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# Wessex Lodge Retirement 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

This unannounced comprehensive inspection took place on 4, 5 and 11 January 2017. At the last inspection completed in February 2014 we found the provider had met the regulations we reviewed.

Wessex Lodge Retirement Home provides accommodation, care and support for up to 29 older people. At the time of the inspection there were 23 people living at the home. Wessex Lodge Retirement Home had a registered manager. 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.

People told us they felt safe and enjoyed living at the home. They said staff were friendly, kind and caring. Staff knew how to prevent, identify and report abuse and the provider had a system in place to protect people from the risk of harm.

People's needs were assessed including areas of risk, and reviewed to ensure people's safety. Support was offered in accordance with people's wishes and their privacy was protected. Staff knew people well, understood their physical and personal care needs and treated them with dignity and respect. Wherever possible people and their relatives were involved in assessing and planning the care and support they received.

People received their prescribed medicine when they needed it and appropriate arrangements were in place for the storage and disposal of medicines.

People were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures ensured staff were recruited safely. Staff were knowledgeable about their role and spoke positively regarding the induction, training and support they received.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty.

There was a system in place for people to raise concerns and complaints. People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries.

People told us they felt the service was well led, with an open, friendly and supportive management structure in place.

There were systems in place to monitor and improve the quality of the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. People were protected from harm or abuse because staff had been trained in safeguarding and knew how to recognise and respond to abuse correctly.

Recruitment procedures were effective and ensured people were supported by staff who were suitable to work with adults.

Medicines were managed safely, stored securely and records completed accurately.

### Is the service effective?

Good ●

The service was effective. Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify training needs. Staff felt well supported by their management team.

People's consent was sought and where people lacked capacity to make a decision staff followed the principles of the Mental Capacity Act 2005.

People accessed the services of healthcare professionals as appropriate.

### Is the service caring?

Good ●

The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff had developed good relationships with people and there was a happy, calm, relaxed atmosphere.

People and relatives told us that staff were kind, caring and compassionate.

### Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care was planned and delivered to meet their needs.

People's care plans and records were kept up to date and reflected people's preferences and histories.

People knew how to raise a concern and felt confident that these would be addressed promptly.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff felt well supported by the management team, felt comfortable to raise concerns if needed and were confident they would be listened to.

Observations and feedback from people and staff showed us the service had a supportive, open culture.

The provider had a system of audits and processes in place to monitor the quality of the service provided.

# Wessex Lodge Retirement 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 comprehensive inspection took place on 4, 5 and 11 January 2017 and was unannounced. For both days of the inspection there was one CQC inspector completing the inspection.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We contacted healthcare professionals and asked them for their views on the service. We also asked the local authority who commissions the service for their views on the care and service given by the home. We reviewed the Provider Information Return (PIR), which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the three day inspection we met most of the people living at Wessex Lodge and spoke with the majority of them. We also spoke with the owner, the manager, the deputy manager, four members of care staff, and following the inspection one relative on the telephone. Because some people living in the home were living with dementia and were not able to tell us about their experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We observed how people were supported; reviewed specific care records for people and looked at four people's care, treatment and support records in depth. We reviewed all of the medication administration records and medicine systems. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, premises' maintenance records and a

selection of the provider's policies.

# Is the service safe?

## Our findings

We asked people if they felt safe living at Wessex Lodge, people replied, "Oh yes" and "Yes, of course". Staff were able to tell us what actions constituted abuse and could identify some different types of abuse such as financial, physical and verbal. Staff spoke knowledgeably about reporting possible signs of abuse and told us, "I would have no hesitation; I'd go straight to the manager". The provider had clear information on display for staff to follow in regard to safeguarding adults with the contact details for the relevant local authorities.

Risks to people and the service were managed so that people were protected and their wishes supported and respected. People had their health needs assessed for areas of risk such as falls, moving and handling, nutrition, safe swallow and pressure area care. We conducted a tour of the premises and saw a number of radiators were left uncovered; some of these had furniture placed against them to prevent people from accidentally resting directly against them. One of the radiators was hot to the touch and could cause a scalding risk if people were to fall against it. We discussed this with the manager who showed us risk assessments that had been completed for each radiator that was uncovered. However, one radiator was a particular high risk as some of the surface area was exposed and very hot. The manager arranged for a cover to be bought immediately and this was put in place before the end of the inspection, which helped ensure the health and safety of the people living at Wessex Lodge. Following the inspection the manager confirmed in writing that the remaining 'at risk' radiators would be covered by the end of January 2017.

