Barchester Healthcare Homes Limited

Badgeworth Court Care Centre

Inspection report

Badgeworth
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Date of inspection visit:
05 February 2016
08 February 2016

Date of publication:
10 March 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 inspection took place on 5 and 8 February 2016 and was unannounced. Badgeworth Court Care Centre provides accommodation for 65 people who require nursing and personal care. 58 people were living in the home at the time of our inspection. This service was last inspected in January 2014.

Badgeworth Court Care Centre is set over two floors. The home has three units which support people with different needs. Each unit has a lounge and dining room with an adjacent kitchen. People have access to a secure garden, coffee area as well as a hair salon.

A registered manager was in place as required by their conditions of registration. 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. The registered manager had been in post since August 2015.

People told us they enjoyed living at the home and they felt safe. Their support needs and risks were mainly managed well. There were sufficient numbers of staff to meet people's basic needs; although some people were not always effectively monitored. However the registered manager and provider took immediate action to increase the staffing levels and put formal systems in place to monitor people who were left unsupervised or who were at risk.

The employment and criminal history of most staff had been suitably checked and vetted, although there were gaps in recruitment procedures of two staff files. However, new staff were appropriately supported and mentored in their probation period to ensure they were suitable to care for people. Staff told us they felt supported and trained and supported to carry out their role. Staff had access to additional training if required.

Systems were in place to ensure people's medicines were ordered, stored and administered as prescribed. However the home's medicines policy did not reflect practices of people who required different support with the management of their medicines or those who may require medicines as required.

The home was undergoing a refurbishment programme. On-going plans were in place and being implemented to provide an environment and items which would help orientate and stimulate those people who lived with dementia. The home was regularly maintained and cleaned to ensure people were free from harm and the risk of the spread of infection. Staff were aware of their responsibilities and systems to ensure people were safe.

Both people and their relatives complimented the caring nature of staff. We received many positive comments about the home. Staff delivered compassionate care which was focused on people's individual needs. They were knowledgeable about people's wishes and preferred way to be supported. Staff respected

people's decisions and provided support when requested.

A wide range of activities were provided for people in and out of the home. Most people were encouraged to partake in activities, however some people felt socially isolated in their bedrooms
People told us they enjoyed the meals and food provided. Their dietary needs and preferences were catered for.

The registered manager and senior staff had a good understanding of their role and how to manage the quality of the care provided to people. Quality monitoring systems were in place to check and address any shortfalls in the service. People's complaints and concerns were taken seriously. Where concerns had been raised by people and their relatives these had been investigated into and discussed with the complainant.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Effective systems to deploy staff to monitor people's well-being were not always in place, although this was immediately addressed. Thorough recruitment checks for some staff had not been completed.

People's individual supported needs in the event of an emergency had not been thoroughly assessed.

People were protected by safe and appropriate systems in handling and administrating their medicines. Protocols of when people may require
one-off types of medicines for minor conditions were not in place

Staff understood their responsibilities in reporting any allegations or incidents of abuse.

Is the service effective?

Good

The service was effective.

Plans were in place to enhance the home's environment.

People were involved in making decisions about their care and support.

When people's needs had changed they were referred to the appropriate health and social care professional. People's dietary needs and preferences were met and recorded.

Staff were supported and trained to ensure their skills and knowledge was current and met people's needs.

Is the service caring?

Good

The service was caring.

People and their relatives highly praised the staff.

Staff were kind and compassionate to the people they cared for. They treated people equally and with dignity.

People were encouraged to remain independent and express their views.

Is the service responsive?

Good

The service was responsive

A range of activities provided people with recreational and social stimulation; however some people were socially isolated.

People received care and support which was focused on their individual needs and wishes. Their care records were detailed which provided staff with guidance on how they preferred to be supported.

Staff responded to people's concerns and complaints.

Is the service well-led?

Good

The service was well- led.

The quality of care was being regularly monitored and checked by the registered manager and the provider. Staff valued people's feedback and acted upon any concerns.

