

Wentworth Rest Home Limited

Villarose Rest Home

Inspection report

256 Clifton Drive South
Lytham St Annes
Lancashire
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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



Overall summary

Villarose is registered to provide care and accommodation for up to 14 older people. The home is situated close to St Annes town centre. All accommodation at the home is provided on a single room basis, some with en-suite facilities. There are two lounges, a dining area and a sun lounge. There are pleasant garden areas which are accessible for people with limited mobility.

The last inspection of the service took place on 14 November 2013. During that inspection the home was found to be compliant with all the regulations assessed.

This inspection took place on 14 July 2015 and was unannounced.

The service had a long-term registered manager in place who was also one of the registered providers. 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.

Summary of findings

The registered manager was not available during our inspection. However, we were assisted by the long term care manager and the other registered provider.

The feedback we received from people who used the service, their relatives and community professionals was very positive. People expressed satisfaction with the care provided and all aspects of the management of the service.

People told us they felt safe care was provided. There were processes in place for the safe management of medicines. We saw that these were generally followed and that care workers managed people's medicines carefully. However, we found two examples where errors had been made and noted that audits were not always completed in line with the scheduled dates. We made a recommendation about this.

Staff had a good understanding of any risks to people's health or wellbeing and took the appropriate action to safeguard them. Risk assessments were conducted that helped to ensure any avoidable hazards were removed. We noted the presence of some toiletries in a communal bathroom during our inspection. However, following discussion with the provider, we were satisfied the provider had taken the needs of people who lived with dementia into account when assessing the safe storage of such items.

We found people were provided with safe, effective care that met their needs. People were supported to access health care support when they needed it and care staff worked effectively with external professionals to ensure people's needs were met safely.

People felt they were treated with kindness and respect and that their privacy and dignity was respected. People were able to make decisions about their care and were encouraged to express their views.

People's rights were respected. Where concerns were identified about the capacity of a person who used the service to consent to any aspect of their care, the key requirements of the Mental Capacity Act 2005 were put into practice to ensure their best interests were protected.

Staff were carefully recruited to ensure they had the suitable skills knowledge and character for their roles. Training was in place for all staff which helped them to develop in their roles and remain up to date with regards to safe working practices.

Managers of the service were supportive and approachable. People felt able to raise concerns and were confident their concerns would be properly addressed. People felt their views and opinions were valued and that when they made suggestions, these were listened to.

There were processes in place to ensure that safety and quality across the service were regularly monitored. The management team were committed to continuous improvement and were able to give us numerous examples of future development plans.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Safe practices were generally followed when managing people's medicines, however, errors were not always identified due to gaps in the medicines audits.

Risks to people's safety were assessed and managed.

Staff were carefully recruited to help ensure they had the appropriate skills and knowledge to support people safely and to help ensure they were of suitable character.

There were robust processes in place to help ensure any suspicions or allegations of abuse were reported to the appropriate authorities.

Requires improvement



Is the service effective?

The service was effective.

People received effective care that met their individual needs and wishes. People were supported to access health care when they needed it.

Staff were provided with a good standard of training and ongoing support, to ensure they had the necessary skills and knowledge to meet people's needs effectively.

The rights of people who did not have capacity to consent to all aspects of their care were protected because the service worked in accordance with the Mental Capacity Act 2005 and associated legislation.

Good



Is the service caring?

The service was caring.

People who used the service felt they were treated with kindness and compassion and that their privacy and dignity was promoted.

People were enabled to make day to day choices about their care and daily routines.

Good



Is the service responsive?

The service was responsive.

The service was responsive. People's individual needs and wishes were taken into account in the way their care was planned and provided.

People who used the service, staff and other stakeholders were encouraged and enabled to express their views and felt their views were listened to.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was a well-established management team who people described as supportive and approachable.

There were effective systems to monitor safety and quality. Potential improvements were identified and the management team worked towards addressing them on an ongoing basis.

Good



Villarose Rest 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.

The inspection took place on 14 July and was unannounced.

The inspection team was made up of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the expert by experience had personal experience of caring for an older person.

