

# Wardour Group Limited

# Britannia Lodge

## Inspection report

1 Ailsa Road  
Westcliff-on-Sea  
Southend On Sea  
Essex  
SS0 8BJ

Tel: 01702432927

Date of inspection visit:  
10 June 2016  
13 June 2016

Date of publication:  
21 July 2016

## 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

The Inspection took place on 10 and 13 June 2016 and was announced.

Britannia Lodge is registered to provide accommodation and personal care with nursing for up to 15 persons who may be living with mental health problem. There were 11 people living in the service at the time of the inspection.

There was a manager in post who was in the process of registering. 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.

At the last inspection in June 2015 we had concerns about the risks to people's health and safety, the condition of the premises, medication practice, the food supply, people's healthcare and staff support. We were also concerned about people's assessments, care plans and the quality of the service. At this inspection we found that many improvements had been made in all areas and the new manager had put in place a system for monitoring the quality of the service on a regular basis.

People now received safe care and support in a way that ensured their happiness and well-being. There were enough staff who had been safely recruited, were well trained and supported to meet people's assessed needs. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines. Staff knew how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had care plans and risk assessments in place to ensure people were cared for safely.

The manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications when needed.

People had a sufficient choice of food and drink to meet their individual needs and to keep them healthy. People's care needs had been assessed and their care plans provided staff with the information they needed to meet people's needs and preferences and to care for them safely. People's healthcare needs were monitored and staff sought advice and guidance from healthcare professionals when needed. Staff were kind and caring and knew the people they cared for well. They ensured that people's privacy and dignity was maintained at all times. People expressed their views and opinions and they participated in activities of their choosing. People were able to receive their visitors at any time and their families and friends were made to feel welcome. Where people did not have friends or family to support them advocacy services were available. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People's concerns or complaints were listened to and acted upon. There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

## 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.

Many improvements have been made and people were protected from the risk of harm. Staff had been safely recruited and there were sufficient suitable, skilled and qualified staff to meet people's assessed needs.

Medication management had improved and people received their medication as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were well trained and supported.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

### Is the service caring?

Good ●

The service was caring.

People were treated respectfully by staff who knew them well and who were kind, caring and compassionate in their approach.

People were involved in their care as much as they were able to be. Advocacy services were available if needed.

### Is the service responsive?

Good ●

The service was responsive.

The assessments and care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure in place and people's complaints or concerns were dealt with appropriately.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff had confidence in the registered manager and shared their vision.

There was an effective quality assurance system in place to monitor the service and drive improvements.

# Britannia Lodge

## **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 10 June 2016 and 13 June 2016. It was unannounced and was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a 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 reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with eight people, one relative, the manager, two clinical leads and five staff. We reviewed three people's care files and four staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

# Is the service safe?

## Our findings

At the last inspection in June 2015 we had concerns about risks to people's health and safety, poor cleaning practices, unsafe premises and how medication was managed. At this inspection many improvements had been made in all of the areas where we had concerns. For example measures had been put in place to make sure that the smoking shed was safe. The metal bin used for extinguishing smoking materials was now outside of the smoking shed and filled with sand to ensure they were extinguished properly. A fire extinguisher and smoke alarm had been fitted and regular checks by staff were made to ensure that the smoking shed was clear of any litter. The premises had been repaired and decorated. There was a new kitchen and a medication room and broken furniture and fittings had been replaced and the service now employed two housekeepers to keep it clean and free from the risk of infection.

The service had cancelled their cleaning contractor because the cleaning routine had not been satisfactory and people could have been exposed to the risk of infection. The manager now employs two housekeepers to keep the home clean and hygienic. One of them said, "I worked hard at first to get it up to scratch but it is now much easier to keep clean." The home was clean, fresh and hygienic on both of our inspection visits.

Medication management had improved and the new medication room provided adequate storage to ensure that the correct medication was used. There were now PRN protocols in place for 'as and when required' prescribed medication.

Improvements have been made to the medication system and people's medicines were managed safely. People told us that staff gave them their medication correctly. Staff had a good knowledge of people's medicine needs and their individual medical history and we saw that they gave people their medication appropriately. Since the last inspection a little used room had been made into the medication room. It provided appropriate storage for all types of medication including drops that were required to be kept in a fridge. The storage temperature had been regularly checked and recorded to ensure that the medication was kept in the best conditions. There was a good system in place for ordering, receiving, storing and the disposal of medication. We carried out a random check of the medication system and observed a medication round.

