

Improving Prospects Ltd

Manor Community 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 ●

Summary of findings

Overall summary

About the service: Manor Community Care Home is a residential care home that was providing personal care for up to 10 people with mental health needs. Some people may also have a Learning Disability, however their primary care need related to their mental health

People's experience of using this service:

People received good care and support in a service that was well led. The registered manager and staff went to great lengths to ensure people received the support they needed. Staff understood people's individual needs and wishes very well and we heard about a number of examples of when staff had 'gone the extra mile'.

Staff worked with healthcare professionals to ensure people's health needs were met. We spoke with two visiting nurses who gave positive feedback about the home. Staff understood people's mental health needs well and felt confident about managing any episodes when people were experiencing particularly difficult symptoms. The registered manager understood the Mental Capacity Act 2005 and how it should be applied to people using the service to protect their rights.

People were involved in and had the opportunity to take part in a wide range of activities. There was an art group held at the home, which had encouraged one person to enrol in an art course at the local college. People were also able to attend shows at the local theatre. A Manor Community talent show was also held for people and staff to get together and celebrate each other's talents.

The home was well led, with a strong commitment and focus on empowering people and personalisation of their care. The organisation worked with other groups to explore these themes and look at how they could be implemented across the sector. There was an emphasis on co-production with people working alongside the provider to make decisions about how the service should be developed. Technology such as communication apps and online surveys were used to encourage and support this process.

Rating at last inspection: The service was last inspected in June 2016 and rated Outstanding.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: ongoing monitoring.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Manor Community Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one Inspector.

Service and service type:

Manor Community Care Home provides care and accommodation for up to 10 people with mental health needs and/or a learning disability.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to the inspection, we reviewed all information available to us, including the Provider Information Return (PIR). This is a form, completed by the provider to tell us about how the service is run and any plans they have to improve the service further. We also reviewed any notifications we had received. Notifications are information about specific events which the provider is required to tell us about by law.

During the inspection we spoke with the registered manager, the newly appointed deputy and two care staff. We also spoke with staff at the head office, including the directors and staff with lead responsibilities for training and equality. We spent time with seven people living at the home and two relatives. We reviewed three care plans as well as other documents relating to the running of the home such as medicine records and training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding adults. They told us they felt confident in identifying and reporting concerns and that they would be listened to.
- Staff told us they had no concerns about people's safety and wellbeing whilst living at the home.
- The provider had produced a guide for people using the service to explain what safeguarding meant and how the service kept people safe. The guide included information about what people should do if they were being harmed and who they should contact to report their concerns.
- Safety awareness workshops took place for people using the service. In July 2018 there was a workshop for people to help them understand hate crimes. We were told that feedback from people about this workshop was very positive. Comments included "loved the play about hate crime" and "really enjoyed all activities".
- The provider ensured that staff were able to report concerns efficiently and securely. A facility to submit whistleblowing concerns via the intranet was provided.
- Staff were provided with best practice guidance on supporting people to keep safe. Guidance had been regularly updated, for example to include information about ensuring the safety of children who visit the service.
- People were protected from financial abuse through a robust auditing process.

Assessing risk, safety monitoring and management

- There were risk assessments in place to guide staff in providing safe care and support. These included measures to manage the level of risk, such as the numbers of staff required to ensure the person's safety when outside the home.

Staffing and recruitment

- There were sufficient numbers of staff to ensure people were safe and their needs were met. The provider told us they had very little need to use agency staff.
- Staff skills and interests were matched against the people they supported so that people were always supported by staff they felt comfortable and secure with.
- Checks were carried out to ensure people were suitable to work in the care sector. This included a DBS (Disclosure and Barring Service) check. The DBS identifies people who are barred from working with vulnerable adults.

Using medicines safely

- People were supported to take their medicines as prescribed. There was information in people's support

plans about the medicines they were prescribed and the support they needed to ensure they took them.

- Medicines were stored safely in a locked cupboard, only accessible to people authorised to do so. Most medicines were delivered from the pharmacy in a Monitored Dosage System (MDS). This is a way of organising medicines in to the days and times they need to be taken.
- Checks were carried out to ensure stock levels of medicines were as they should be.
- Medicine administration was recorded on a Medicine Administration Record (MAR). We viewed a sample of these and saw they were completed accurately.

