

Prime Care SW Limited

Five Gables Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 21 December and was unannounced. The inspection continued on 22 December and was announced.

The service is registered to provide personal care and accommodation for up to 13 adults. The service has 12 bedrooms in total over two floors, which included one double, and 11 single rooms. All rooms had vanity units with mains supplied water and centrally stored hot water, many rooms had adjoining en-suites or were located close to bathroom/toileting facilities. The service had a

large open plan living and dining area that people were free to use at any time. The accommodation is over two floors and the first floor can be accessed by stairs or a stair lift. Each room has a call bell so that people can call for help when needed. There is a level access shower room on the ground floor.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People and relatives said they felt the service was safe. One person told us, "I definitely feel safe here, I know the manager and staff well, they wouldn't put me in danger". One relative told us, "The service is safe, it's just like a home, it's a very friendly place and I'm happy how mum is cared for her".

Staff were able to tell us how they would recognise if someone was being abused. One staff member told us that they would look for signs of unknown bruises or people acting withdrawn. Staff told us that they would raise concerns with the manager. Staff told us that they had received safeguarding training and that it was regularly updated. We looked at the training records which confirmed this.

There were no risk assessments in place for the use of a hoist which meant that people and staff may be at risk and wrong slings maybe used to lift people. Risk assessments for daily tasks such as moving people who use wheelchairs and assisting a fallen person were not in place. A moving and handling trainer visited the service once a year and staff also completed a training DVD. A staff member told us, "We reduce risks by identifying them and informing the registered manager. They complete the risk assessments but I haven't seen any". We spoke to the registered manager about this who said that she will review the risk assessments and the action staff need to take in the event of them occurring in order to keep staff and people safe.

Personal Emergency Evacuation Plans were being put together during our inspection. These detailed how staff would support people in the event of a fire. There was a fire risk assessment in place which had been reviewed in September 2015.

Medicines were managed safely. Medicines were securely stored and only given by staff that were trained to give medicines. We saw that staff waited with a person while they took their medicine and offered a drink. A relative told us, "The service has supported mum off her medicine which is great".

Staff were knowledgeable of people's needs and how best to support them. We reviewed the training matrix which confirmed that staff had received training in topics such as safeguarding, medication, infection control and mental capacity act.

Staff had received training in Deprivation of Liberty Safeguards (DOLs) during their induction period. The service told us that no DOLs applications had been completed for the people currently using the service. The service told us that they do not see anyone as being deprived but would be concerned if some people suddenly chose to go out on their own one day. There was also a bolt on the front gate and two locks on the front door. We discussed DOLs with the registered manager, proprietor and deputy manager.

One person told us, "its good food here. I also get night cups of tea. These are important to me and they provide me with them. I get restless you see". Another person told us, "I am partially vegetarian. They cater to my wishes and needs". The service was recently awarded a 5 star rating by the Food Standards Agency. The chef told us that most meals were homemade and explained that the menu is done with people every Sunday.

People were supported to maintain good health and had access to healthcare professionals as needed. People's health appointments and outcomes were recorded in their care files. A relative told us, "If I'm worried about mum's legs I know I can ask the registered manager to arrange a DN or GP visit".

The service was caring. One person told us, "Staff help in every way they can. They know our limitations are caring and helpful". A relative told us, "Staff are caring and friendly. Mum is always happy, clean and tidy". Another relative told us, "Staff will take time to spend time with mum". We observed staff acknowledging people as they entered the room on several occasions. People were relaxed in staffs company.

Staff were polite and treated all people in a dignified manner throughout the course of our inspection visit. We observed staff knocking on doors before entering peoples rooms saying hello to the person and telling them who they were.

People's care files had admission assessments completed and the information from these was reflected in their care plans and individual assessments. People's individual

Summary of findings

needs had been assessed and were reflected in morning and evening routine guidelines for staff. There was evidence of care plans being regularly reviewed and updated which showed the service was responsive to peoples changing needs. A relative told us, "They review mum's care plan regularly and we are involved in that".