During our tour of the premises we saw the carpet on the first floor had become stretched and rucked in places. This could pose a trip hazard to people and was a risk to their health and safety. We raised this concern with the manager who showed us a maintenance plan that had been drawn up during the previous month. The plan showed the carpet was due to be replaced with laminate flooring during January /February 2017. Following the inspection the manager provided written confirmation that quotes had been obtained and the flooring would be replaced as soon as possible.

There was a system in place to monitor and review any accidents or incidents that took place. Although incident records were completed in detail and included information about what had caused the incident, when it had happened and were summarised and reviewed on a monthly basis, the system did not show what action had been taken or if any learning for staff had been achieved. The manager confirmed they would amend their system to ensure staff were involved in discussions to enable good practice to be shared and lessons learned. Completed actions would be recorded to ensure any trends could be identified and preventative action could be taken for people. People had been assessed and plans made for emergency evacuation from the building, these records were detailed and up to date.

There were enough staff employed to meet people's needs. The manager showed us the staff rotas for the preceding two week period which correctly reflected the levels of staff on duty during our inspection visit. People and staff told us they felt there were enough staff on each shift to manage the needs of people and told us the management team were always available for help and advice if needed.

Staff told us they had felt well supported throughout their induction period and had got to know the people living at the home before they were left to care for them independently. Recruitment practices were safe and relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at Wessex Lodge Retirement Home.

The provider had a system in place to ensure the premises were maintained safely. We saw up to date certificates and records that showed regular checks were completed for fire safety equipment and fire panels, electrical testing, lifts and stair lifts, gas safety and hoisting equipment. The manager showed us records and current 'pass' certificates that confirmed a full water system check including legionella testing had recently been completed. Legionella is a water borne bacteria that can be harmful to people's health.

Medicines were stored correctly and managed effectively. The stock of medicines recorded in the medicine stock book accurately reflected the stock of medicines held at the home. There was a system in place for recording the daily temperature of the medicine fridge. Staff were knowledgeable about actions to take should the fridge go outside of the safe temperature range. If a medicine fridge goes above or below a specified temperature there is a risk that the medicines kept in it could become ineffective, however these temperatures were not noted on the daily temperature sheet. We discussed this with the manager who said they would ensure the minimum and maximum temperatures would be recorded on the sheets.

People had their allergies noted and guidance on the use of 'PRN' as required medicines was recorded. The provider had a system in place to recognise when people needed regular pain medicine.

Records showed all staff who had responsibility for administering medication had received medication training and were scheduled for refresher medicine training when required. All staff had had their competencies checked recently to ensure they were effective in administering medicines. There was a system in place that recorded staff signatures, this enabled staff to easily identify staff signatures to show which staff had administered medicines. The provider used a unit dosage system with medicines being supplied by the pharmacist. Staff told us they found this system safe and easy to use.

Medicine Administration Records (MAR) were correctly completed, with no gaps in recording. There was a photograph at the front of each person's records to assist staff in correctly identifying people. An independent pharmacy completed medicine audits at the home three times a year with any actions required being undertaken by the provider.

The provider used a system of body maps to ensure people's prescribed creams would be applied correctly. The body map guided staff on where to apply the prescribed creams.

Throughout our inspection we saw the premises were well maintained, clean and free from odours. Each year during their annual appraisal, staff had an infection control assessment completed on them to ensure they were working within the required guidelines for infection control procedures.



# Is the service effective?

## Our findings

There was a programme of training in place and staff told us they found the training useful and effective. The manager and four senior staff had recently been enrolled by the provider to undertake the level five National Vocational Qualification in Health and Social Care. Staff said, "It's a really good opportunity". Another member of staff told us, "I really enjoy it here, I find it rewarding". People gave positive comments about the staff and their training, one person said, "They know how to do their job".

Staff told us they received regular independent training which they felt was useful and provided them with the relevant skills for them to do their job. Records showed staff received training in the core subjects such as; safeguarding adults, emergency first aid, basic food hygiene, moving and handling and dementia. Staff told us they were also supported to complete areas of training that they were specifically interested in such as, The Mental Capacity Act 2005, challenging behaviour and record keeping. Some staff were also being supported by the provider to complete training in English and Maths which helped them feel more confident to carry out their roles.

Records showed staff received annual appraisals and regular supervision meetings. The manager told us, as a small team they spoke to staff on a daily basis and any concerns or queries were dealt with each day. Staff confirmed they felt comfortable to approach any member of staff or the management team for advice and guidance if they needed it. Staff said they felt listened to and were happy to put forward any ideas or suggestions they had to the management team. A member of staff said, "We all talk as a team the whole time, everyone knows what's going on, it's really good".