Prior to our visit, we reviewed all the information we held about the service, including notifications the provider had

sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who used the service.

We spoke with eight people who used the service during our visit and three visiting relatives. We also had discussions with the provider, care manager and five staff members including care workers and the cook. We contacted six community professionals as part of the inspection and also contacted the local authority contracts team.

We closely examined the care records of five people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records, various service certificates and medication administration records.

Is the service safe?

Our findings

People we spoke with told us they felt everyone who received care at the service did so in a safe environment. No-one we spoke with had any concerns about their or their loved ones' safety. People told us if they did have any concerns, they would feel comfortable to report them and were confident the provider, registered manager or care manager would address their concerns straight away. People's comments included, "I feel safe here and I would say it is very good." "I am quite confident that they will sort out anything I need."

As part of the service's standard care planning procedures a range of risk assessments were carried out for each person who used the service. This process helped to ensure that any risks to people's health and well-being in areas such as falling, developing pressure sores or nutrition were addressed within their care plans. Any measures required to maintain their safety were clearly recorded for staff.

We viewed the care plan of one person who had been admitted to the service with a pressure sore and was at very high risk of developing additional sores. We saw that this area of risk had been very well managed. The person's pressure sore had completely healed and their risk of further problems significantly reduced, as a result of the care they had received since they had started to use the service.

The service had a policy and procedures in place which provided staff with guidance in the safe handling of medicines. We saw that the procedures were updated on an annual basis. The provider was aware of the current NICE guidance 'Managing Medicines in Care Homes' and was in the process of reviewing procedures in line with the guidance at the time of the inspection.

People who used the service who wished to manage their own medicines, were enabled to do so within a risk management framework. We spoke with one person who was supported to manage their own medicines. They were happy with the assistance they received to maintain their independence in this area. We also noted there was a comprehensive risk assessment in place for this person, which outlined any support they required.

Other people we spoke with were happy for care workers to manage their medicines and felt they did so in a safe manner. One person told us, "They (the staff) see to all that for me. We don't have any problems with that sort of thing."

There was an individual medicines risk assessment and care plan in place for each person who used the service. These included a good level of information about the support people needed to take their medicines safely, as well as other useful information such as the side effects of any medicines they were prescribed. Also included, was signed consent from the person regarding medicines administration.

We viewed people's medicines administration records (MARs) and noted they were completed to a satisfactory standard. Each person's MAR included a photograph to help reduce the risk of any medicines errors. In addition, important information such as any allergies was included.

None of the people who used the service were prescribed medicines on an 'as required' basis at the time of the inspection. However, should any person be prescribed medicines on this basis in the future, the provider and care manager were fully aware of the importance of clear 'as required' protocols to ensure that people received their medicines when they needed them.

Medicines including controlled drugs, were stored in a safe and secure manner. Medicines stocks were well organised so that staff could access them quickly, when required. Medicines with a limited shelf life such as eye drops, were dated on opening to help ensure they were disposed of within the correct timescales.

There was an audit schedule in place, which usually included monthly checks on medicines stocks and records. However, records showed that some months the audits had been missed. We made some checks of medicines and records and in two examples, the tablet count was found to be incorrect. We pointed this out to the care manager who agreed to investigate the issues immediately.

Records confirmed that all care staff employed at the home had been provided with training in the safe administration of medicines. In addition, the care manager had recently introduced processes to carry out regular observations of competence for all staff who administered medicines to check they were able to manage people's medicines in a safe manner.

Is the service safe?

Clear procedures were in place which provided staff with guidance about their duties to protect people who used the service from abuse. This guidance included information about how to identify warning signs that a vulnerable person may be at risk. Contact details for the relevant safeguarding authorities were included in the guidance, so staff had the information they needed to refer any concerns to the correct agencies, without delay.

Care workers demonstrated awareness of safeguarding procedures and were able to correctly describe actions they would take, if they identified any concerns about the safety or wellbeing of a person who used the service. All the staff members we spoke with confirmed they had received training in safeguarding.