One person told us, "When I first came here I couldn't feed myself or do much. Five Gables has helped me become independent. I am looking to move to sheltered housing soon".

We observed on several occasions during the inspection that call bells were answered by staff in a timely fashion. A relative told us, "As soon as mum calls her bell staff respond to her". We reviewed the services call bell event log which logs the location and time of bells being called and the cancel time. This showed us that in most cases call bells were answered within 2 minutes.

The service sent out quality questionnaires to people. The administrator/trainee deputy told us, "I received feedback in the last questionnaire that people didn't know the complaints policy. As a result I issued everyone with a copy". We observed that the complaints procedure was hung in the hallway by the main entrance. A person told us, "I know how to complain if I need to". A relative told us, "I have completed a quality questionnaire and said how happy we are".

People, relatives and staff told us that they all felt the service was well managed. A person who used the service told us, "The registered manager is hands on and leads by example". Another person said, "I can talk to the registered manager and proprietor as and when I need to". A relative told us, "The service is well led by a fabulous manager. She makes time to sit and chat to mum and involves her in her care".

The service had a comprehensive set of policies in place and the folder is broken down into indexed areas. However, policies were generally undated and others very old, for example, the care of dying, staff code of conduct and fire precautions policies. It was unclear how these were audited to ensure they were kept up to date and relevant to people and staff at the service. We discussed this with the registered manager who said she will review the folder.

We saw that medication audits took place and covered receipt of medicines, storage, administration, recording and disposal. Health and Safety checks were completed and covered key areas such as premises, maintenance, Control of Substances Hazardous to Health (COSHH) and food hygiene. People's money audits were completed and up to date.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were sufficient staff available to meet peoples assessed care and support needs.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

Risk assessments on the use of moving and handling equipment were not in place.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines.

Good



Is the service effective?

The service was effective. Although Deprivation of Liberty Safeguards was not fully understood people were not at risk.

People were supported to eat and drink and there was evidence of people's involvement in choosing meals.

People were supported to health appointments and health professionals regularly visited the home.

Good



Is the service caring?

The service was caring. People were supported by staff that knew them well and spent time with them.

People were supported by staff who respected their privacy and dignity at all times.

Good



Is the service responsive?

The service was responsive. People were supported by staff that recognised and responded to their changing needs.

People's feedback was used to make improvements to the service which benefit the people who live there.

Good



Is the service well-led?

The service was well led. The registered manager promoted and encouraged an open working environment.

People were supported by staff that use person centred approaches to deliver the care and support they provide.

Quality checks took place and the service is looking at using new audit templates which will support them to analyse findings more effectively.

There is a comprehensive set of policies in place but many were undated and it was difficult to understand how these were audited.

Good



Five Gables Care Home

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 21 December 2015 and was unannounced. The inspection continued on 22 December and was announced. The inspection was carried out by two inspectors over the two days.

Before the inspection we looked at the previous inspection report and notifications we had received about the service.

Before the inspection we did not request 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 what improvements they plan to make. We gathered this information from the provider during the inspection.

We spoke with four people who use the service and three relatives who were visiting people during the inspection. We met with the Registered Manager, administrator/trainee deputy and the proprietor. We spoke with three care staff and the chef. We reviewed five peoples care files and looked at care plans, Deprivation of Liberty Safeguards applications, best interest assessments and meetings. We looked at policies, medication records, emergency plans, risk assessments, health and safety records and management audits of the service. We walked around the building and observed care practice and interaction between care staff and people who live there. We looked at staff duty rosters, four staff files, the recruitment process, training and supervision records. We observed a staff handover and medicines being administered.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People said they felt safe in the service. One person told us, “I definatly feel safe here, I know the manager and staff well, they wouldn’t put me in danger”. They also said, “Staff don’t stop me doing anything, I’m free to leave to go to the day centre three days a week and they arrange my transport”. Another person told us, “I feel safe here, there are enough staff to hand during the day and night and the owners live next door which is only a call away”. Another person told us, “We have support, care, food and the constant knowledge that people are around us. This offers us security and peace of mind”.