Preventing and controlling infection

- The home was clean and well maintained.
- Staff had all the equipment they needed to ensure the premises were kept clean.

Learning lessons when things go wrong

- Accidents and incidents were recorded so there was opportunity reflect and identify ways of preventing reoccurrence.
- For one person there had been a number of recent incidents relating to their mental health. The registered manager talked to us about what they were doing to support the person in response to these incidents.
- Staff were encouraged to learn from incidents through completing a Critical Reflective Inquiry (CRI). This supported staff in identifying ways that they could improve their practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were positive about the training and support they received. They told us they received one to one supervision regularly but felt very able to approach senior staff within the organisation for support at any time.
- Staff learning needs were assessed prior to them starting work. There was a 3-4 day induction for new staff. This included learning about the company values and topics such as equality. Staff were provided with additional support or an individualised learning plan as needed.
- There was online training in place to support staff in their ongoing training and development.
- All new staff undertook the Care Certificate. To achieve the certificate, staff need to show they can meet at the least the minimum standards required of staff working in the sector.
- Staff were supported to undertake further training and gain extra qualifications if they wished to.
- We were told about ways in which the provider was hoping to develop the training programme further, for example by providing training bespoke to each service within the organisation. This would enable staff to be trained in the specific needs of people using each service.
- The provider told us how they used a recognised HR tool to support staff to develop and achieve.

Supporting people to eat and drink enough to maintain a balanced diet

- People, were in the main happy with the food provided at the home. Only one person said they weren't completely happy with the food, and we shared this with the manager. This included breakfast, one cooked meal during the day and a lighter meal in the evenings. These were provided at a time that suited the individual.
- People were encouraged to eat healthily through monthly initiatives such as Junk-Free January, Fit-bit February and Mindful March.
- People were asked for their opinions on the food provided and individual preferences and cultural needs were catered for.
- Dietician advice was followed to ensure people were receiving nutrition according to their particular needs. One person was supported to gain weight for their health and has since maintained that weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- During our visit we spoke with two psychiatric nurses who were visiting people at the home. Both were positive about the service and support people received. They commented on the positive atmosphere in the

home and the good communication from staff.

- We also saw feedback from another professional, who wrote in an email to the registered manager, 'I have been looking after (x) for eight months. During this time I have been well assured that his care has been managed well by your team. In fact this high quality care has almost made me feel redundant'.
- People were supported in accordance with their needs to attend healthcare appointments.

Adapting service, design, decoration to meet people's needs

- Accommodation was suited to people living there. There were lounges for people to use if they wished to socialise, as well as people having their own private space.
- There was a kitchen that people could use to make drinks if they wished.
- There was a dedicated art room for people who enjoyed this activity.
- People were involved in choosing the colour and design of the decoration in the house.
- The provider followed the Danish concept of Hygee to make the home comfortable and to promote people's wellbeing.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The registered manager told us there were three people who had, or previously had a DoLS authorisation in place and kept in contact with the local authority to communicate about the need for the DoLS to be in place. For example, for one person their needs had changed to the extent that they were able to access the community independently. This was discussed with the local authority.
- From our conversations with the registered manager it was clear they understood the importance of finding the least restrictive ways to support people and keeping this under review.
- People had capacity to make decisions about their own care and treatment; The registered manager and staff understood the importance of consent and people making decisions about their own care and treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care and support that respected them as individuals.
- Feedback from people and their relatives was positive. One family member told us after taking their relative out for a meal "X is always ready to come home" and that they were "very happy" with the care at the home. Another person recalled an incident when they had been harmed whilst out in the community. They told us how well supported they had been after this incident.
- The registered manager gave several examples of when they had worked hard to support people in their daily lives, demonstrating an understanding of their needs and wishes. Staff supported people to maintain relationships with people that were important to them. For example, the registered manager told us how they had supported one person to visit their parent in another city, ensuring this could be managed around their medicine regime. This person was also able to visit a relative in another country. The registered manager told us how they had also discovered a gaming activity in a local shopping area, which they knew the person would enjoy. However, the cost would have prevented them from taking part, so on behalf of the person being supported they negotiated a lower price to enable them to have a go.
- Another person was supported to visit their spouse regularly during a stay in hospital. This helped the person maintain this important relationship at a particularly difficult time. This person also expressed an interest in dogs and so staff helped them set up regular donations to a relevant charity.
- One person had a particularly keen interest in art and so staff supported them to enrol in a course at the local college. They also had an interest in writing and so staff had supported them to travel quite some distance to meet a writing mentor to help them develop this interest. This person talked to us about their plans for college and their writing and was clearly proud of their achievements.
- It was evident throughout the day that positive relationships were formed between staff and the people they supported. Staff spoke with people in a respectful, positive manner. Staff demonstrated that they knew people as individuals. The registered manager for example told us about one person who had strong political views and a particular party they always voted for.
- There was a member of staff within the organisation with a lead responsibility for equality. They told us about the work they had done on encouraging equality and diversity within the work force and ensuring they had a fully inclusive staff team. This had involved forging links with the local community. The provider told us much of this work was forging the building blocks for positive changes in the future, however there had already been a positive impact. For example, we were shown a draft booklet designed as a guide to be more supportive and inclusive of people with learning disabilities who identified as LGBT. This included an explanation of the different words and terms that might be used when discussing sexuality. The provider told us that it was their intention to make this work available to other organisations, reflecting their commitment to improve the experiences of people not just in the home but in the wider care sector.