On-going adjustments were being made with the expansion and refurbishment of the home to ensure people received high quality care.

People and their relatives told us the registered manager and staff were approachable

Badgeworth Court Care Centre

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 5 and 8 February 2016 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. The expert by experience's area of expertise was in caring for older people.

This service was last inspected in January 2014 when it met all the legal requirements and regulations associated with the Health and Social Care Act 2008.

Before the inspection we examined information that we held about the provider. We also reviewed the information we held about the service such as previous inspection reports and statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

We spent time walking around the home and observing how staff interacted with people. We spoke with 12 people and seven relatives/visitors. 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.

We also spoke with 10 members of staff, the deputy manager/clinical lead, the registered manager and a representative from the provider. We looked at the care records of eight people. We looked at five staff files including recruitment procedures and the records relating to staff training and development. We checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home.

Requires Improvement

Is the service safe?

Our findings

People's individual risks were generally managed well and they were supported in accordance with their risk management plans. For example, staff had identified people who were at risk of falling or who were at risk of their skin breaking down. One person had been assessed as high risk as they spent a lot of time in bed. A care plan was in in place which provided staff with the information they required to support the person such as regular turning in bed to help reduce the risk of pressure sores. Their skin and well-being were monitored regularly to minimise these risks.

Whilst people's risks were managed well, people were also given the opportunity to manage their own health and well-being. For example, staff were knowledgeable about people who were at risk of falling and supported people to have a balance of support and freedom. They offered assistance when required and respected people wishes if they declined the support but monitored them from a distance. People had been referred to health care professionals such as falls assessment clinics when required for additional support and advice. Some people had sensors which alerted staff if they got out of bed during the night. Any falls people had were documented and included the time and location of the fall. However, whilst staff were knowledgeable about people's history of falling, the information about people's falls was not fully analysed to identify if there were patterns immerging. Carrying out a regular analysis of people's falls would enable the home to identify if there were any gaps in supporting people such as adjusting the deployment of staffing or other safety measures.

Occasionally people became upset or anxious around staff or other people in the home. Staff gave people individual support to help reassure them or distract them. We saw staff providing one person with lots of verbal support and reassurance when they became upset after the lunch time period. Staff told us how they had tried different techniques and strategies to help this person settle into the home.

The home carried out regular fire safety drills and fire detection systems were regularly maintained and checked. A summary of people's support needs and independence levels in the event of an evacuation from the home were held on each unit and in reception. However, people did not have detailed individual fire and evacuation risk assessments and plans in place to give staff guidance on how they would need to be supported if an evacuation was required. This was raised with the registered manager who immediately developed a fire risk assessment and told us that each person's support needs during an evacuation would be assessed and documented.

People's basic care needs were met by adequate numbers of staff on the days of our inspection. Most people told us their needs were met on time and staff responded to their calls for assistance relatively quickly. However, we found the deployment of staff was not always effective in the monitoring of people as some parts of the home were not routinely checked. Throughout our inspection, we observed staff informally checking on people, however there was no formal system to observe and monitor people who were left unsupervised or those who were unable to use a call bell. Two people felt they had sometimes experienced delays in their care and occasionally felt socially isolated when staff were busy.

The records of some people who had been identified as at high risk of falling stated they should be checked hourly. We were told this was an informal arrangement and was not recorded. Staff also told us the time they had available to socially interact with people had reduced due to the increase of the number of people with complex needs. This was discussed with the clinical lead and registered manager who said they would introduce a formal system for the deployment of staff to be responsible for the monitoring of people. The provider had also responded to our concerns by authorising the recruitment of an extra member of staff who would be available during the core day hours to provide extra support and help to monitor people.

The senior staff of each unit managed and overviewed the staffing levels and rotas. We were told that staff where possible carried out additional hours if there were gaps in the staffing levels. When required, suitable and vetted agency staff were used to ensure there were no staff shortages. The registered manager told us that they had recruited several staff positions to ensure there were sufficient numbers of staff to keep people safe and meet their needs.

