

Community Integrated Care Eachstep Blackley

Inspection report

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Date of inspection visit: 4 & 7 November 2014
Date of publication: 30/03/2015

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?

Outstanding 

Overall summary

We carried out this unannounced inspection over two days, on 04 and 07 November 2014.

Eachstep Blackley provides personal care and accommodation for to up to 60 people who live with dementia. The home also provides nursing care for people that require this level of support. The home is divided into five households and there is also a day centre and café on the ground floor of the home, which may be used by people who live at Eachstep Blackley. There is a courtyard with raised flower beds on the

ground floor of the home and each household on the upper floor has an enclosed balcony which people can access from the lounges. 55 people were living at the home at the time of our inspection.

Eachstep Blackley also provides personal care to people who live in the community and there is a respite service for people. During this inspection we spent time in all the households. We did not inspect the personal care provision for people who live in the community, however this will be inspected in the future.

Summary of findings

The home had a registered manager who has been in post since July 2012. 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.

Care records contained risk assessments, which identified risks and described the measures in place to ensure people were protected from the risk of harm. Staff we spoke with told us, and we saw that there were procedures in place to instruct staff in the action to take if they were concerned that someone was at risk of harm and abuse. The care records we viewed also showed us that people's health was monitored and referrals were made to other health professionals as appropriate.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff were responsive to people's needs and wishes and we viewed documentation that showed us staff were enabled to maintain and develop their skills through training and development activities. The staff we spoke with confirmed they attended training and development activities to maintain their skills. We also viewed documentation that showed us there were recruitment processes in place and staff confirmed these had been carried out when they had been employed.

We spoke with people who lived at the home and their relatives. We were told they were happy with the service the home provided. Comments we received included; "They are so caring, lovely. They have time for everyone." and "I am very happy – we are looked after really well."

We observed people were encouraged to participate in activities that were meaningful to them. For example we saw staff spent time with one person discussing their hairdressers appointment and what they wished to have done. We also saw people were asked if they wanted to visit the day centre and if they declined, their wishes were respected.

We spoke with two visiting health professional who told us they found the home to be responsive to people's needs and they had no concerns.

During the inspection we saw staff were attentive and patient when supporting people, in addition we saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered choice and if people required assistance to eat their meal, this was done in a dignified manner.

We saw a complaints procedure was displayed in the main reception of the home. This provided information on the action to take if someone wished to make a complaint and included contact details of the quality assurance manager if the complainant did not wish to discuss their concerns with the management at the home.

We discussed the quality assurance systems in place with the regional manager. We were told audits of accidents, incidents and falls were carried out and these were investigated by the manager to ensure risks were identified and improvements made. We saw documentation that showed us this took place. The regional manager also told us they had access to all the audits and checked to ensure that these and any subsequent actions were completed.

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.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the home.

Staffing was arranged to ensure people's needs and wishes were met promptly.

There were arrangements in place to ensure people received medication in a safe way.

Good



Is the service effective?

The service was effective.

Staff received training and development, and formal and informal supervision and support from senior staff. This helped to ensure people were cared for by knowledgeable and competent staff.

People were enabled to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

Good



Is the service caring?

The service was caring.

We saw staff provided support to people with empathy and respect. Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support was individualised to meet people's needs.

Staff encouraged people to maintain their independence and offered support when people needed help to do so.

Good



Is the service responsive?

The service was responsive.

Relatives told us they were involved in their family member's care and we saw documentation reflected individual needs and wishes.

There were systems in place to enable people to express their comments, concerns and complaints, to improve the service offered.

Individual and group activities were provided that reflected people's preferences and interests.

Good



Summary of findings

Is the service well-led?

The service was well-led .

The home had a registered manager who has been in post since July 2012.

There were systems in place to ensure incidents and accidents were recorded and analysed to minimise the risk of reoccurrence. Incidents were notified to the Care Quality Commission as required.

Quality assurance systems were in place to ensure the quality of care was maintained.