We found that although the medication was correct, the medication administration record sheets (MARS) had not always been completed to a good standard. For example when medication had been carried over from the last supply it had not always been recorded as such. This meant that it was difficult to audit and to check that people had received their medication as prescribed. However, we found after checking through old MARS that the medication was correct and it had been given appropriately. The manager immediately instigated a thorough audit to check there were no other errors and they found other MARS to be correct. The manager told us that staff were now more vigilant about recording any medication that was carried over from the previous supply. Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication.

Staff had been trained in medication administration and they had received regular updates to refresh their

knowledge. The manager told us that nurses were responsible for ordering medication, which was done on a 28 day cycle. Staff told us, and the records confirmed that spoiled or unused medication was returned to the pharmacy. Staff had access to medication guidance such as the British National Formulary (BNF) and the Royal Pharmaceutical Society of Great Britain (RPSGB) The Handling of Medicines in Social Care. Staff's competency to administer medication had been regularly checked. This showed that people received their medication safely and as prescribed.

People were protected from the risk of abuse. They told us that they felt safe and throughout our visits they were seen to be comfortable with staff and each other. One person said, "I do feel safe here. This care home is as good as it gets." Another person told us, "It is safe because the staff make sure of that." There was information available about how to keep people safe and protect them from harm. The manager and staff had been trained and they had a good knowledge of how to protect people and how to implement the safeguarding procedures. There was guidance available for staff to refer to if needed. One staff member said, "I would report any concerns to the manager after I had made sure the person was safe. Another staff member told us, "I would not hesitate to report any abuse to the authorities."

Risks to people's health and safety had improved and were now well managed. People told us, and the records showed that they were supported in taking everyday risks. For example, people regularly accessed local shops, café's and sports facilities. There were risk assessments in place to ensure that risks to people using the service and to others were minimised. One healthcare professional told us, "All the appropriate risk assessments I would expect to see had been completed and reviewed in a timely manner." Staff had received training in first aid and fire safety and they knew to call the emergency services when needed. There was an up-to-date fire risk assessment in place and people had individual fire evacuation plans. Staff told us and the records confirmed that regular fire drills had been carried out. People had risk assessments together with management plans for their mobility, falls, weight management, the use of oxygen and behaviour. Staff understood people's individual risks and were able to describe how they managed them. This showed that people were supported to take every day risks and to maintain their independence.

Improvements have been made to the environment to ensure that people were cared for safely. The manager had ensured that the safety of the premises and equipment had been regularly checked and there were safety certificates in place. The manager ensured that minor repairs and decorating was carried out by the service's handyman. The records showed that repairs had been carried out appropriately without delay. Contractors were employed for other work such as for building repairs and gas or electrical work. There was a list of emergency telephone numbers available for staff to contact contractors in the event of a major electrical or plumbing fault.

There were enough staff to meet people's assessed needs. People told us that staff were quick to respond to them when needed. One person said, "They [staff] are prompt to get the things I need." One healthcare professional told us, "Staff are always available to support people when needed." We saw that there were sufficient staff on duty throughout both inspection days and staff told us, and the duty rotas confirmed, over the eight week period checked, that staffing levels had been consistent. Staff told us that extra staffing had been arranged to ensure that people took part in outside activities such as for meals out. The manager told us that they had employed bank staff to ensure that there were always enough staff available to meet people's needs.

The recruitment processes was robust to ensure that people were supported by suitable staff. The manager had obtained the appropriate checks in line with regulatory requirements, for example Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that the recruitment process was thorough and they had not been able to start work until all the checks had been carried out.



## Is the service effective?

### Our findings

At the last inspection in June 2015 we had concerns about the supply of food, people's healthcare and that staff support. At this inspection we found that improvements had been made. There was a new chef employed who ensured that people were offered a choice from a variety of healthy foods and drinks. There was a good supply of fresh, frozen and tinned foods available for people to enjoy. The healthcare records had been completed appropriately and showed the outcomes from visits and any necessary follow up actions. Staff now felt fully supported by the management.

Staff told us, and the records confirmed that the induction process was good and that it had included the necessary training to equip them for their role. The manager had delegated supervision responsibilities to the registered nurses and there were clear plans in place for future supervision sessions. Staff told us, and the records confirmed that they now received regular supervision and that they felt the manager was very supportive. One staff member said, "I get good support, the manager is here every day and on call if I need them. They always provide me with support when I need it." Another said, "The manager is always around and is very good at supporting me and giving me advice."