Safe recruitment practices were followed before new staff were employed to work with people. Most checks had been made to ensure staff were of good character and suitable for their role. However, two out of the five files we looked at hadn't explored and documented why staff had left their previous employment. Although, staff records and discussions with new staff confirmed that they had been mentored and supervised closely in their induction period to ensure they were suitable to care for and support people.

There were safe medicine management and administration systems in place for each unit to ensure people received their medicines when required. People were given their medicines on time and appropriately. Staff responsible for administering medicines had received training. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts.

Each person had an individual medicines profile which described their preferred way of receiving their medicines. Individual medicines protocols were in place for people who had known conditions and only required their prescribed medicines to be given to them as necessary such as when they became anxious. The GP had agreed to certain medicines which could be purchased over the counter and would be used when people had a minor illness or required one off treatment such as pain relief. However there were no individual protocols in place for medicines which were needed as required. The clinical lead told us this had been raised during an internal audit and would be immediately rectified. They said, "We are about to implement further protocols for one off medicines. This will help staff when supporting those residents who were unable to communicate their symptoms and may require a small amount of treatment".

One person had been supported to self-administer their own medicines, which they stored in their bedroom. Staff ordered this person's medicine on their behalf and regularly assessed their ability to continue to self-medicate. However, risk assessments had not been carried for the storage and other people's possible access to these medicines, although we were reassured people did not enter the person's bedroom.

The temperatures of the fridges and secured rooms where people's medicines were stored were regular taken to ensure medicines were stored in the ambient temperature. Unused medicines were recorded and stored securely ready for disposal and collection by the pharmacist. Systems were in place to store and check the stock levels of controlled medicines which could be misused. Best interest decisions had been made for one person who required their medicines covertly. This had been agreed by the person's GP and pharmacist. The home's medicine's policy did not reflect the procedures required relating to the management of people's medicines outside the standard practices such as protocols for supporting people who self-medicate.

Arrangements were in place to make sure people lived in a home which was clean and free from infection. Staff had been trained in infection control. Their knowledge to prevent the spread of infection was embedded in their practices such as wearing disposable gloves and aprons. Hand sanitising gels were placed at strategic points throughout the home. Staff who were responsible for housekeeping had been trained and ensured cleaning chemicals were managed and stored safely.

People told us they felt safe living at Badgeworth Court Care Centre. They told us they were protected against the risks of potential abuse and harm. One person said, "I feel safe and sound. People take great care of us here". Relatives also told us they felt their loved ones were being cared for by staff who understood their responsibility in protecting them from harm. We received comments such as "Definitely no concerns about safety. I'm confident that they do everything to keep them safe" and "Absolutely safe. When I go I have no worries about her. We turn up any time and we have never found a problem". Staff had been trained in safeguarding and protecting people. They had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They told us they would immediately report any concerns to their line manager. Staff had access to the provider's policies which provided staff with guidance on how to report any concerns or allegations.

We recommend that the provider seek advice and guidance from a reputable source, about managing the deployment of care staff to ensure people's individual needs are met.

Good

Is the service effective?

Our findings

The home was well maintained. People were supported to have their bedrooms furnished and decorated to their taste. Some parts of the home had been refurbished and updated, although some areas lacked identifiable features such as coloured areas, clear signage and interactive items which would help to orientate people. However, we were told on-going plans were in place to add and replace items which would enhance the environment for people who have dementia or cognitive impairments. People and their relatives were also being encouraged to fill their memory boxes situated outside their bedrooms with items which would help orientate people to their own bedrooms. An audit had been carried out by an internal dementia expert who would be providing a clear direction of how to provide an environment which supports people with dementia.

People were cared for by staff who had been trained to meet their needs. Staff told us they had received the training they needed when they started working at the home and were supported to refresh and update their training. They said, "We are well trained here. It's very good" and "The training is excellent. They make sure we are trained to our job properly". Staff had completed a variety of training which was deemed as mandatory by the provider such as safeguarding, fire safety and moving & handling. Relatives told us they felt staff were suitably trained to carry out their role and look after their loved ones. One relative said, "I feel very confident that staff are well trained and know what they are doing".