Relatives were positive about the service. One relative told us, “The service is safe, it’s just like a home, it’s a very friendly place and I’m happy how mum is cared for here”. Another relative told us, “I couldn’t be happier, mum is bright and safe here. There are always people around, she likes company and there is always something happening”.

Staff were able to tell us how they would recognise if someone was being abused. One staff member told us that they would look for signs of unexplained bruises or people acting withdrawn. Another staff member told us, “If a person I was supporting had a change of personality, marks or scratches on them then this would sound alarm bells. I would report it to the manager and record it”. Staff told us that they would raise concerns with the manager. Staff told us that they had received safeguarding training and that it was regularly updated. We looked at the training records which confirmed this.

Some risk assessments were completed for people which identified risk factors and control measures for example, we looked at an assessment for skin care, measures included; encouraging walking, examining skin daily and the use of a pressure cushion in a chair if the person’s skin was sore. There were no risk assessments in place for the use of a hoist which meant that people and staff may be at risk and wrong slings maybe used to lift people. Risk assessments for daily tasks such as moving people who use wheelchairs, stand aids and assisting a fallen person were not in place. A staff member told us, “We reduce risks by identifying them and informing the registered manager. They complete the risk assessments but I haven’t seen any”. We spoke to the registered manager about this who said that she will look at risks and the action staff need to take in the event of it occurring in order to keep them and

people safe. A moving and handling trainer visited the service once a year and staff also completed a training DVD. The stand aids and hoist were serviced annually, we looked at the servicing log which confirmed this.

We observed a staff member safely supporting a person who uses a wheelchair from their bedroom to the dining room. The person was sat comfortably, foot rests were locked in position and the staff member was carefully moving through doorways looking for any obstacles on route.

Personal Emergency Evacuation Plans were being put together during our inspection. These detailed how staff would support people in the event of a fire. There was a fire risk assessment in place which had been reviewed in September 2015. This covered key areas such as contact details, areas of potential risk and preventative measures in place. An example here was the gas hob in the kitchen and the carbon monoxide detector. Records showed that visual equipment checks and alarm tests were carried out monthly.

The Registered Manager reviewed the staffing levels using a staffing dependency tool. We reviewed four weeks of rota all of which reflected current ratio of staff. The registered manager told us, “I look at the staffs jobs and the support each person requires. Staff are very flexible here. When we are away I put additional staff on”. A relative told us, “There always seems to be enough staff here”. One person told us, “There are enough staff here to support people”.

Recruitment was carried out safely. The staff files we reviewed had identification photos, details about recruitment which included application forms, employment history, job offers and contracts. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS). They also included induction records.

Medicines were managed safely. Medicines were securely stored and only given by staff that were trained to give medicines. We saw staff waited with a person while they took their medicine and offered a drink. Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from there pharmacy packaging which indicated they had been given as prescribed. The staff member told us that if a person refused their medicine then they would record it using the appropriate code on

Is the service safe?

the MAR and inform the manager. Once lunch time medicines were administered we observed the staff member checking that all morning medicines had been administered and signed for. A relative told us, "The service has supported mum off her medicine which is great".

Is the service effective?

Our findings

Staff were knowledgeable of people's needs and how best to support them. We reviewed the training matrix which confirmed that staff had received training in topics such as safeguarding, medication, infection control and mental capacity act. Training DVD's were used to train staff on most of these core areas. There is a test at the end of each DVD which staff needed to complete. Three staff were completing their Diploma in Health and Social Care. A staff member told us, "my Diploma has helped me understand my job". Another staff member told us, "I ensure I do what I need to as shown during my induction and how my training has taught me". A relative told us, "Staff are well trained here, you can tell with how they are, staff really seem to care". One person told us, "Staff are trained well, they are doing their NVQ, I can't fault them". The deputy told us that in the next staff survey they will be adding a question to seek staff member's thoughts about class room training.

