback from staff was that the service was improving.

Quality assurance systems were in place and audits were carried out regularly to monitor the safety and quality of 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?

Requires Improvement

The service was not always safe.

Systems were in place to safeguard people from abuse but financial systems were not always adhered to by staff which place people at risk of financial abuse.

Risks were assessed and action taken to minimise them. An infection control risk was not well managed.

Staffing levels had improved and there were enough staff to keep people safe. A high use of agency meant that staff were not always familiar with people's needs.

Medicines were mostly managed very well but some documentation was confusing.

Is the service effective?

Good

The service was effective.

Staff received an induction and training to support them to carry out their roles.

People consented to their care and treatment.

People were very well supported with their dietary and healthcare needs.

Is the service caring?

Good

The service was caring.

Staff were patient, compassionate and kind and relationships between staff and the people they were supporting were good.

People, and their relatives, were involved in decisions about their care and their choices were respected.

People were treated with respect and their dignity maintained.

Is the service responsive?

Good

The service was responsive.

People were involved in assessing and planning their care. Support was provided in a way which catered for people's individual needs and choices.

People were supported to follow their own interests and hobbies, both within the service and in the community.

A complaints procedure was in place and informal complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

People who used the service and staff were involved in developing the service and had been consulted and kept informed of the recent changes to the service's registration and way of operating.

Staff understood their roles, including the new way of providing support for those in the supported living service, and were well supported by their managers.

Quality assurance systems were in place to monitor the delivery and safety of the service

Royal Mencap Society - Lombardy Park

Detailed findings

Background to this inspection

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

The inspection took place on 2 November 2016 and was unannounced.

The inspection team consisted of two inspectors, a member of the CQC medicines team and an expert-by-experience and their supporter. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of services for people with learning disabilities and had a learning disability themselves.

Before we carried out our inspection we reviewed the information we held on the service. This included looking at previous reports and the action plan we received following the last comprehensive inspection. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the statutory notifications that had been sent to us since the last inspection. A notification is information about important events which the service is required to send us.

We spoke with six people who used the service and observed care and support being provided for those who were not able to communicate with us verbally. We spoke with seven care staff, an agency staff member, the registered manager and the area operations manager. We also spoke with three relatives.

We reviewed eight care plans, nine medication records, six staff recruitment files and staffing rotas covering eight weeks. We also reviewed quality monitoring records and records relating to the quality and safety of the service.

Requires Improvement

Is the service safe?

Our findings

There were systems in place that were designed to reduce the risk of abuse and to ensure that staff knew how to spot the signs of abuse and take appropriate action. Staff had received training in safeguarding people from abuse and this was refreshed to ensure people's knowledge was current. Staff were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the company and to external agencies directly. A whistleblowing policy was in place and whistleblowing information was available for staff who said they would be confident to raise concerns this way if they needed to.

Financial procedures and audit systems were in place, which were designed to protect people from the risk of financial abuse. However we saw that staff did not always work in accordance with these. For example we saw that a new system had been put in place following an incident where some money had gone missing. Staff were required to sign for the keys to money tins and a designated person would hold the keys. This would make accountability clear and reduce the likelihood of repeat incidents of money going missing. We noted that on three occasions during October the keys had not been signed for and we observed staff asking for the keys and handing them over to other staff, including agency staff. This meant the system was not robust and did not fully protect people from the risk of financial abuse.

Risks had been assessed and actions taken to reduce these risks. Risks associated with day to day activities such as going on day trips, mobility, eating and drinking, falls, the use of bedrails and using public transport had been assessed. Specific risks associated with people's mental and physical health conditions including diabetes and epilepsy had also been assessed and strategies put in place to help people manage these. Records provided clear guidance for staff to follow to try to reduce the risk of harm. Each assessed risk had been discussed with the person concerned, or their relatives if appropriate, signed by them and risks were regularly reviewed to reflect the most current information available.

Actions had been taken to reduce environmental risks. A legionella risk assessment was in place and water temperatures were regularly monitored to ensure the control of legionella and to ensure the temperature of the water did not pose a risk of scalding. Risks relating to fire were well managed and fire detecting and fire-fighting equipment was maintained. Routine fire evacuations took place.