Relatives and staff we spoke with told us the manager and management team at the home were approachable and listened to their views.

Outstanding



Eachstep Blackley

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 the 4 and 7 November 2014 and was unannounced. We last visited the home on 25 September 2014 as we had received information of concern relating to the number of staff available to support people and found there were no breaches in the regulations we looked at.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We also spoke with a member of the local commissioning team and used the information we gained to plan our inspection.

On the first day of the inspection, three adult social care inspectors were present and we were accompanied by a specialist advisor who had knowledge of dementia care. On the second day of the inspection, one adult social care inspector was present.

We spoke with eight people who lived at Eachstep Blackley, eight relatives and two external health professionals who visited the home on a regular basis. We did this to gain their views of the service provided.

People who lived at the home could not always tell us their experiences of living at Eachstep Blackley. Due to this, 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.

During this inspection we spoke with 22 members of staff. These included 14 care staff, the catering service manager, activities co-ordinator, a maintenance person, an occupational therapist and the home's dementia specialist. We also spoke with the regional manager, the registered manager and the deputy manager.

We looked at eight care records and also looked at five personnel files. We looked at all areas of the home including the lounges, people's rooms and communal bathrooms.

Is the service safe?

Our findings

People told us they felt safe. We asked four people who lived at the home if they felt safe and they told us they did. Comments we received included; “I don’t worry about anything here.”, “Of course I do.”, “I’m really safe here, they’re never nasty.” and “Yes, they look after me.” Relatives we spoke with told us; “I come in a lot and it all seems fine – the staff keep everyone safe.”, “It’s definitely safe here. They come round checking (my family member) every twenty minutes all night.” and “(My family member) is safe here, they do everything they can to make sure of that.”

During this inspection we spent time in all areas of the home. We saw the environment was well maintained and we spoke with a maintenance person who described the checks they carried out to ensure people were cared for in a safe and suitable environment. They told us, and we saw documentation which showed us that regular checks were carried out on the fire alarm system, emergency lighting and water temperature within the home. We viewed reporting sheets that were held in each household and saw that if repairs were required to the environment, these were recorded and when completed the maintenance person signed to indicate the action had been carried out. The maintenance person told us they visited the home for two days a week and if urgent repairs were required, there was an on call system available to ensure essential repairs were carried out promptly. This ensured people were cared for in a suitably maintained environment.

We asked staff what systems were in place to ensure people were protected from the risk of harm and abuse. Staff told us that risk assessments were carried out to ensure people’s needs were identified and care and treatment was planned to meet those needs. We viewed care records which contained risk assessments in areas such as skin integrity, nutrition and falls. We saw that if a risk had been identified, the care records contained information for staff on how to support people safely. In one file we noted the format was different and the deputy manager told us the home was currently redesigning the care files and this would be resolved on completion of this work.

The registered manager told us there was a safeguarding policy in place and that staff received training in this area to ensure they were knowledgeable about the action to take if they had any concerns. The staff we spoke with were able

to describe signs and symptoms of abuse, and the action they would take to ensure people remained safe. They told us they would raise concerns with the registered manager, or contact the local authority safeguarding team if required. One member of staff told us; “You hope it never happens, but if it did or if I believed someone was at risk of being harmed I would contact safeguarding immediately.” Another staff member said; “There are a lot of procedures here to keep people safe. We have a whistleblowing policy and we can call the whistleblowing hotline to report anything that worries us. It’s confidential and we would refer to the safeguarding authorities as well.” The procedures in place helped ensure people could report concerns to the appropriate agencies to enable investigations to be carried out as required.

We saw documentation that showed us a process was in place to ensure safe recruitment checks were carried out before a person started to work at the home and we asked three staff to describe the recruitment process to us. All the staff we asked told us that prior to being employed by the service they had attended an interview and satisfactory references and disclosure and barring checks had been obtained. We also saw documentation that showed us this took place. This helped ensure suitable people were employed to provide care and support to people who lived at the home.