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.

Staff told us that they had completed an MCA training DVD. We reviewed the training records which confirmed this. Staff had received training in Deprivation of Liberty Safeguards (DOLs). The service told us that no DOLs applications had been completed for the people currently using the service. The service told us that they do not see anyone as being deprived but would be concerned if some people suddenly chose to go out on their own one day. There was also a bolt on the front gate and two locks on the front door. A relative told us, "Staff ask mum what she wants. Mum is able to make decisions but not able to leave on her own accord".

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. We discussed DOLs with the registered manager, proprietor and deputy manager. They felt our discussion was useful to them and agreed that they would benefit from refreshing their understanding more on current legislation and government guidance. The

service told us that after our discussion they feel it may be that some people who use the service would require an application being completed and sent to their local authority. The service understood that it is their responsibility as a service provider to complete the application and then the local authority's responsibility to assess and either authorise or refuse it. People who use the service were safe and not at any risk or harm. The Registered Manager contacted the local DOLs Administration Advisor to seek further guidance and advise.

We reviewed people's care files. Capacity assessments were not completed. Best interest decisions were recorded for areas such as medication changes, personal care and nutrition. Records showed that people's relatives were involved in decisions made. One relative told us, "We were involved in agreeing a diet plan for mum". Consent forms were in the folders for administration medicines, personal care and night time checks but three were not signed or dated which could mean that people were not supported in their preferred methods of approach.

A person who uses the service told us, "its good food here. I also get night cups of tea. These are important to me and they provide me with them. I get restless you see". Another person who uses the service told us, "I am partially vegetarian. They cater to my wishes and needs". A relative told us, "Lunch is relaxed here. People can eat in their rooms or in the dining room. Another relative told us, "The food is very good. I've eaten here".

We discussed meal times, menu's, people's choice and nutrition with the chef who told us they were recently awarded a 5 star rating by the Food Standards Agency. The chef told us that most meals were homemade and explained that the menu is done with people every Sunday. The service ensure that it is varied, balanced and incorporates people's likes and dislikes. The chef told us that there is always two options on the lunch time menu each day for people to choose from. The chef told us that she visits each person every day to check which of the options people would like. If anyone doesn't want either option the chef told us they would prepare an alternative meal at their request. The chef told us, "There is always something else on offer". During our inspection we observed the chef asking several people what they would like for lunch. Evening meals are decided on the day by people themselves. We reviewed records which showed us

Is the service effective?

that people were being supported to make decisions and maintain a balanced diet. We observed a staff handover, peoples food and fluid intake was handed over from morning to afternoon staff.

We observed people at lunch time being given the choice of sitting at the table for their meal or having it on a slide table at their chair. People were offered a choice of drinks including alcohol. People we observed could all feed themselves and appeared to enjoy their food choice which was nicely presented to them. We observed on several occasions during our inspection different staff offering different people a choice of drinks and biscuits.

People were supported to maintain good health and have access to healthcare professionals as needed. People's health appointments and outcomes were recorded in their care files. A District nurse visits the service weekly. A person who uses the service told us, "Health professionals visit me here. A District Nurse (DN) comes here regularly. The service arranges this for me". A relative told us, "Mum has had a flu jab a recent cataract appointment and GP visit was arranged by the service. I attend these with her". Another relative told us, "Staff supported mum to hospital during an operation as we were away". Another relative told us, "If I'm worried about mums legs I know I can ask the registered manager to arrange a DN or GP visit",

Is the service caring?

Our findings

The service was caring. A person who used the service told us, “Staff help in every way they can. They know our limitations are caring and helpful”. Another person told us, “Staff are very caring and kind. I don’t think the registered manager would recruit anyone who wasn’t”.

We observed staff acknowledged people as they entered the room on several occasions. People were relaxed in staffs company. Staff communicated with people on several occasions at eye level rather than standing over them. Visitors were made welcome and relaxed with staff.