One member of staff was designated to overview and plan the training and support of all staff. They also delivered some internal training. New staff were supported to complete an induction programme before working on their own, including training and shadowing more experienced staff. The new care certificate had been embedded into the staff induction programme. This helps senior staff to monitor the competencies of staff against expected standards of care.

People were supported by staff who had access to an additional range of training to develop the skills and knowledge they needed to meet people's needs. Most staff had received training in supporting people with dementia. Four staff members were dementia link workers which is a locally achieved and recognised qualification. Others had been supported to carry out a national qualification in health and social care. Nursing staff had received additional clinical training when required and were being supported to revalidate their qualification and demonstrate they were knowledgeable in current practice as required by their professional body. One staff member was in the process of training to be a care practitioner. This gave them additional clinical skills to support the nursing staff such as in tissue viability and first aid. In addition, staff had been given a selection of small cards on a key ring which gave them reminders of key information about the expected high quality care which centred on individuals.

Staff received private formal support meetings six times a year including an annual appraisal of their role and performance. We were told that a programme was in place to interview and appraise all staff, which would be completed by the end of March 2016. All heads of departments had received their appraisal meetings and were responsible for ensuring all staff in their department would be appraised and receive a private meeting to discuss their performance and identify any areas of personal development.

People were supported to make decision about their care and support. We observed staff encouraging them to make choices about their days such as what they wanted to drink or eat. People's care records gave staff information about their known preferences if people were unable to express their decisions and choices. Where people had lacked the mental capacity to make specific decisions, an assessment had been carried out and there was recorded evidence of decisions which had been made on people's behalf in line with the Mental Capacity Act 2005 (MCA). 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.

The registered manager had identified people who were being restricted from their liberty. They had applied to the local authority to do this, however they were waiting for the local authority to assess people's needs and decide whether the restrictive practices should be authorised or not. In the meantime staff supported people who could become anxious and require continued support in the least restrictive way. People can only be deprived of their liberty to receive care and treatment when this 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)

People were positive about the meals and food they received. We received comments such as "Very good food. Just right amount and very tasty"; "I enjoy the food a bit too much. If I don't like what is on the menu, the Chef will make me something different" and "Love my fish and chips here. Good food."

People had a choice of where they would like to eat their meals. Some people chose to eat in their bedrooms, while others chose to eat in the dining room of their unit or in the home's main ground floor dining room. The ground floor dining facility was being extended to allow more people to have the opportunity to eat away from their unit and meet other people in the home.

People's dietary support needs and their dislikes and likes in food were clearly recorded in their care plans. Staff communicated to their colleagues and the kitchen staff if people's dietary and health needs changed or if they were losing weight. People were regularly weighed to monitor their weight. Where people had lost weight, their food intake had been monitored and they were given additional calories by boosting their foods with full fat creams and butter. People who required a soft or pureed diet were catered for and staff provided support to people who needed assistance with their meals. The meals were well presented and looked appetising. In addition hot drinks were served from tea trolleys with a choice of snacks during the morning and afternoon. People had access to drinks throughout the day. We saw people being encouraged to drink by staff.

People were supported to maintain good health and have access to the relevant health care services when required. They had been supported to have regular health checks such as optician and hearing checks. People's care records showed relevant health and social care professionals were involved when people's health and emotional needs had changed. Relatives were also informed of any changes such as being referred to a dietician if they had lost weight. One relative said "They can always see a doctor or the nurse if she needs to".

Good

Is the service caring?