Eachstep Blackley employed a range of staff to meet people’s needs. These included qualified nursing staff, care staff, an occupational therapist and a dementia specialist. During the inspection we saw staff responded promptly to people if they required support or assistance. We observed staff being patient when helping people to mobilise and people were not rushed or hurried in any way. None of the staff we spoke with expressed concerns regarding the number of staff available to support people and we saw documentation that showed us staffing was arranged in advance to ensure sufficient numbers of staff were available to meet people’s needs. This included arranging staff cover in the case of planned leave. The manager told us they did not use a formal assessment tool to assess the number of staff required for each household, however they monitored accidents and incidents, carried out observations and assessed people’s individual needs to ensure sufficient staff were available.

We asked four people who lived at the home if they were happy with the number of staff available to support them.

Is the service safe?

Comments we received included; “I only have to ask and they help me. I never have to wait.”, “They’ve always time for a chat”, “I don’t have to wait for anything.” and “There’s enough here to look after me.” One of the relatives we spoke with told us they felt a household would benefit from more staff at times. We discussed this with the manager who told us that if a household required more staff, this would be arranged. Following the inspection they sent us their response; “It is standard and practice of this service that in the event of an issue, emergency, or short notice staff cover we would flex the staffing resource within building to support the household in need. We have five households that are staffed with care and activity workers, seniors and nurses. We also have a day care team, manager, deputy, clinical lead, housekeeping, admin and an occupational therapist. At any one time anyone of these designations can be called upon to support an area of need with the service. We also have regular bank staff that will support us on an ad hoc and short notice basis.”

We asked two staff to describe the arrangements in place for the safe administration of medication. We were told that

medication was checked by a member of staff and the external pharmacist when it came into the home and it was then stored securely. In addition the staff we spoke with were able to describe the arrangements in place for ordering and disposal of medication. We asked a staff member to explain how medication was administered. We were told, and we saw that each person had a lockable storage area in their bedroom. We checked one person’s storage area and saw this was locked with their individual medication within. We checked the person’s Medication and Administration Record (MAR) and saw this was completed, with no gaps to show that medication had been administered. We also observed people being given their medication. We saw medication was collected from the person’s storage area and taken to them. We saw staff explained to the person what the medication was for, how it would help them. We observed staff signing the person’s administration record and returning this to their lockable storage area. This showed us there were systems in place to ensure medication was managed safely.

Is the service effective?

Our findings

We viewed a sample of care records and saw documentation that showed us people's needs were assessed before they moved into the home. We also saw people's care was reviewed on a monthly basis and if people's health needs changed, referrals were made to other health professionals to ensure people's needs were met.

We saw one person who lived at the home had received an assessment by an external health professional and the recommendations that had been made were documented in their care plan.

During the inspection we observed the care and support the person received and saw this was in accordance with the recommendations made. This showed us the service identified changes in people's needs and took action to ensure their needs could be met.

One relative we spoke with described the care and support their family member had received. They told us the home had worked with them to achieve the best outcome for the person and as a result they believed their quality of life had improved. We were told; "(My family member) is not in pain, (my family member) is not distressed and it's all down to them."

We saw people were supported to eat sufficient amounts to meet their needs. We observed people eating their midday meal and saw they were offered choice. If a meal was declined staff offered alternatives and encouraged people to eat. We saw people were encouraged to be as independent as possible. For example we saw one person was encouraged to support themselves to eat and when they needed support this was provided. Meals were attractively presented and there was a relaxed and sociable atmosphere. People were offered hot or cold drinks and were encouraged to eat sufficient amounts to meet their needs. When people had finished their meal they were asked if they wanted second portions and these were provided to people who requested them.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. At the time of this inspection we were informed by the manager that one DoLS application had been made and authorisation for this had been

received. The manager was aware of the recent Supreme Court judgment and told us they were working with the local authorities to arrange DoLS assessments for the people who lived at the home. We saw documentation within the care records that we viewed that showed us the correct processes were followed to ensure people who did not have the capacity to make significant decisions had their rights upheld.