The majority of the staff team who worked at Wessex Lodge had been employed at the home for many years. This meant people were given continuity of care by staff who knew them and their health needs well. Staff had a good knowledge of how people liked to be cared for and showed a good understanding of how people living with dementia needed supporting.

The Mental Capacity Act 2005 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 be as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Generally where people lacked mental capacity to make a specific decision, staff followed the principles of The Mental Capacity Act 2005.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had made appropriate applications to the local authority where they felt people may be deprived of their liberty. One person had a condition placed on their DoLS which stated they must have a newspaper each day, we checked and saw that a newspaper was available for this person each day.

People's dietary needs were assessed, with people having their food prepared for them in a manner which was safe for them to eat. For example, ensuring food was cut into bite sized pieces to make it easier for people to eat independently. Snacks, biscuits, chocolate, cakes and fruit were available during the day and staff encouraged people to drink regularly to reduce the risk of dehydration.

There was a small core of experienced staff who took it in turns to cook the main meal for people at dinner time. They demonstrated a good understanding of people's individual dietary needs, their likes and dislikes and spent time checking what people would like to eat if they didn't like what was on the menu for that day. One member of staff told us about a person's particular preference for not having any sides of their toast touching each other. They said, "We all make sure it's done right for them, as they like it". People told us they liked the food. One person told us, "The food is very nice, not bad at all, all nicely cooked; my favourite is the fish and chips".

The kitchen had been assessed by the local environmental authority and had been awarded a 5 star rating. The manager told us the kitchen equipment and fittings were well maintained and food was a mixture of fresh and frozen produce and bought in from a selection of local and national companies.

We observed a lunchtime meal. People who were able to eat their meals independently enjoyed their meals sat in the dining room with others. Other people preferred to sit in the lounge and others preferred to eat in their bedrooms. People's choices of where they wanted to eat their meals were respected. People were offered a choice of fruit juices and/or a hot drink. Those people who needed assistance were supported by staff at their own pace and in a kind and sensitive manner. Staff encouraged people to eat their meals, supporting them to eat as independently as possible. Staff spoke knowledgeably about people, what food they enjoyed and how they ensured they were assisted safely to eat in order to maintain their safety and dignity. During our lunchtime observations we saw baked beans were on the menu. One person's care plan had stated they didn't like baked beans, unprompted the member of staff who was cooking the lunch asked the person what they would like instead of baked beans and got them their preferred choice. We observed staff worked well as a team during the lunchtime period, indicating to each other when a person needed particular support.

There were systems in place to monitor people's on-going health needs. Records showed referrals were made to health professionals including, district nurses, opticians, occupational therapists, chiropodists and GP's. The local GP practice conducted monthly visits to the home, this was usually the same GP which allowed people to get to know them and feel comfortable talking to them in their own surroundings. Records showed if people had deteriorating health needs their GP and health professionals were contacted quickly and guidance and advice acted on.

The premises were decorated to give a homely, friendly, family atmosphere. Relatives told us their family member felt comfortable and happy living at Wessex Lodge Retirement Home. One person told us, "I'm really spoilt; all of my visitors say how happy it is here...I'm very happy here".

## Is the service caring?

### Our findings

We asked people how they found the staff at Wessex Lodge Retirement Home, one person answered, "Staff are very friendly, very kind and helpful, they come in for a chat when they are not too busy". Another person said, "I get on with all of them very well, they are about all the time if I need them".

Staff interacted with people in a friendly and kind way. Staff made sure people were positioned so they were comfortable, had their choice of hot or cold drinks and snacks within reach. Staff were attentive to people's needs and were able to spend time with people checking they were comfortable and had everything they needed. Staff knew people well and spent time talking to them about subjects that meant a lot to them such as their previous hobbies and family members. One person told us, "I'm getting on very well here, I'm doing all sorts... the staff are lovely, they come and do my nails for me, it's very good".

People were able to choose how to spend their day. One person said, "I like to be on my own, when I see other people I feel uptight, but staff are good, they help me with what I need".

People told us they chose what clothes they wanted to wear and staff supported them by assisting them to dress themselves. When asked if staff respected people's privacy everyone stated they did.

Staff told us they felt confident people received good individual care. They gave examples of kind, compassionate care and how people were treated as individuals with care and support tailored to people's specific needs and preferences.