Care workers were aware of the service's whistleblowing policy, which provided support and guidance for people intending to report any concerns and reminded staff of the importance of doing so. Staff told us they were confident the management team would deal with any concerns properly and felt they would be well supported by them. One care worker told us, "There would be no secrets here. If anything wasn't right, any one of us would report it."

All but one person we spoke with expressed satisfaction with the staffing levels at the service. People felt that staffing levels were adequate to meet their needs and told us they received assistance when they required it. However, one person commented that they didn't always think there was enough staff but said they did not have any concerns that their needs weren't met, just that staff were kept very busy.

All the care workers we spoke with also expressed satisfaction with the staffing levels at the service. They also supported information provided to us by the provider, that additional staff could always be arranged if any person required extra support. For example, during a period of illness.

We viewed a selection of staff files. We saw that a careful recruitment process was followed to help ensure people employed at the home had the relevant skills and knowledge and were of suitable character.

As part of the recruitment process the provider carried out a series of background checks for any new employee that included a full employment history, references from

previous employers and a DBS (Disclosure and Barring Service) check, which would highlight if the person had any criminal convictions or had ever been barred from working with vulnerable people.

Whilst records of the recruitment process were generally complete, we found one example where the provider had not properly recorded details of a reference received for one staff member. We discussed this with the provider and care manager and were reassured processes be reviewed to ensure any missing pieces of information could be quickly identified and action taken to obtain them.

There were records in place to confirm that all new employees were provided with induction training at the start of their employment. This included a number of important areas relating to health and safety, such as moving and handling and fire safety. All induction records were signed by both the employee and the manager to confirm it had been provided.

There were a number of measures taken to help maintain the health and safety of people who used the service, staff and visitors. We were able to confirm that every person who used the service had a personal emergency evacuation plan (PEEP) in place. This contained important information about the support a person required to evacuate the building in an emergency situation such as a fire.

Records were seen that confirmed facilities and equipment within the service was safely maintained. These included up to date service certificates for lifting hoists, the stair lift and fire detection equipment.

Environmental risk assessments were in place and helped to ensure any avoidable hazards were removed. We noted the presence of some toiletries in communal areas. As some of the people who used the service lived with dementia this was potentially hazardous. However, following discussion with the provider, we were satisfied the needs of people who used the service had been taken into account when carrying out risk assessments for the safe storage of these items.

It is recommended the home's policy and procedures for managing medicines is reviewed in line with the NICE guidance 'Managing Medicines in Care Homes'.

Is the service effective?

Our findings

People we talked with expressed satisfaction with the support they received to maintain good health. People felt they could rely on care workers to support them in accessing medical advice such as from the GP, should they require it. In addition, people expressed their confidence in care workers to recognise if they were feeling unwell and said staff always accompanied them to medical appointments in the community, if they wanted them to.

Care plans viewed demonstrated positive joint working with community professionals such as GPs and district nurses. Each person's care file contained a medical history and clear information regarding any health care needs. There was also a list of professional visits that showed regular input from a variety of health care workers.

During the inspection we contacted a number of community professionals who had involvement with the service. We received feedback from two of them who both expressed satisfaction with the service. One GP told us, "They seem observant in asking for reviews of patients and then following up action plans as well." Another described the staff and managers as 'proactive' and 'cooperative'.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

In discussion, the provider, care manager and staff demonstrated a good understanding of the MCA and how it related to practice within the home. At the time of the inspection there was nobody who used the service who was subject to a DoLS authorisation. However, staff were able to correctly describe the process they would follow, if it was felt necessary in the future. One person who used the service had a formal 'best interests' decision on file relating to a specific aspect of their care. We looked at the

documentation in relation to this, which demonstrated correct processes had been followed and that the decision making had involved the person themselves, their family and other professional involved in their care.

Everyone we spoke with told us their rights were respected and they were free to come and go as they pleased. Whilst we were satisfied that the staff and the management team had sufficient knowledge and understanding of the MCA to ensure due processes were followed, we noted when viewing people's care plans, they sometimes lacked detail about people's mental capacity.