We asked staff to describe the training and development activities they had completed at Eachstep Blackley. All the staff we spoke with told us they had received an induction when they started to work at the home and they completed training in areas such as safeguarding, infection control, Mental Capacity Act and moving and handling, on an annual basis. The staff we spoke with also told us they received supervision and appraisals to enable them to identify their training needs and in addition they received guidance from the home's dementia specialist.

We spoke to the dementia specialist who told us they provided training and guidance to staff in areas such as supporting people with behaviours that may challenge and understanding behaviours that people with dementia may display. We viewed five staff personnel files, which contained completed supervisions and appraisal documentation and we also viewed the training matrix for the home. We saw the majority of staff were up to date with their training and we saw evidence that further training was planned to ensure staff knowledge and skills remained up to date. In addition we were told by both the manager and staff that five staff were currently completing training in 'Six Steps.' This is a training programme that aims to improve the provision of end of life care in care homes.

The staff we spoke with were positive regarding the training and development activities they completed. Staff told us they were completing a recognised qualification in dementia care and the training had been developed by the home's dementia specialist. We discussed this with the manager who told us the qualification staff were completing was BTEC in dementia care which had been developed by Eachstep Blackley and accredited by Edexcel. They also told us there was a scheduled plan in place to ensure all staff achieved this qualification. This meant staff were being supported to complete training and development activities that would assist them in delivering effective care to people who lived at Eachstep Blackley.

Is the service caring?

Our findings

We observed people being treated with empathy and respect during the inspection. Interactions between people who lived at the home and staff were warm and positive. People approached staff, or asked for support freely and without hesitation. Staff were seen to be kind and patient, and continually communicated with people. We saw staff responded to non – verbal communication promptly and appropriately. For example we saw one person was unable to communicate their needs verbally and appeared to be restless in their chair. We saw staff talked with them in a comforting and compassionate way and subsequently the person appeared content.

We observed three people being supported to eat their lunchtime meal. We saw staff engaged with them and conversation was respectful and positive. People were encouraged to choose where they wanted to sit and who they wished to sit with. The atmosphere was relaxed and calm and people who wanted to remain seated after their lunch with additional drinks, were able to do so. Our observations showed us people were consulted and treated with kindness.

We asked staff to explain their understanding of person centred care. Comments we received included; “ Person centred care is seeing people as individuals and not just a person with dementia”, “Giving care that meets their needs and not just because it’s a routine” and “The care here is based around them. Their hobbies, beliefs, and what they did before they came here. It’s about them.”

We spoke with relatives who told us they were involved in the care and support their family member received and we saw documentation in the care records we viewed that showed us people and their relatives were involved in care planning. This helps ensure that important information is communicated effectively and care planned to meet people’s needs and preferences. We spoke in detail with one relative who told us; “I’ve often sat with staff and been asked what’s important to (my family member). I’m fully involved.”

We saw people were encouraged to maintain their independence. For example we saw one person was supported to make a cup of tea, people were encouraged to mobilise and we observed people being supported to set their own place at the lunchtime meal. We observed one person being asked if they wanted to have their hair styled, and staff spent time with them talking about what they would like to have done.

We were told by the manager that the home had been awarded the Dignity in Care Award by Manchester City Council in March 2014 and we saw a plaque was displayed on the wall of the main reception that confirmed this. We asked three staff to explain how they treated people with dignity. Comments we received included; “Recognising what they want and respecting that, calling them by the name they want to be called by and giving them the respect they deserve.”, “Listening to what people have to say and giving them choices.”, and “Making sure everything I do respects them, giving people privacy when they need it, knocking on doors, offering to help them to change in a really tactful way.”

We observed staff upholding people’s privacy and dignity by knocking on people’s doors before entering, and if staff needed to discuss a person and their care, this was done in a quiet environment to ensure information remained confidential. We observed a staff handover being carried out and saw that staff were respectful when they were passing confidential information to other staff at Eachstep Blackley.