A relative told us, “Staff are caring and friendly. Mum is always happy, clean and tidy”. Another relative told us, “Staff will take time to spend time with mum”. Another relative told us, “Everyone is very caring here; there is a good sense of humour here which makes a difference and is important”. They also told us, “Staff care. It makes a difference. I was talking to staff yesterday, it was obvious they cared”.

A relative told us, “The home is just like a big family environment. Homely and supportive”. Another relative told us, “It’s a lovely happy home where staff genuinely care”.

People and relatives told us that if they had a concern or felt unhappy they knew they could approach staff or the registered manager. A staff member told us, “If someone was upset I would talk to the person about what was upsetting them and offer reassurance to them that they are safe”.

A staff member told us, “When I started working here I went around talking to people who live here and reading their care plans. This helped me get to know them”. Another staff member told us, “People have detailed care plans. They have personal profiles in them which say what people’s likes and dislikes are. We talk to people”. The care files we reviewed had a ‘My Support Plan at a glance’ document in it. These documents recorded key professionals involved in peoples care, how to support them and medical conditions to name a few. This information supported new and experienced staff to understand important information about the people they were supporting.

A person who used the service told us, “Staff ask what we would like to do. Decisions are left to me”. Another person told us, “If I asked to see my care plan I would be able to. I was involved in putting it together”.

Staff were polite and treated all people in a dignified manner throughout the course of our inspection visit. If people required support with personal care, they were supported discreetly back to their rooms to receive the necessary care in private. People’s doors were closed when they were receiving personal care. We observed staff knocking on doors before entering peoples rooms saying hello to the person and telling them who they were. We observed the cleaner asking a person if it was ok for them to run the Hoover around their room and waited for a reply before pursuing with it. A staff member told us, “I knock on people’s doors before entering their rooms. When I support them with personal care I make sure I close curtains and doors and cover personal areas with a towel”. A relative told us, “Mums dignity is defiantly respected here. I have seen how they respect it”.

Is the service responsive?

Our findings

People's care files had admission assessments completed and the information from these was reflected in their care plans and individual assessments. People's individual needs had been assessed and were reflected in morning and evening routine guidelines for staff. There was evidence of care plans being regularly reviewed and updated which showed the service was responsive to people's changing needs. A relative told us, "They review mum's care plan regularly and we are involved in that".

The registered manager told us that she currently keeps people's care files up to date. She told us that she is planning to assign staff to work closely with individuals and take responsibility of keeping care files up to date.

A person who used the service told us, "When I first came here I couldn't feed myself or do much. Five Gables has helped me become independent. I am looking to move to sheltered housing soon". They also told us, "My keyworker is supporting me to become more independent and make decisions. I am able to do this now. She has helped me be more confident, active and assertive". A staff member told us, "All care given to people is discussed with them. Everyone is individual". A relative told us, "Mum was walking before she was admitted to hospital. When she was discharged here she couldn't. Since being here they have supported her to walk. She can now walk from her room to the living and dining room". They also told us, "We are involved in mum's care planning. Anything we need to know we are told about". Another relative told us, "People are always involved".

We saw three people playing catch the bean bag with a staff member in the living area and others completing jigsaws in their room. A relative told us "a volunteer visits mum and reads to her or chats as she is mainly supported in bed now". A staff member told us, "A charity brings in a dog to visit people who live here. They really enjoy it". The Registered Manager told us that they were looking at hiring a mini bus and doing regular outings for people who wish to take part.

We observed that call bells were answered by staff in a timely fashion. A relative told us, "As soon as mum calls her

bell staff respond to her". We reviewed the services call bell event log which logs the location and time of bells being called and the cancel time. This showed us that in most cases call bells were answered within 2 minutes.