We observed good interactions between staff and people during our inspection visit. Staff supported people patiently and kindly and did not appear rushed. It was clear staff knew the people well and spoke fondly of them. Staff were able to describe what people enjoyed, how they preferred their care to be given and what made them happy and content. People were treated with consideration and respect by staff. We observed staff made sure people had their dignity respected when they were being assisted to move around the home. We asked people if staff respected their privacy and dignity, everyone replied they did.

People were provided with large print books from the library and any requested books people wanted from the library were organised for them.

People's care records were kept secure in a lockable cabinet and no personal information was on display. Records showed people and their relatives were involved in decisions about their care. Care plans were reviewed each month and where possible had been signed by the person living in the home or their relative, this showed they had been involved in the process.

## Is the service responsive?

### Our findings

People told us they didn't normally have to wait for long periods if they needed assistance or support. We asked people if they were able to use their call bell alarm. Those that were able to, told us they used their alarms when they needed to. One person told us, "My alarm is there when I need it, although I don't need to use it often...I used it once when someone else needed help, the staff came in very quickly". Another person told us, "The staff are ever so good; if you want anything at all they get it for me". Where people did not have the capacity to use their call bells, records showed staff checked on them regularly through the night and day to ensure they were safe and comfortable.

People had their needs assessed before they moved into Wessex Lodge Retirement Home. This ensured the home was able to meet the needs of people they were planning to admit to the home. Assessments covered areas including; manual handling, mobility, weight, skin integrity and nutrition. The assessments showed, wherever possible people's relatives had been included and involved where appropriate and were signed by all parties present to show their understanding of the processes.

This information was then used to complete a care plan which gave staff information and guidance on how to deliver people's care. The provider used recognised risk assessments tools to assess the risk to mobility, nutrition and hydration and skin integrity. Care plans were completed in a person centred way and provided staff with information regarding the person's personal history, choices and preferences.

People had written summaries of their lives completed on them, called 'These are a few of my favourite things'. This document gave staff detailed information on people regarding, previous hobbies, interests and past times as well as more up to date preferences. This enabled staff to talk knowledgeably with people about topics that interested them and would provide good memories for people to improve their feeling of wellbeing. Staff told us they were in the process of reviewing people's 'Favourite things' document, to ensure they remained accurate and included up to date information for people.

Care plans were person centred and promoted people's independence. Examples of written guidance included, '[person] is still fond of her toast and porridge for her breakfast and usually eats it all' and 'Staff to complete manicures and one to one chats to provide stimulation'. Another care plan stated '[person] has several nightdresses to choose from, staff to ask which one they would like to wear', and 'likes porridge with a spoonful of jam...likes jam or pate sandwiches or egg on toast, has their main meal cut up in a bowl so they can feed themselves'. Care plans were reviewed on a monthly basis or more frequently if people's care needs changed.

Basic daily records and notes were completed and signed by care staff but these were lacking in detail. For example, records stated the person had received 'all personal care' but they did not detail if they had received their bath or shower, had their teeth cleaned or had their hair washed etc. We raised this with the manager who said they would discuss the issues with their staff.

We recommend daily notes are fully completed for people, details to include key area of personal care such

as, showers, baths, hair washes, teeth cleaning and their emotional wellbeing etc.

Where care plans stated people needed specialist equipment such as pressure mattresses and pressure cushions, we saw these were in place and set at the correct pressure setting. Where people required mobility aids these were left positioned so people could reach them easily. Where people required hoisting to transfer them from their bed into their chair there were clear instructions in their care plan for staff on how to safely hoist people and how to use people's slings correctly.

People's weight was recorded on a regular basis, depending on their health needs and records showed they were referred to health professionals such as the GP or occupational health when required. Staff spoke knowledgeably about people's health assessments and knew how to ensure people who needed assistance to eat and drink received the correct support. There were body maps in place to record any bruising or injuries sustained by a person.

People who were at risk of malnutrition or dehydration had their amounts of food and fluid recorded each day. There was a target amount on their records to show staff what the safe level of food and fluid would be for them. This enabled staff to check people were getting adequate nutrition and fluid and allowed them to refer to a health professional if people were at risk of becoming dehydrated or malnourished.

People that were being cared for in bed had clear re-positioning records completed on them. These showed people were re-positioned at regular intervals, either two or four hourly as recorded in their care plan. This meant risks to their skin integrity were minimised and people were kept as comfortable as possible.

Some people living in the home had diabetes which was managed by careful attention to their diet. We saw there was a clear guidance sheet for staff in the provider's policy folder on how to manage people who had diabetes, what triggers to look for and what to do if they suffered a hypo or hyperglycaemic incident. The manager confirmed they would consult with the visiting GP and ensure the information was accurate and up to date, it would then be placed into the care plans of people who had diabetes; this would ensure staff had clear guidance easily accessible to them.