Our findings

People were supported by staff who were kind and passionate about supporting people to have a good quality of life. We received comments such as, "The girls are fantastic. Good care. I know that they do that bit extra" and "I have no complaints about my care. They tell me what they are doing and look after me well". Relatives also confirmed that staff were kind and respectful. One relative said, "The atmosphere is very good, you get a good welcome. There is always a smile from everybody. Staff talk very kindly to residents". Other relatives told us, "Everyone here is very caring and friendly. I like it here" and "My relative is very looked after by people who provide excellent care".

We observed that staff were caring, friendly and open towards people. They spoke to them appropriately, using their preferred names as well as establishing eye contact. There was a lot of laughter and meaningful interaction between people and staff. People told us their views and opinions were listened to and respected. One person said, "'Staff do listen to what I want and when I say no to something they take it on board and realise that no is no". People were supported to maintain their independence levels. Their care records gave staff details about their levels of independence and their support requirements.

Staff were knowledgeable about things people found difficult and how changes affected them. For example, we were told that certain people could be unsettled by having a change to their routine or changes in staff. We observed one incident when staff were quick to reassure and distract one person in a dignified manner when they became disoriented and anxious. Staff told us which people preferred to sit in a quieter area after lunch and other people who enjoyed the activities provided.

Staff were mindful to respect people's dignity and people's need for their own space and privacy. We saw staff quickly supporting people to help them rearrange their clothes if they had become dishevelled and staff also helped people to their bedrooms to rest. They supported people to make their own decisions. For example, they asked people where they would like to sit and if they were comfortable. Staff knew people individually and were able to tell us about their present needs and their past life histories. For example one staff member told us, "We knew that a lady loved the view out of her window so when she became very poorly we moved her bed round so she could still have the view when she was in bed".

People were given support when making decisions about their preferences for end of life care. Their wishes about the support and care they wanted during the end of their life was documented. Staff told us how they had respected and adhered to one person's wishes to have a natural death. They said, "It was important that she was comfortable and not in pain. We did everything we could to make sure she was peaceful".

People's spiritual needs were met. The home held a regular church service. The provider's policy ensured people's diverse needs and beliefs were protected. We were told that staff were encouraged to understand and appreciate the differences between individuals and respect their lifestyle choices. We observed staff treating people respectfully and equally.

Good

Is the service responsive?

Our findings

People received care and support which had been assessed and was centred on their individual needs. Their care records stated how they would like to receive their care, treatment and support and included information about their personal history, individual preferences and aspirations. Staff and relatives had supported people to complete a 'life history' document about themselves. This provided staff information about their family background, interests and preferences. People's care records showed that they had been involved in the planning of their care and were enabled to make choices about how they wanted to be supported. People told us they received personalised care which was responsive to their needs and wishes. One person said, "They are always asking me if I am happy with my care and if they could do anything else".

People's personal care preferences had been recorded and adhered to. For example one person had requested to be supported by a female member of staff which was adhered to. Records showed that people who had required support with their pain management had been referred to their GP and other health care professionals for additional support and advice. People had been encouraged to express their wishes about the care they wished to receive in the event of a medical emergency such as not to be admitted to hospital unless it was a life threatening emergency. Relatives told us staff always informed them if there were changes in the health and well-being of their loved ones. One relative said, "Very good at letting me know if anything changes or if we need to get anything".

The home employed two activities coordinators to plan and deliver a range of activities. One of the activity coordinators had received a reward recognising their work in providing activities. Activities at Badgeworth Court Care Centre included a regular activities programme and trips to local places of interest, quizzes, entertainers, pet therapy and chair based exercises. Staff had been responsive to people's requests and had supported a group of people to go flying at the local airport.

Most people and their relatives were positive about the activities provided. For example, one relative told us "There is something going on all the time. She loves singing and enjoys playing dominoes. So much going on and so many things to do. She seems so much better since she has been meeting so many people." However, two people who mainly stayed in their bedrooms told us they had limited social interaction and felt they would like to be offered more activities in their bedroom. One person said "Not really enough to do. I would like more". We were told this had been identified in the home's dementia audit and would be addressed as part of the development of the home.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People's concerns and complaints were encouraged, explored and responded to in good time. Most people and their relatives told us they had not needed to complain but were confident any concerns raised would be acted on. For example, one relative said, "I would feel confident to ask staff to deal with any concerns or speak to the management".