We found that infection control systems were not adequate in all areas of the service. Although most infection control systems were clear and staff followed them, a number of people who used the service, and staff, in one bungalow, were suffering from a sickness bug at the time of our inspection. A GP had confirmed a viral infection. Despite this the inspectors were not advised of a possible outbreak and no additional precautions were in place to control the risk and spread of infection. We noted some staff were working in a number of different bungalows which increased the risk. We also noted a person who used the service eating directly from the table and the floor which also posed an increased risk. We raised our concerns with the manager at the time of the inspection and they took action to put infection control measures in place.

At our last inspection we found there was not sufficient staffing in place to keep people safe. At this

inspection we found that the staffing picture had improved and people were mostly supported by staff who knew people well and understood their needs. We observed people leading their lives in the way they chose and staff, including one to one staffing, supporting them to do this. However we also observed one occasion where a member of staff went shopping without any of the people who used the service accompanying them. This was poor practice.

There were still some concerns about the staffing levels in some areas of the service. We noted that one bungalow had a high number of vacant hours which needed to be covered and agency staff were being used. It was understood by the provider that people who used the service much preferred to have the consistent approach of staff who knew them well and they were trying to actively recruit to these vacant posts. Permanent staff told us that incidents where people had become distressed and behaved in ways that placed other people who used the service at potential risk, increased when agency staff were on duty. This was thought to be because they were less able to fully understand and anticipate people's needs. Staff did confirm to us, however, that agency staff worked alongside permanent staff and that the service used the same agency staff as often as possible and records confirmed this.

Most staff told us that staffing levels were much better than they had been previously and staff supported each other if there was an emergency. However some staff members described how it was sometimes difficult to meet people's needs due to the staffing levels. One staff member told us that when one person became unwell and needed additional staff support, another person who used the service had to be taken to their bedroom for a while. This suggested that staffing was not always sufficient to meet the needs of the people in this bungalow when an incident such as this occurred. We also saw that in one bungalow three people were supported by two staff but each person had one to one support related to their mobility. This meant that opportunities to take people out were restricted.

Since the service had recently split into two, staffing arrangements had changed and the provider told us that they intended to ensure more individualised staffing in the supported living section of the service.

Recruitment records showed that staff had followed an application process, been interviewed and had their suitability to work with this client group checked with the Disclosure and Barring Service before taking up their employment. We reviewed four staff files and found that gaps in people's employment history had not always been fully explored and some checks on people's past history and experience had not been sufficiently diligent. This placed people at potential risk. We discussed two matters of concern with the manager and they assured us they would review processes and put required actions in place in order to safeguard people.

We saw that there were procedures in place for the obtaining, booking in, storage, administration and safe disposal of medicines, including controlled drugs. Staff were trained to administer medicines, including those which require specialist techniques to administer, and their competency to do this was checked.

Each bungalow had its own individual stock of medicines. Stocktaking procedures were in place and, with one exception, stocks tallied with records. Monitoring and administration of controlled drugs was robust. We found one medicine which was past the expiry date, the use of which might have placed the person at risk. The manager took immediate action to obtain a replacement bottle. Medicines administration record (MAR) charts showed that medicines were administered according to their prescription. Regular medication audits were carried out and action was put in place when required.

Staff knew people well and were able to describe to us how each person liked to take their medicines but this was not always consistently recorded which posed a risk if new or agency staff were administering

medicines. There were protocols in place to guide staff giving PRN medicines. These are medicines which are not given on a consistent basis but given as and when the person needs them.

Some protocols could have benefitted from additional detail or incorporating the detail which was found in other documentation. For example one protocol for pain relief medicine for a person who could not communicate verbally said that the medicine should be given 'for pain or discomfort 'but gave no indication of how the person would express the need for pain relief. We noted that this information was captured in another document but any less experienced staff member administering medicines may not have been aware that this additional information was available. There were other examples of records relating to medicines being confusing and some information documented in multiple places. We found that information needed to be more consistently recorded in order to ensure medicines were administered safely.

Good

Is the service effective?

Our findings

People were positive about their care and those who could not speak with us directly appeared to have their needs met by staff who demonstrated appropriate skills and experience. We saw that staff met people's needs in a skilled and competent manner which demonstrated that they knew the people well. We observed staff supporting people with their daily tasks. Relationships were good and staff could tell us about people's particular support and care needs. For example one member of staff was able to tell us specific details about the complex health needs of the person they were supporting on a one to one basis.