There was a nutritional risk assessment in place for every person who used the service, which identified if they were at risk of poor nutrition or hydration. Where risk was identified, measures were in place to help maintain people's wellbeing and safety. These measures included additional weight monitoring and where relevant, referrals to community dieticians and food and fluid monitoring.

The feedback we received from people who used the service about the quality of food provided was positive. People rated the food highly but several commented they would like to have more choice about what they ate, specifically for their main meal. Their comments included, "The food is excellent but there is no choice at lunch. They do come round and tell us what is on offer for the afternoon meal." "I don't have any specific dietary needs and the meals here suit me though some choice would be nice."

We spoke with the provider and cook about people's comments. We were advised that the cook spoke with people each morning to advise them of the meal of the day and to ensure it was agreeable. We were shown records, which demonstrated alternative meals had been provided for people who didn't want the meal on offer. However, in light of the comments we received, the provider agreed to review the system to help ensure people were enabled to make choices about their main meals. For other meals, such as the evening meal, we saw a variety of choices served and records showed this was usual practice.

We observed the lunch time service and noted this was a sociable and relaxed occasion. The dining room was nicely set with appropriate crockery and condiments and people were offered a variety of drink choices. The meal was well presented and of good quality and everyone seemed to

Is the service effective?

enjoy it. The cook told us the provider of the service insisted on good quality, fresh ingredients for all the catering at the home and this was apparent in the quality of the meal served.

We observed one person who required support to eat her meal. We saw she was given 1-1 support throughout the mealtime, which was provided in a kind and dignified manner. We observed the staff member provide gentle encouragement to eat her meal and dessert, which was in line with the person's care plan. The person was given plenty of time to eat their meal at their own pace.

People we spoke with were satisfied with their care and the way it was provided. They felt that the staff understood their needs and all, except for one person, felt staff were well skilled to carry out their roles. The person who did not confirm this said they were 'not sure' but didn't have any concerns.

There was a training programme in place which all care staff were expected to undertake. This started with an induction at the start of the person's employment and included a variety of mandatory courses, such as moving and handling and medicines management. We were

advised that the training programme had recently been reviewed and a new, updated one put in place. We were told this had been well received by staff and this information was supported by our discussions with staff members who were complimentary about the training and support provided. One care worker told us, "I have found that aspect of the job very good. We are equipped with the skills we need, which benefits the residents."

In addition to the mandatory areas, additional training was frequently provided to staff in areas that would enhance their caring skills. For example, all care staff had recently completed a course in caring for people who lived with dementia.

The provider and care manager worked in a 'hands on' manner and were regularly available to provide support and guidance. People described the management team as supportive and were happy with the arrangements in place. We viewed the file of one staff member who had been identified as requiring some additional support. We noted this had been well recorded in their supervision file, which also demonstrated the additional support had been provided.

Is the service caring?

Our findings

The feedback we received from people about the attitude and approach of staff was consistently positive. People described staff in ways such as, 'kind,' 'caring' and 'patient.' People's comments included, "I cannot fault this place or the staff. It is the staff who make the difference." "My Mum was depressed and on treatment but since coming here, she has settled in very well and is now much better." "Overall I am very happy here and the staff are very nice." "I am happy with everything here. The staff are very good and patient with me." A visiting professional commented, "They seem to be very warm and caring towards the residents. I would describe this home as one that goes that extra mile."

People expressed satisfaction with the way their care was provided and felt their privacy and dignity was consistently respected. One person told us, "They do ensure my privacy and my dignity." Another said, "Oh yes they are very respectful. I think they treat us like they would treat their own. You know...dignity."

Throughout the inspection we observed people interacting with staff and receiving support. Our observations were very positive. There was a relaxed and cheerful atmosphere in the home with lots of visitors coming and going throughout the day. It was apparent that people and their friends and family shared friendly and warm relationships with staff and got along very well. One visitor commented. "There is a lovely atmosphere here."

We noted that care staff supported people in a patient and kind way. People were given time to carry on at their own pace and their requests for assistance were responded to quickly.