The registered manager was generally responsive to people's concerns and suggestions. For example one person told us, "I complained that because the maintenance staff were busy with the painting and the

changes they neglected the garden. I love the garden so it upset me to see it in such a state," The registered manager told us that an improvement plan for the garden was being discussed and people would be invited to make suggestions. The plan would be implemented in the warmer months.

Another relative was communicating with the registered manager and the provider about their views and concerns about the changes in the home. The registered manager had communicated and met with the complainant. A meeting had been arranged with a representative of the provider to further discuss these concerns.

The home's complaint procedure was clearly displayed in the home. People and their relatives had other opportunities to express their views such as attending the home's residents and relatives meetings. The meetings were held regularly to gather the views and suggestions of people in the home and share information from the provider and registered manager and introduce new staff. Staff communicated with relatives individually or via emails and surveys which would influence the agenda. Identified concerns and suggestions were discussed in the heads of department and staff meetings and acted on. The provider's representative told us they were keen to introduce 'You said, We did' notice boards which would inform people and their relatives how they have acted on people's concerns.

Good

Is the service well-led?

Our findings

Badgeworth Court Care Centre has recently undergone a period of change due to the expansion of one of the dementia units; management and staff changes as well as refurbishments to parts of the home. Some staff felt that the sudden increase in the number of people living on the new extended unit had had an impact on the wellbeing of people who had lived on the unit for several years. For example, one staff member said, "Barchester (the provider) has changed. We have to do so much more now and compounded with the speed of the admission of new residents, it has been hard, but I believe things have started to settle down now and we still deliver high quality care".

Staff and some relatives felt that whilst the changes were condensed into a relatively short period of time, they now felt the atmosphere of the home had now settled. We raised these issues with the registered manager and a representative of the provider, who said "Barchester has made some changes to the home. Badgeworth needed to be refurbished and be a better place for people to live in. We have stripped it back and got rid of items which were not fit for purpose but we have plans to introduce new things such as activities and we will be replacing things on the units. We need to offer people a reasonable explanation of the changes and our plans for the home". We were told that the provider's dementia care specialist had recently visited the home and had carried out an audit of the home's dementia units. The audit had identified good areas of practice as well as areas for improvement including personalisation of people's bedrooms and providing people with a selection of activities and items which would be freely available to people within the unit to explore and provide comfort to them such as reminiscence items and rummage boxes. The home had maintained links with the local community including local schools and churches and also supported local and national charities through fundraising.

Staff confirmed that whilst there had been changes in the home during the past 12 months, they were still confident in the management and the running of the home. They told us they felt supported and were getting used to the changes with the management of the home. One staff member said, "I can't say things haven't changed in the home due to the new manager, they have, but I still believe we are all delivering high quality care and we all focus on the needs of the residents". People and their relatives referred to the registered manager and senior staff as being open and responsive. They said the deputy manager was always around the home and was approachable. The registered manager told us they received regular support from the provider.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and where outside agencies should be contacted with concerns. Information about whistleblowing was available in the staff handbook and discussed at their induction. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The quality of care in the home was checked regularly through a variety of quality assurance audits. For example, the clinical lead was responsible for carrying out an audit on a quarter of all documentation and record keeping on records including the management of people's medicines relating to a quarter of people on each unit. Other audits were also undertaken for areas such as infection control and health and safety

audit. The home's building, grounds, utilities and equipment was maintained by a small maintenance team. Systems were in place to ensure there were regular safety checks of people's equipment and fixture and fittings of the home such as regular water checks, electrical tests and fire safety checks. Hoists, lifts and other electrical equipment used by people were regularly serviced and checked. People's accidents and incidents were recorded in their care plans and also on a central organisational electronic system. This system helped the provider and registered manager to analyse accidents in the home and identify if there were any patterns or trends occurring.