Complaints were recorded on an online system; this captured the complaint and evidenced the steps taken to address it. A person who used the service told us, "I don't feel I need to complain. I feel I could speak to the registered manager if I needed to". A relative told us, "I have never had to raise concerns". Another relative told us, "I raised concerns about mum using the toilet. Staff were quickly on top of it". The registered manager told us, "If someone came to me with suggestions or concerns I would listen to them and respond". We reviewed entries in the services memories book; this was full of thank you cards from friends and family. An entry read, "We can't express how grateful we are for what you did for mum. Despite her Poor health we know she felt safe and well cared for". Another read, "Thank you for what you did for mum. You went above and beyond the call of duty and it was much appreciated". The administrator/trainee deputy told us, "I'm really proud of the recommendations we get and comments people write to us. How they feel the service is homely and family run. It makes a difference to people's lives".

The registered manager told us that a person's relatives who live far away had asked if the home could be set up for Facetime. In response to this the home had purchased an iPad. Two people asked for a phone line to be put in their rooms. The service arranged for two external lines to be fitted. The registered manager also told us that after receiving feedback from people who used the service, staff and relatives a decision was made to build a level access shower on the ground floor. The registered manager told us, "People with mobility needs find it so useful and beneficial to them".

The service sent out quality questionnaires to people. The administrator/trainee deputy told us, "I received feedback in the last questionnaire that people didn't know the complaints policy. As a result I issued everyone with a copy". We observed that the complaints procedure was hung in the hallway by the main entrance. A person who uses the service told us, "I know how to complain if I need to". A relative told us, "I have completed a quality questionnaire and said how happy we are".

Is the service responsive?

Staff told us that leaving work knowing they had done their job well was important to them. One staff member told us,

“If people don’t seem stressed, are happy, look nice and enjoy their food it makes me feel good”. Another staff member told us, “I make sure people are happy and that I have had time to talk to people before I go home”.

Is the service well-led?

Our findings

We observed a very positive culture between people and staff supporting them. Staff demonstrated a person centred approach to the care and support they were delivering to people by acknowledging them and talking them through the support they were providing in an empowering way. For example we observed on staff member asking a person who is supported in bed if they wanted to be supported further up the bed to eat their meal independently.

People, relatives and staff told us that they all felt the service was well managed. A person who used the service told us, "The registered manager is hands on and leads by example". Another person said, "I can talk to the registered manager and proprietor as and when I need to". A relative told us, "The service is well led by a fabulous manager. She makes time to sit and chat to mum and involves her in her care". Another relative told us, "It is well managed here; I can see that it is". Another relative told us, "The home is well organised and managed, nothing is too much trouble". A staff member told us, "Staff are involved in decision making. The registered manager leads by example which is important. She says she loves her job and is very passionate which helps us".

The manager worked care shifts when these could not be covered by agency staff because of sickness. The manager encouraged an open working environment, for example we observed on several occasions staff coming up to her or the administrator/trainee deputy to discuss matters with them. We observed the manager talking with people who use the service. The manager observed staff doing various tasks as a way of quality checking. A staff member told us, "The registered manager supervised me doing peoples medicines a few times until I was confident to do it".

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

The service has a comprehensive set of policies in place and the folder is broken down into indexed areas. However, policies were generally undated and others very old for example the care of dying was dated 2004, and fire precautions policies was dated 1998. There has been key guidance in end of life care produced by the Department of Health since 2004 which the service should make sure is reflected in the policy. It was unclear how these were audited to ensure they were kept up to date and relevant to people and staff at the service. We discussed this with the registered manager who said she will review the folder.

The registered manager told us she was behind in her auditing and has created a new quality monitoring folder. We saw that medication audits took place and covered receipt of medicines, storage, administration, recording and disposal. Health and Safety checks were completed and covered key areas such as premises, maintenance, Control of Substances Hazardous to Health (COSHH) and food hygiene. People's money audits were completed and up to date. The registered manager explained the incident and accident audit to us. She said that in the current audit template she looked for patterns of falls based on the time of day they took place. The audit did not identify who the person was that had fallen. The registered manager showed us a new audit template which she will be using from now on which logs the time, date, place and person which will help with analysis.