Staff had the knowledge and skills to care for people safely. People told us they felt that staff knew how to care for them. One person said, "They [staff] know what they have to do and they do it well." Another person said, "They [staff] are all ok and know what to do." Staff told us, and the records confirmed that they had received a wide range of training that was appropriate for their role. They had regular updates to ensure that their knowledge and skills were in line with current best practice. Staff said that the training was good and that it supported them to do their work well. They told us they had completed a national qualification and the records confirmed that all of the service's 10 care staff held a national vocational qualification (NVQ) in care. The chef and the housekeepers were in the process of completing NVQ's in their field of work. People were cared for by well trained staff.

People were supported to have sufficient to eat and drink and to maintain a balanced healthy diet. One person told us, "I like the meals. The food here is ok." Another person said, "I mostly like the food and I like my fish and chips. The lunch is good" People told us they had more choice of meals and that the chef would make something specifically for them if they wanted something different. One person told us, "The cook comes to us to discuss the menu every day. I can change my mind and they cook something else for me." We saw that the chef asked people what they would like to eat and they prepared different meals when requested. For example one person preferred to have bacon and hash browns for breakfast, another person liked to have porridge and another person preferred toast and cereal. The chef made sure that people had the meal of their choosing. The lunchtime was a pleasant experience where people chatted to each other and staff whilst eating their meal. Where it was necessary people's dietary intake had been recorded and their weight had been monitored to ensure that their nutritional intake kept them healthy.

People's physical and mental healthcare needs were met. People told us, and the records confirmed that they got the support they needed to help them to remain healthy. They told us that they saw a variety of healthcare professionals such as their psychiatrist, dentist, chiropodist optician, nurses and their doctor.

One person said, "I can see my nurse or doctor and other professionals whenever I need to." Another person told us, "I very rarely need to see my doctor. I have not seen my psychiatrist for ages, maybe yearly." Others told us that they only saw professionals when they needed to and that generally they saw someone from the mental health team at least every year. One healthcare professional told us, "Whenever I visit the staff are always very friendly and supportive of people. They are able to answer any questions I have about people's health." The outcomes of healthcare visits and any follow up actions had been clearly recorded and now showed how and when people had received the healthcare support they needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The manager told us that there had been some confusion about applying the act. They explained that they had received conflicting advice from professionals from different areas. One example of this was where a best interest decision had been made on a person's behalf and their doctor had signed in agreement to it. One year later the manager requested a review of the best interest decision and was told by the doctor that it did not need reviewing if nothing had changed. Another example was that the manager had made an application for a DoLS for one person and had been advised by the local authority that the form they completed was no longer in use. The manager has recently undertaken refresher training in MCA and DoLS and had taken advice from the local authority and the Southend Clinical Commissioning Group (CCG). Where necessary appropriate DoLS applications were in the process of being made to the local authority and there were authorisations in place where needed. Staff had been trained in MCA and DoLS and they had a good understanding of how to support people in making decisions.

People told us, and we heard, that staff asked for their consent before carrying out any tasks. Mental capacity assessments had been completed where required. For example where people required their medication to be given covertly due to their mental health condition a best interest meeting had been held to ensure that the person's rights were upheld. Other assessments showed that decisions to support people with every-day tasks such as washing and dressing had been made in their best interests. This showed that where people were not able to make every day decisions the service made decisions in their best interest in line with legislation.

## Is the service caring?

### Our findings

People were supported by staff who were kind, caring and respectful. One person said, "Staff are kind and considerate and I give them 10 out of 10." Another person said, "The staff are very kind and caring and they look after me very well." One visitor told us that they visited their relative most days. They said, "The staff always treat people respectfully and are kind, considerate and caring." There was good staff interaction and people were relaxed and cheerful throughout our visits. Staff knew people well and had built up positive caring relationships and they showed kind and caring qualities when interacting with people.

People were treated with dignity and respect. They told us, and we saw, that staff never rushed them and that they always treated them with respect. Staff spoke with people in a calm respectful way and allowed them the time they needed to carry out the task in hand. For example one person had not been able to walk and staff had showed great patience and understanding whilst supporting them to mobilise using a walking aid. The person was really pleased with their progress and complimented the staff on how they had supported them. A healthcare professional told us, "Staff were very supportive to people and responded to what they were asking for." People told us that staff respected their privacy and always knocked on their door before entering their bedroom. One person said, "The staff always knock on my door before coming into my room." Other people confirmed this and told us that staff ensured they had the privacy they needed.