When staff first started working at the service they received an induction which included observations of staff practice and covered various aspects of delivering care and support. A plan was in place for the staff member's first five days and they were asked to rate themselves on how confident they felt about their skills and knowledge. Staff told us they had been able to shadow more experienced staff in order to learn from them. Agency staff were given a basic induction and staff told us that they were asked to read and sign the support plan before supporting anyone with one to one hours. An agency staff member explained to us that they were not able to go out with people on a one to one basis as they had not had the training required and would work under the supervision of a permanent member of staff. They also told us they were given enough time to become familiar with a person's needs before supporting them, saying, "I had time this morning to read the plan and it gave me an insight into their needs".

Permanent staff had 'Shape your future' meetings with their line managers, although some of these had not taken place as regularly as the provider intended. However all the staff we spoke with told us they felt supported in their roles. An annual appraisal system was in place. Staff told us they felt there had been good communication and relevant training given to them which related to the new ways of working following the change to supported living in some parts of the service.

Staff told us they felt they had the regular face to face training they needed to carry out their roles and the opportunity to develop their skills and knowledge. A variety of training was provided and core training such as moving and handling, safeguarding and first aid were appropriately refreshed to ensure staff knowledge was current. Staff told us the training was excellent and relevant to the individual needs of the people they were supporting.

Staff were able to demonstrate specific skills and knowledge. One staff member was able to tell us in detail about the safe range for one person's blood sugars and what action to take if the readings were outside this range. Staff were also clear about how to support people who required food or medicines via percutaneous enteral gastronomy (PEG). PEG delivers food and medicines directly into the stomach via a tube and is used for people who have swallowing difficulties for example. Staff also told us how the positive behaviour training had helped them recognise how to support people when they were becoming distressed and helped them recognise triggers which led to people behaving in a particular way.

We noted that people's consent was asked for before care and treatment was provided. The management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005 and staff had received

training. We saw that people's capacity to make decisions related to managing finances or taking medicines had been assessed. Where significant decisions were required in people's best interests, meetings had been hosted to consult openly with relevant people before decisions had been taken. A staff member told us about a best interests decision taken regarding an invasive procedure a person needed. They did not understand the implications of having the procedure or of refusing it and the decision was taken in their best interests and their rights upheld.

Advocates had been used to ensure people's rights were upheld as part of the service was moving from a registered care service to a supported living service. This change would fundamentally affect people's rights as they would become tenants with more control over their own finances. We saw that relevant help and support had been put in place to ensure people, and their relatives or legal representatives, understood the implications of the change and make sure they were happy with the changes.

The manager was aware of the need to apply to the local authority if there was a need to restrict someone's liberty for their own safety under the Deprivation of Liberty Safeguards (DoLS). We saw that staff had received training in DoLS, although some staff may benefit from further training as understanding was not entirely clear in all cases. Appropriate DoLS applications had been submitted to the local authority. Some had been granted for people who required constant supervision to keep them safe and these were kept under review. Others were awaiting consideration by the local authority.

Staff supported people to buy, prepare and cook their meals and ensure they had access to healthy food and drink. Menus were decided in collaboration with the people who used the service and people were free to have alternatives to the menu if they wanted. Photographic menus were on display in kitchens. We observed staff supporting people to cook and eat their meals. We saw one staff member supporting a person with great patience and at a suitable pace without rushing them, even though the person had an appointment to go to. Staff demonstrated a good understanding of people's specific needs related to diabetes, swallowing difficulties and healthy eating. There were plentiful supplies of healthy foods and those suitable for people with diabetes and opened foods were dated and thrown away when they were past their expiry date.

Where people were at risk of not eating or drinking enough we saw that the service monitored their intake and encouraged them to receive the correct nutrition. People's weights were kept under review and unplanned weight loss was quickly identified and action taken to involve professional support such as dieticians and speech and language therapists. Care plans clearly identified a fluid target which people at risk needed to reach in a day to keep hydrated and we noted that this target was reached or exceeded each day on the records we viewed. We saw that some people had specific dietary needs and these were recorded in their care plan and people were supported by healthcare professionals such as dieticians and speech and language therapists.