Throughout our visit, we saw people actively engaging with all the staff. Staff played bingo and scrabble with people and chatted about things that were important with them. Staff spent time with people, painting their nails and playing chess with them. Examples of activities available for people included, pizza and cake making, theme days, cocktail parties and high teas. Two members of staff attend activity co-ordinators meetings to share good practice and ideas. The manager told us people had enjoyed the annual visit the home received from Bovington Army camp. This gave people the opportunity to dress in world war two clothes and clothes from the 50's and 60's, which they had enjoyed. There was music playing in the background to communal areas and people could watch television in their bedrooms or in the main lounge if they wished. People's relatives were made welcome at any time, we spoke with one relative who said, "Staff always welcome me, I've no complaints at all".

Although people told us they knew how to make a complaint, there was not any complaint information available in the communal areas of the home. The manager said they would ensure an up to date complaint procedure would be displayed in the hall and dining room as soon as possible. People told us they would feel comfortable raising a complaint if they needed to and felt they would be listened to. The manager told us the service had not received any complaints since the last inspection. We checked the providers complaints procedure which gave the required information regarding who people could complaint to and what action would be taken, the complaint procedure had been reviewed during 2016.

The provider had received a variety of compliments, which included comments such as, 'Thank you for all the care you have given to Mum' and 'Thank you for all the kindness and the care that you give me, you're all wonderful'.

## Is the service well-led?

### Our findings

People told us they had confidence in the homes management team. One person said of the manager, "She's lovely, the right person for the right job". Staff said they felt well supported by the manager and said they all worked very closely together. Staff said, "We're a really good team, being a fairly small team works really well, we all know each other and help each other when needed". Relatives told us they felt the home was well managed and told us they felt involved in the care of their relative. They said, "I always get a call to let me know if anything happens, so I know what's going on".

There was a stable, experienced management team in place that had been employed at the service for over 25 years. Staff said there were clear lines of responsibility within the management team with a manager, deputy manager and senior care staff all available for support and guidance.

Staff described the culture of the home as, "Friendly, family orientated and homely". Staff told us they would raise issues with the manager if they had any concerns or worries and felt they would be listened to. Formal staff meetings were not held, however the manager and staff told us that communication within the staff team was good. One member of staff said, "We all talk to each other all the time, I always know what is happening, we have a diary for day to day and if anything important happens we are told straight away". The manager told us they were starting a new system of Senior Team Leader meetings. These would be protected time for the four senior staff to meet as a team and discuss issues and ideas as they arose.

People's views were sought on an annual basis through the completion of quality assurance satisfaction questionnaires. We reviewed the fourteen returned questionnaires that were completed during November 2016. The questionnaires had been sent to all relatives, friends and people living at Wessex Lodge Retirement Home. The questionnaires covered; information and communication, health and personal care, daily life and social activities, complaints, environment, staffing and management. The questionnaires had been completed in a positive manner and included the following comments; 'Happy with what you got in this care home', 'Everyone sits and chats, it's very pleasant', 'Wessex Lodge provides a very high standard of care and staff are kind and caring', 'Seems to run like a very well oiled car' and 'I was happy straight away and wanted to move in'. The manager told us they had reviewed the completed questionnaire but as they were all positive comments there was no further action required. If negative comments had been received they told us they would have discussed the issues with the person and the staff and implemented a course of action to address them.

Senior staff had completed a Newsletter for all staff that gave prompts and encouragement for staff on how to undertake specific duties. It was also an effective method to thank staff for efforts. Extracts from the December newsletter included, 'Thanks for all your hard work over Christmas...making effort with dressing up and having fun' and 'The residents were very happy and grateful for their Secret Santa presents from you all so thanks for the effort you put into them'.

The manager kept themselves and their staff up to date with current legislation and good practice through attendance at a variety of workshops and monthly events. The manager was the chair of an independent

learning hub and arranged for senior care staff to accompany them to the learning hub meetings to share good practice and network with other providers.

The manager told us they would be nominating a member of staff to take over their role as dementia lead in the home. Some staff had designated leads as infection prevention and control and medication lead.

Some audits were completed on a regular basis, such as, care plans, room and environment checks and incident and accidents. The manager told us they would be changing the process for their audits and supporting the senior team leaders to take an active role in the completion and analysis of audits, such as medicines, infection control and falls.

The manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) as required by law, regarding significant events such as; serious injuries and deaths.