- People were encouraged and supported to be an active part of their community. For example, the home were involved in supporting homeless people in the area. They had made links with a local charity who would collect and distribute food prepared in the home. The registered manager told us how people were involved in this by helping prepare food. They told us how it had helped build their sense of achievement and pride at being part of the community.
- The caring nature of the organisation was also evident in how well the provider treated staff, with the perk box scheme, which provided monetary and voucher rewards in recognition of staff's hard work.

Supporting people to express their views and be involved in making decisions about their care

- People were empowered to express their views and be involved in decisions about their care and support. People confirmed they discussed their care with staff on a regular basis.
- There was a very strong commitment to co-production within the organisation. This is the process of working alongside people being supported to develop the service provided and was at the core of how the service was run. The provider told us for example how the organisational values had been co-produced with staff and people using the service. It was very evident that these values were embedded in to the care that was delivered and led to positive outcomes for people.
- Resident meetings were held at the home and one person in particular reflected on how they felt listened to at these meetings and that everyone had their chance to have a say. The registered manager told us how one person had requested a canoeing trip having seen this activity taking place on a trip out. The registered manager found a place locally where the person could go to experience canoeing and this was in the process of being planned.
- Staff worked hard to help people understand decisions they needed to make about their own care and treatment. The provider told us that one person had refused to treat a painful and dangerous condition on their feet. Staff laminated information for the person and explained the consequences of not taking the appropriate medication. With permission, staff even photographed the person's feet so they could see more clearly what was wrong. This resulted in the person agreeing to take their medication. The registered manager told us this person is now very proactive at treating the issue and taking more responsibility for their health.
- The registered manager told us about an individual who had expressed the wish to be baptised. Staff spent time with the person helping them to fully understand the decision and explaining what the process would be. Staff helped the person discuss their plans with the pastor and invite people that the person had chosen to be there. Staff supported the person on the day of the service, providing emotional support on what was an important day for them. The registered person told us that on the day the person commented they were "so happy and crying happy tears".
- The provider was investing in new technology to ensure that people were fully involved and in control of their care plans. The new system would give people access at all times and allow them to request changes to be made as they wished.

Respecting and promoting people's privacy, dignity and independence

- People's independence was truly valued and promoted. Wherever possible people were encouraged and supported to move in to more independent living. There were no limitations on what staff encouraged people to achieve.
- One person in particular at the time of the inspection was being encouraged to work towards a more independent placement. A coproduced 'step down' plan was devised with them and support given with budgeting and cleaning. The registered manager also told us how they encouraged cooking skills with people in the home and many were now at the stage of being able to prepare meals with minimal support from staff. This was an important step in supporting them to greater independence.
- The registered manager told us about two people who had previously lived in the home who had

developed a relationship and eventually married. The registered manager and staff had been successful in supporting these people to gain confidence and skills and to achieve greater independence. The registered manager had even accompanied the bride down the aisle at their wedding, demonstrating the strength of people's relationships with the staff that supported them. Staff had given support to arrange the wedding and people living at the home were supported to attend.