The people we spoke with who lived at Eachstep Blackley were complimentary about the care they received from staff. Comments we received included; “The staff are very nice with us – very patient.”, “It’s very good.” “They don’t wake me up, they wait till I’m ready.” Relatives told us they were also happy with the way the home supported their family member. We were told; “I really like the home because it allows (my family member) to do as much as possible for herself” and “They look after (my family member) and love her.”

Is the service responsive?

Our findings

We asked the registered manager what information was provided to people when they moved to Eachstep Blackley. The manager told us that an information pack was provided to people and prior to moving to the home, people were asked if they wanted to visit. We asked one relative if this had been available to them and their family member. They told us it had and they had found this helpful as it enabled them to visit and talk with staff about the care and support their family member needed.

We looked at a sample of care plans and saw these contained information about people's likes and dislikes such as preferred time of rising, going to bed and interests. During the inspection we saw people were asked if they wanted to go to the day centre to participate in organised activities and we saw posters were displayed advertising the upcoming Remembrance Service. We also saw that if people participated in activities this was recorded within the care documentation. The staff we spoke with told us people who lived at the home were asked if they wanted to be involved. We were told; "There are activities every day here and we always ask the residents if they would like to go down and join in.", "We're doing poppy making at the moment.", "We do some group activities and a lot of individual activities. It's important to remember these are people with individual interests."

People told us they could take part in activities. Comments we received included; "I liked the party where they all dressed up.", "Staff do my nails, I choose the colour.", "I go to the downstairs club."

Relatives we spoke with told us; "(My family member) likes to tend the chickens they have here.", "There's always something going on." The documentation we saw and the comments from people we spoke with showed people's individual wishes were taken into account.

We spoke with two health professionals who told us they considered the home to be responsive. Comments we received included; "There was a resident who would develop a silent chest infection. The staff here learnt to pick up the non-verbal clues and seek early medical intervention to stop the chest infection. This has helped keep the resident mobile and well." and "I've always found them to be responsive to any instructions I leave."

The relatives we spoke with told us they found the manager approachable and would discuss any concerns with them and one relative told us; "They listen to me." Another relative told us; "They are not afraid to listen to relatives." In the reception area of the home we saw information was displayed explaining how people could make a complaint if they were unhappy about any aspect of the home. We spoke with the regional manager of the service who told us they would meet with people, or their relatives to discuss concerns or complaints if this was appropriate. The manager also told us residents' and relatives' meetings were held four times a year or more often if required. We saw minutes from the last three meetings and in one meeting we saw the manager had discussed the complaints procedure with people who had attended.

We viewed the home's complaints file and viewed the last two complaints within. We saw if a complaint was made this was responded to appropriately. We also spoke with the regional manager who told us they maintained an overview of all complaints made at Eachstep Blackley and would become involved in this process if required. For example if a complainant remained dissatisfied with the managers response, if a complaint was made regarding a member of the management team, or if a complaint was made directly to them. This showed us there were systems in place to enable people to make complaints if they wished to do so.



Is the service well-led?

Our findings

There were management systems in place to ensure the home was well-led. The home had a manager who was registered with the Care Quality Commission and they were supported by a deputy manager and a dementia specialist. In addition we met with the home's regional manager who described the quality assurance systems in place.

During the inspection we saw members of the management team were active in the day to day running of the home. We saw they met with visitors, and people who lived at Eachstep, and spoke with staff. From our conversations with the management team it was clear they knew the needs of the people who lived at Eachstep and the atmosphere was relaxed and positive. We observed the interaction of staff and saw they worked as a team. For example we saw staff communicated well with each other and organised their time to meet people's needs.