People were supported very well to attended health checks with consultants and GPs, as well as routine appointments with opticians, chiropodists and dentists. Each person's health needs were set out clearly in their support plan and each person had an effective 'hospital passport' which aimed to guide health service staff should the person have to be admitted to hospital. Staff worked in partnership with other healthcare professionals and records were good. We saw evidence that staff had acted promptly when people's healthcare conditions had deteriorated and consulted other healthcare professionals appropriately. Several people had a diagnosis of epilepsy and there was clear monitoring of their seizure activity and prompt referral to the appropriate professionals if there was any change in their seizure pattern.

Good

Is the service caring?

Our findings

People who used the service appeared happy and relaxed. Staff demonstrated a detailed knowledge of people's likes, dislikes and their past histories. Care plans were personalised and contained detailed information for staff to help them develop meaningful relationships with people. Most people were not able to chat with us easily but one person told us how important the staff were to them and described how their keyworker had a particularly good relationship with them.

Staff chatted and joked with people in a relaxed way and were friendly, reassuring, encouraging and respectful. We observed a member of staff supporting a person to eat their breakfast. They introduced us to the person, provided discrete support and chatted to them throughout. We saw them push the hair away from the person's face as it seemed to be annoying them. They made sure they were at eye level and used the person's name a lot to help them focus on the task of eating their breakfast.

We observed staff demonstrating a clear understanding of people's needs and communicating with them in specific ways to ensure they understood. However we also saw in one bungalow that communication plans were not always being followed. This was a bungalow where there was a high usage of agency and a number of newer staff. We discussed this with the manager who assured us that the issue would be addressed with the relevant staff.

Information, such as photographic menus and easy read information in support plans, was routinely shared with people who used the service in a way they understood and which helped to increase their independence. Advocacy services were available to support people and had been used recently.

Information was available to help staff interpret people's behaviour if they were not able to express their feelings with words. Support plans contained information about what a person might do or how they would appear if they were in pain or anxious and then guided staff as to what action to take. A staff member told us that one person regularly becomes anxious about a healthcare condition. They said, "We are aware it makes [them] anxious. Night staff also [have the same condition] and so they talk to [them] about it and [they] really listen".

Staff practice promoted people's dignity and privacy and provided the support people needed whilst encouraging them to be as independent as possible. We observed staff knocking at people's doors and waiting to be invited in to their homes which showed respect. We also observed one occasion where staff were counting money at the dinner table instead of chatting to people and encouraging them to eat their lunch. We fed this back to the manager who assured us they would remind staff to improve their practice in this area.

Staff were clear about people's rights and care plans reflected that people had been consulted about their care and their views recorded. Where people were not so able to contribute to their care plans it was recorded that the care plan had been written in consultation with relevant people. Care plans contained section such as 'What matters to me' and 'Who matters to me' and we found staff were aware of the

important issues in people's lives.

Good

Is the service responsive?

Our findings

People received care that met their needs and took into account their individual choices and preferences. Staff knew the people they were supporting and caring for well and were familiar with the contents of each person's care plan. Care plans documented people's choices and preferences and made clear what people's skills and abilities were as well as the things they needed help with.

Care plans were very person centred and contained information about how people's needs should be met. People's choices and preferences were clearly documented and plans were subject to ongoing review. We found the occasional document which had not been reviewed but later identified that information had been updated in another record. We discussed this with the manager who told us they were in the process of streamlining records in order to ensure all information was accurate and easy for staff to navigate.

Plans contained very specific detail to help guide staff to support people effectively and included sections such as 'Things people say about me' or 'Things people admire about me'. There was also a one page profile which was a helpful document for new and agency staff to gain a basic understanding of the person's needs and how they wished to be supported and cared for. We found that staff provided support that responded to people's individual needs. For example we saw that one person had had an epileptic seizure in the night and so they had had a lie in and their daily schedule rearranged as staff saw how this had affected them. Staff told us about how they manage another person's anxiety and distress. They said, "We had information that came with [them]. We know [they] can have [their] moments…We have tablets if needed but we have not had to give them".

Relatives told us that staff provided individualised care which responded to people's changing needs and kept relatives appropriately informed. They told us that staff often checked with them if their relative had said something which they did not understand or which did not correspond to the person's known history. Any new information was then added to their support plan.