- For another person, staff had supported them to look for employment and had they had been successful in gaining a position as an 'expert by experience' with the Care Quality Commission. Staff told us how they regularly followed this up to look for opportunities to carry out this role.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received highly personalised care that met their individual needs and preferences. The manager gave us several examples of when people had been supported to take part in activities they enjoyed. Shortly after our visit, two people were due to go on a cruise with the support of staff. This represented a lot of hard work on the part of the registered manager and staff to ensure this took place successfully.
- An art group took place at the home, which two people in particular attended and enjoyed
- People from the home were regularly supported to go and see shows at the local theatre.
- The provider had held an event called 'Manor Community's got Talent', where people and staff were able to come together and share their talents. We saw pictures of this and it was clear it was an event that had been enjoyed very much by people and staff.
- The home had introduced an interactive device into the home. People were able to ask the device to tell them jokes and for particular songs. A survey was then conducted to see how people found this. As a result of the survey, the technology was updated.
- Staff supported people to celebrate special events such as Valentines Day and Mothers/Fathers Days.
- People had been able to take part in a specialised session with projectors and lights. People had also been supported to attend a party in the park, close to the home.
- The registered manager carried out 'knitting' sessions with people in the home and this led to one person mentioning they wanted to visit concorde. This was arranged for the person and it was a day they thoroughly enjoyed.
- The registered manager and staff were confident about meeting people's needs and clearly knew them well. One person had specific mental health needs and staff talked confidently about how they supported this person and what they did when the person expressed thoughts about harming themselves.
- The provider told us about two specific examples of people for whom they had supported with their psychological needs and enabled them to feel safe enough to move in to their own accommodation.
- People had clear and person centred care plans in place with clear goals they were working towards.
- The home received visits from a 'pets for therapy', which the registered manager told us people very much enjoyed. In addition to this they had found a person locally through an animal website who needed support with taking their dog out for walks. People were involved in this and the dog also came to the home for visits.

Improving care quality in response to complaints or concerns

- There had been no formal complaints in the last 12 months relating to the care people received.

- The registered manager told us they addressed people's concerns and issues straight away before they became formal complaints.
- There was a complaints policy and procedure in place for people to refer to should they need to use it. This had been reviewed recently and information given to people to remind them on how to make a complaint.
- The provider told us how they installed CCTV at the home in response to concerns about people's personal safety. We were told how this had helped people feel more secure.

End of life care and support

- Nobody at the time of the inspection was receiving end of life care. However, it was clear that people's end of life wishes were taken in to consideration in the care they received. For example, an external professional had been invited to meet with people to support them in creating wills. Future wishes forms were used to give an opportunity to clearly record people's wishes.
- We heard about one person who staff had supported at the end of their life, by ensuring the person was able to meet with people that were important to them. Staff also needed to act in this person's best interests to ensure they were buried in line with their previously expressed wishes. A collection was undertaken to support a charity the person had wanted to help.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a strong person-centred culture running through the service. This was clear within the provider's own values, of Mentoring, Accountability, Nurturing, Organic development, Respect and Co Production. These values were reflected in all aspects of the service from recruitment of staff to how care was planned and delivered.
- The provider told us that although recruitment was difficult, they had moved in the last 12-18 months towards a 'values based' recruitment process. This new way of recruiting staff focused on finding people who shared the values of the organisation, rather than focusing on people's previous experience. The provider told us that this had had a positive impact on retaining staff within the organisation.
- The value 'nurturing' was evident in how people were supported towards greater independence. Independence was actively encouraged and achieved through supporting people's daily life skills. It was also reflected in how people were supported to develop their own interests, such as one person who had been supported to meet a writing mentor to develop their writing.
- The provider had created and made available, on their website, a library of accessible information guides. This included information about safeguarding, internet safety, co-production, understanding human rights and the mental capacity act.
- People using the service had been encouraged to use their right to vote and were supported to register to vote if they wished. The provider had carried out a workshop for people to attend to help them understand how to vote. One person in particular we spoke with had strong political views and so for them it was very important to receive support in casting their vote.
- The Director of the organisation had led a webinar to raise awareness and encourage participation in the consultation on changes to the mental capacity act. We saw positive feedback about this from one of the participants. The webinar was open to all professionals, people using the service and stakeholders and included advice on how to submit feedback for the consultation. This demonstrated a strong commitment to empowering people and encouraging them to be active in shaping developments in the care sector.
- The Director told us how they had attended a 'round table' event led by Skills for Care looking at equalities within the work force. They shared their reflections and learning from this event in a blog available on their website.
- We were told about the ways in which technology had been used to encourage engagement amongst staff and people using the service. An app called 'teams' was used to communicate important information. We were told for example, how this had been used successfully to encourage people to engage in deciding on

the decoration for their home. The provider told us how this had increased engagement in decision making and would continue to use this in future for decisions about the service and how it is run.