All the staff we spoke with were complimentary of the management team. They told us they felt listened to and managers were approachable. We were told; "Team work here is excellent, we communicate with each other constantly.", "The managers are honest and supportive.", "We have staff meetings, we're kept up to date" and "I'm confident in the managers here. They work with us so we're all a team." We asked relatives their opinion of the management at the home. Comments included; "I find the manager very nice – the door is open and if you need to see her you can just go and knock.", "Management? Really, really good." and "The managers are brilliant."

We saw there were a variety of quality assurance systems in place. We saw incidents and accidents were recorded electronically, the system then alerted the manager, the deputy manager and the regional manager that the incident had occurred. We were told by the manager they would then complete a proportionate investigation and the outcome of this would be recorded on the electronic system. We looked at a sample of incident reports and saw that actions and outcomes were recorded. The manager was also able to describe the actions taken to minimise the risk of reoccurrence. This meant there were systems in place to seek improvements in the care delivered to people who lived at Eachstep Blackley.

We viewed a sample of medication audits and saw these were completed on a weekly basis. The deputy manager

told us that if improvements were required these were discussed with staff and actioned. Two members of staff who were responsible for the administration of medication confirmed this took place. This showed us there was a system in place to check medication errors were identified and improvements made.

We also saw people's weight was monitored in order to identify if referrals were needed to other health professionals. We saw evidence this took place and the staff we spoke with confirmed the deputy manager discussed any concerns with them. This showed us there were systems in place to identify if referrals were required and direction was provided to staff to ensure these were carried out.

We were told the home completed a monthly clinical governance report that was provided to the clinical governance manager of the service. We were provided with a copy of this and saw it contained information such as number of hospital admissions and the number of people with pressure ulcers. The deputy manager told us the report provided an overview of particular events and if a trend was noted, this would be identified and questioned by the clinical governance manager if appropriate. We asked how people were supported to give feedback to the home regarding the quality of care they received. We were told that in addition to the residents' and relatives' meetings and one to one meetings with the manager as requested, a qualitative survey was being developed. The registered manager told us they had approached John Moore's University Liverpool who had agreed to complete a qualitative evaluation with the relatives of people who lived at Eachstep Blackley. We contacted the university who told us this process had started and consisted of a questionnaire and an interview with relatives. We were told the evaluation was still on-going but on completion the data from this would be passed to the home who had agreed to share the findings with the relatives and people who lived at Eachstep Blackley. This meant the home was actively seeking innovative ways to gain feedback from relatives and monitor their satisfaction.

Eachstep Blackley sought to work in partnership with other organisations. The manager told us the home had engaged with Manchester Camerata to provide music therapy to people who lived at Eachstep Blackley and they were also planning to work with a local university to support research into dementia. We also saw documentation that



Is the service well-led?

showed us that Eachstep Blackley joined the Research Ready Care Home Network (part of the DeNDRoN Enabling Research in Care Homes (ENRICH) initiative.) We discussed this with the manager who told us this network supported staff, relatives, people who lived at the home and researchers to facilitate the delivery of research. The manager said the aim of the project was to improve the quality of life, treatments and care of people with dementia. In addition to this we were told the home supported Speech and Language Therapist students by enabling them to visit Eachstep Blackley to complete part of their training under the supervision of a senior Speech and Language Therapist. This meant Eachstep Blackley was engaging with local groups, universities and networks to seek innovation and drive improvement.

We spoke with two visiting health professionals who both spoke positively about the home. We were told; “They’re very open and transparent. I’ve no concerns at all.” and “I have been involved with the home since it opened. They are very open here and are happy to engage with other health professionals.”

The registered manager told us they nominated staff for external care awards if they excelled in their role as this recognised staff progress and the way they carried out their role. We saw plaques displayed in the reception of the home that showed us this took place. The registered manager told us; “The way the staff work has to be recognised, we value everyone who works here and this is one way we show it. We work as a team and each individual has a really important part to play in making that team what it is.” This demonstrated that the home encouraged team work and acknowledged individual staff’s contributions.

The management team at Eachstep Blackley had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities and had also reported outcomes to significant events.