People who used the service were supported to decide how they wanted to spend their time. We saw that there was a commitment to enabling people to access the facilities of the local community as well as to enjoy holidays away from the service. Some people had individual funding for one to one support which meant they were more easily able to follow their own hobbies and interests. Others needed the staffing to be arranged to enable them to go out. Staff told us, "We can manage to arrange extra staff to go out, it can be difficult but it's manageable". Another staff member said, "[Person who used the service] goes to visit their parents every two weeks, [they] go out shopping and [they] used to like going on the train but [their] health is not so good now so [they] don't go so much".

Some people did not have a plan for the day and decided what they wanted to do as the day progressed while others had a planned timetable full of activities. People were supported to maintain relationships with their friends and family and staff told us they saw this as an important part of their role. One person who used the service told us, "I have a friend [friend's name] and I go over to see [them] or [they] come here and we watch a film". Another person was supported to follow a particular interest which had resulted in them

planning a trip to observe a parliamentary debate. They were very excited about this and told us that their keyworker had made the arrangements for them.

There was a complaints policy and procedure in place and people knew how to make a complaint if they needed to, although some people would certainly need support of relatives or other advocates to help them with this. An easy read complaints procedure was available to help people understand their rights. The service had received no formal complaints since our last comprehensive inspection. We saw that informal matters, such as those raised at the monthly meetings held in each bungalow, had been dealt with promptly and resolved to people's satisfaction.

Feedback surveys were used to consult the people who used the service and their families about the way the service provided care and support. We viewed the most recent survey and found the responses were mostly very positive. The majority of the negative comments related to the numbers of staff and the impact this can have. The provider hoped that the proposal to split the service would reduce this concern over time.

The provider had consulted people, and their relatives, on the proposed change to supported living for some people who used the service. Formal meetings had been held and the provider had worked in partnership with Suffolk County Council to ensure that people were sufficiently informed about the proposed changes and to establish if people were happy with the proposed plans.

Good

Is the service well-led?

Our findings

Since our last inspection the provider has taken the decision to deregister part of the service and for it to become a supported living service. The plan is for this part of the service to be managed separately from the registered accommodation. We found that the consultation process had been well handled and people who used the service had been supported to understand the changes that were proposed. At the time of our inspection the registered manager was overseeing both parts of the service and had service managers in place to assist her.

All the staff we spoke with were very happy with the way the manager and the service managers supported them and feedback was positive. One staff member spoke about their service manager saying, "[They] are fine. You can be perfectly honest with them. They have been very supportive to me". Another said, "I am well supported and the communication is good". Staff told us that they had been kept informed of the changes through staff meetings, memos and newsletters.

Staff meetings were held regularly in each part of the service and gave staff the chance to receive feedback as well as to discuss issues and exchange ideas. Issues identified at the previous meeting were followed up at the next one. Staff signed and dated the minutes each time. We saw that various topics were covered in these meetings and they provided an effective way for the manager to monitor the performance of the various staff teams.

The area operations manager, who was the registered manager's line manager, had a clear idea of the priorities for the service and strategies to take it forward. The registered manager told us they felt well supported in their role and had access to peer support as well as regular visits from their line manager for advice and guidance. They felt they had been well supported through the programme of change that the service had undertaken. The manager understood their role and the responsibility it carries and had submitted the appropriate notification to CQC when required. The manager had always communicated well with CQC and kept us informed of the proposed changes to the service. The area operations manager was about to go on a period of extended leave and measures had been taken to ensure that the manager would continue to receive effective line management support during this time.

The culture of the service was based on a set of values which related to promoting people's independence and achieving personal goals. Staff we spoke with were clear about how they provided support which met people's needs and maintained their independence and we observed this during our inspection.

There were systems in place to monitor the safety and quality of the service and we found that the regular quality assurance audits were thorough and issues raised at one audit were followed up at the next. Although the manager had an effective audit system in place and was able to demonstrate a good understanding of the issues within the service and challenges for the future, there were some issues which they needed to have clearer oversight of. These issues related to staff recruitment and monitoring of systems designed to protect people from financial abuse. We discussed this with the manager and they assured us that they would give these areas their immediate attention.