- A regular newsletter was produced to keep people informed about what was going on and any important developments within the service.
- Staff were valued and supported to develop in their roles. This created a staff team who were motivated to deliver outstanding care and support. Staff told us "(the registered manager) pushes me to achieve" and "one of the best houses I've worked in".
- Staff had access to the provider's intranet pages, where they could view all policies and procedures as well as find links to other useful resources. Staff were also able to access a confidential support line at any time.
- The registered manager told us how people were invited to have their say when a member of staff completed a trial shift at the service. People were able to feedback on how well they felt the staff member would be suited to the home. People are asked whether they felt safe with the person, if they like the way the person worked with them, and whether they are happy for the applicant to continue working with them. Their answers helped to inform whether the person was appointed.
- As part of their quality assurance processes, the provider gathered feedback from the people they supported. As part of the last survey, people were asked if they were treated with dignity and respect. 100% of people answered yes. One person said 'staff will always help me and listen to me'.
- The provider told us how they were planning on running training sessions for family and friends, every other month. This had resulted from a session earlier in the year when staff had carried out a workshop on mental health.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff had clear roles and responsibilities. The management structure had been reviewed and adapted to meet the demands of the growing organisation. For example, a deputy manager had recently been recruited to the home and the current registered manager was to take on an area management role.
- Regular audits and checks took place to ensure the service was performing as it should. This included finances, health and safety, infection control and medication stock checks. The operations director carried out quality assurance visits to the service at least twice a year.
- Staff at various levels of the organisation had responsibilities in relation to quality and safety monitoring. This helped ensure any problems or concerns were identified promptly and acted upon. For example, a support worker had responsibility for financial audits and these were checked by a senior.
- Staff were also asked to monitor health and safety issues and these were discussed at staff meetings. This meant governance was the responsibility of all.
- The provider had Key Performance Indicators (KPIs) as a measure to demonstrate how well the service was performing and these were monitored on a monthly basis.
- One of the company values was 'accountability', which included adhering to all relevant legislation and guidance. This was evident in the creation of an equalities lead within the staff team, making sure the company worked within the framework equality legislation.
- Confidential information had been kept securely and in accordance with legal requirements.

Working in partnership with others; Continuous learning and improving care

- The provider worked with other organisations to promote and deliver best practice within the care sector. In particular, the provider had worked with the TLAP (Think Local Act Personal) partnership. They had trialled an initiative called 'making it real'. This is a project aimed at supporting organisation to increase personalisation of the care they deliver. The provider was using surveys to measure the impact of this

project on the quality of support they were delivering. This showed how they were putting their company vision in to practice and using to drive continual improvement; 'Our vision is to see Outstanding person-centred practice throughout Adult Social Care.'

- The provider had contributed to national guidance on race equality good practice, and had given a presentation to other services on improving business and care delivery.
- The provider had recently won an award from 'Skills for Care', for 'Best Employer'. They were also finalists for an award in relation to recruitment.
- The provider has used information from people, local and national guidance to inform their business plans and workforce strategy.
- The director of the company was committed to furthering their knowledge and learning and was in the process of undertaking a PhD in human rights law. This was further evidence to support the commitment within the organisation to equality and empowerment.
- The provider was actively involved in improving standards in the wider care sector. We saw how the provider was promoting the care sector through their community links. The managing director told us how they were a governor of a local college and promoted career opportunities in the care sector for students. The provider was also involved in a 'Skills for Care' mentoring scheme, providing support to other registered managers.
- The registered manager told us that lessons learnt was a standing item on the monthly senior manager's meeting. This helped ensure good practice was shared across the organisation.
- The registered manager gave us an example of an incident that had occurred in the home. A person using the service had been finding it hard to manage their emotions, resulting in behaviour that was difficult to manage. This had included throwing and breaking items in the home. Staff discussed the incident in depth with the person to help them understand the consequences and better ways of managing their emotions. No further incidents of this nature had occurred.