People using the service did not wish to practice their faith but they told us that if they did their key worker would support them to do so. The manager told us that people had said they would rather listen to music or go to the café for a meal than go to church. This showed that if people wanted to practice their faith the service would support them.

People told us that staff supported them to maintain their independence. People were supported to access the local community safely. One person said, "I go to the shops and to the café. I also go out with my relative to a nearby carvery. I also go to the gym so that I can keep fit." Another person said, "The staff help me to do what I want to do when I want to do it. Sometimes I have to wait a little while if they are busy but they don't let me down." This showed that people were supported to maintain their independence as much as they were able to.

People had been actively involved in making decisions about their care and support. People told us they decided what they wanted to do each day and that they had regular daily meetings to discuss this. One person said, "I decide what I would like to do and the staff help me to do it." Another person said, "We talk about how the home is run every day at our daily meeting." The meeting notes confirmed that people had the daily opportunity to discuss their views and opinions. This showed that they were actively involved in making day to day decisions and in how the home was run.

There was information available about people's life history on some of the care files that we viewed. The level of the information differed and some life histories were more detailed than others. The manager said that it was sometimes difficult to obtain a thorough life history where people either could not remember or

did not want to share it. Where possible the service had obtained as much information as they could from relatives and friends. We saw that staff knew people well, interacted with them positively and were aware of their likes and dislikes. One staff member said, "I have cared for [person's name] for a long time now and I know what they like and don't like. If they don't want to talk about things at certain times I know to respect their wishes."

People told us that their visitors were made welcome at any time and were actively encouraged to keep in contact with their family and friends. One person said, "I have a visitor most days and they can come when they want to." A relative told us they were able to visit at a time of their choosing and that they were always made to feel welcome. A healthcare professional told us that they visited the service frequently. They said, "I have found staff to be accommodating and prepared for my visit."

Where people did not have any family members to support them to have a voice, they had access to advocacy services. There was advocacy contact details displayed on the noticeboard in the entrance hall and advocacy services had been used in the past. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

## Is the service responsive?

### Our findings

At the last inspection in June 2015 we had concerns about people's assessments, their care plans, activities and complaints. At this inspection we found that improvements had been made. All of the assessments that we viewed contained detailed information. The care plans were more person centred and individualised and all had been regularly reviewed. People had participated in more activities. The manager had informed relatives in person about how to make a complaint and had made sure that information was available to them.

People had received an assessment of their needs prior to moving into the service. The assessments we viewed were fully completed and had looked at all areas of need. Some people said they could not remember being involved with the assessment, care planning and review process. Whereas others told us they had been fully involved as much as they were able to be. One person said, "They [staff] ask me a lot of questions about what I like, feel and need but I don't know if I have a care plan." Another person told us, "The staff write down what I need and how they will make sure I get it."

The care plans contained detailed information about how to care for people safely. One healthcare professional told us, "The home's paperwork such as care plans, risk assessments and activities has all improved in their structure giving accurate details of current needs." Another healthcare professional said, "The care plans have improved to the standard seen in the past. They are appropriate and covered all of the person's needs, were clearly written and had been reviewed within the last month at the time of my visit." Staff told us that the care plans gave them sufficient information. All of the care plans viewed had been regularly reviewed and updated to reflect people's changing needs. One staff member said, "The care plans give me the detail of what I have to do to make sure the person is cared for in a way that they would wish." Another staff member said, "The care plans contain all of the important information and they are adapted as people's needs change." People told us that when needed the service provided them with suitable equipment such as hoists, walking aids and wheelchairs to support their mobility. People received personalised care that was responsive to their individual needs.

People received a service that was responsive to their needs. They told us that staff supported them and responded to their needs quickly, most of the time. One person told us, "Sometimes I have to ask them [staff] more than once but I do get the help I need." Another person said, "They [staff] are very responsive to my needs." One healthcare professional told us, "During my visit I could see that people's care needs were being met at all times when they needed assistance. People were happy and responsive to staff." On both days when we visited we saw and heard that staff were quick to respond to people's requests in a positive and friendly way.

People were seen to be keeping busy doing their own thing on the first day of our visit. For example one person liked to sit in the garden smoking cigarettes and drinking coffee. Another person liked sports and enjoyed watching it on the television. They told us, "I like all sport and enjoy watching it on TV. I also go to the gym and we do yoga." On the second day of our visit we met the yoga instructor who worked together with people to encourage them to keep fit. Staff told us, and the records confirmed that people preferred

outside activities such as shopping, lunch club (meals out) and walks to the seafront. One healthcare professional told us that they had visited the service on numerous occasions, often in the mornings. The said, "The staff always appear attentive to people when I visit, engaging them in activities such as bingo, music etc." The daily notes showed how people had spent their time and detailed how they felt about all aspects of their daily life. People were supported to follow their own interests and hobbies as far as they wished to.

People told us they knew how to complain and that they would tell the staff or manager if they had any problems. One person said, "They always respond to my complaints in a timely manner." Another person told us, "I would tell them [staff] if I am not happy and they [staff] would listen to my complaints and act upon them." Others told us they never had any reason to complain. The manager told us that she had informed all visitors in person about how they could complain if they wished to. There was a clear complaints policy in place which fully described the process. It was displayed in the hallway in a prominent place for people to see. The policy included the contact details of CQC, the local authority and the Local Government Ombudsman. We were not able to assess the complaints procedure in practice as no complaints had been made since September 2013. However, the manager assured us that any complaints would be investigated fully and resolved to the complainants' satisfaction. They told us they would analyse any feedback to enable them to learn from people's experiences and to make improvements to the service.

## Is the service well-led?

### Our findings

At the last inspection in June 2015 we had concerns about the management and quality of the service. At this inspection we found that improvements had been made. There was a new manager in post who had applied to be registered with CQC. Many improvements had been made to the building, the care planning process and to checking the quality of the service.

The manager told us that they had employed two clinical leads who were both registered nurses. The said that both nurses ensured that nursing duties were carried out effectively. Staff told us that they felt supported by the manager who was in the service on a daily basis and available for advice and guidance at other times when not in the building. The manager had a very good knowledge about the people in their care and people told us they liked them. All who we spoke with told us they could speak to the manager at any time. One person said, "I can talk to the manager whenever I want to." Another person said, "I have not talked to the manager but can if I want to."

The manager had an open door policy and was available for staff, people and their visitors to speak with at any time. People and staff said they had confidence in the manager and had seen the improvements they had made since they took up their role. One staff member said, "[manager's name] has made a lot of improvements to the building and to way we work. They are very approachable and supportive and will positively meet my requests." Another staff member told us, "[manager's name] door is always open and we can ask for her advice at any time." A healthcare professional told us, "Although I usually speak with the manager I have found them and the staff to be open to constructive criticism if it was needed." Another healthcare professional said, "The manager has cooperated fully when we needed to change things and they provided all of the information needed well in advance of the timelines." Staff said they felt valued and that they shared the manager's vision to provide people with care that was person centred and met all of their needs.

There were clear whistle blowing, safeguarding and complaints procedures in place. Staff told us they were confident about implementing these policies. One staff member said, "If I had any concerns I would report them straight away and I know the manager would deal with them immediately." Another staff member told us, "I know I can contact the local authority or CQC if I am worried about abuse."

People told us that they were actively involved in making decisions about how to improve the service. The daily meetings that took place showed that people had discussed a range of issues which included forthcoming parties and outings and changes to the menus and activities. Regular staff meetings had been held where a range of issues had been discussed such as care practices, training, medication, handover and supervision. Staff told us that the meetings were helpful and that they had the opportunity to raise any issues they wanted during the meetings. One staff member said, "We are doing well now. The manager listens to what we say and will take action to make things happen." There was good communication between staff as handovers took place at each shift and a communication book was in use to record important information. This meant that staff could quickly access information when returning to work after a break to ensure that they could care for people safely. This showed that the service had good teamwork

and that all staff were kept up to date about changes to people's care needs.

The quality monitoring system was effective. The manager had ensured that regular audits had taken place such as for medication, health and safety and infection control. They told us, and the records confirmed that that people's views had been sought and their responses had been analysed and actions had been taken to address any shortfalls. The manager used pictorial information to ask people for their views and opinions. They said that each year they hold a summer barbeque where they ask all visitors for their views and opinions on how to improve the service. People told us that they were very happy with the quality of the service.

The local authority undertook a quality monitoring visit in February 2016 and the report showed that a score of 78.9% had been achieved which evidenced that the service was improving and according to the rating from the local authority were considered 'good'. Following the local authority inspection the manager had developed an action plan for the completion of the recommended actions; at the time of our inspection all actions had been completed.

People's personal records were stored safely in a locked office when not in use but were accessible to staff, when needed. The manager had access to up to date guidance and information on the service's computer system. They had shared this with staff to ensure that they had the knowledge they needed to help keep people safe and to provide a good quality service.