Everyone we spoke with agreed there was a very low staff turnover at the service and that agency staff were rarely, if

ever, used. People told us they valued the consistency that a low staff turnover resulted in. They felt that staff knew them or their loved ones well and understood their needs. People also said that due to the consistent staff team, they found it easy to develop positive relationships with them.

We spoke with a number of care workers who demonstrated a good understanding of people's needs and spoke about the people they supported in a caring and respectful manner. One care worker told us they had been to visit one of the residents in hospital on the previous evening, which they had been happy to do in their own time.

People's bedrooms were personalised and contained photographs, pictures, ornaments and other items each person wanted in their bedroom. This demonstrated they had been enabled to establish their own personal space that reflected their individuality.

We asked people if they felt involved in their or their loved one's care and whether they felt enabled to make day to day choices and decisions about their care. People told us they felt comfortable in making choices in relation to their daily routines. People also felt their care plans reflected their individual needs and choices.

We noted that information for people wanting to access independent advocacy services was posted on the home's notice board. Advocates sometimes support people who require assistance in having their views and opinions heard. Staff we spoke with were aware of advocacy services and the role they played and confirmed they would assist any person they felt would benefit from such a service in accessing it. Two people we spoke with who used the service, had been supported by advocacy services in the past.

Is the service responsive?

Our findings

People we spoke with described a safe, effective service that was responsive to their or their loved one's needs. We received consistently positive feedback from people about the service provided and the way it was delivered. People's comments included; "We are friends of (name removed) and we come here regularly to spend time with her. We have been doing it for some time now and we know from talking to her that there is just about nothing to complain about here. It is obvious that the place is very well run with staff who do their jobs well. They don't leave very often, there is a very settled staff." "I have been here a few weeks now and I am finding it to be very good." "The staff are responsible, efficient and have a good understanding of the residents' needs." "I have been here about five years and I have found it to be very good. I would recommend it to anyone. It could hardly be any better."

Thorough care needs assessments were carried out for any new person, prior to their admission to the home. This helped the provider be sure it was appropriate to offer the person a place by ensuring their needs could be properly met. It also helped care workers to have some understanding of the care needs of new people on their arrival.

Information gathered during the assessment process was used to generate a care plan, which described people's care needs and the support they required. We viewed a selection of care plans and found they provided a good overview of people's care needs and how these were to be met.

People's care plans addressed their care needs in areas such as mobilising, moving and handling, personal care and nutrition. Social histories were included which gave some insight into the person's previous lifestyle, significant relationships and hobbies.

In general, the information included in care plans was sufficient. However, we noted some examples where information was quite brief, for example, just stating 'requires assistance.' This could have been expanded on to provide carers with more person centred information. We spoke with the provider and care manager about care planning who advised they were in the process of reviewing care plans to include more person centred information. In

addition, we were advised the service were in the process of implementing more detailed night time care plans to ensure that people's needs and preferences in relation to night care were fully understood by staff.

Care plans were regularly reviewed and updated on a monthly basis or more frequently if the person's needs changed. Not all the people we spoke with said they were fully involved in their care plans, some indicating they preferred to leave that side of things to family members. However, people did feel they were involved in decisions about their care and day to day lives. One person said, "I am not sure to what extent we are involved in developing our own care plans and I don't know what is in mine but I do know I'm cared for very well."

People were generally positive about the provision of activities at the service. Their comments included, "They do a range of activities including singers, magicians, an entertainer, a pianist and also trips out." "We have a pianist every week and that is very nice."

We saw the area of activities was regularly discussed with people who used the service, their relatives and during staff meetings. People were constantly asked for their ideas about activities and staff had been asked to consider how they could encourage people to participate in more activities. We saw the provider had responded to feedback from people about activities and as a result, increased the variety of activities provided both inside and outside the home.

Activities provided included visiting entertainers such as musicians, flower arranging, craft afternoons and board games and dominoes. In addition, trips out to place of interest such as a local flower festival, classic car show and illuminations had all taken place.

There were good links with the local community. During our inspection we met members of the local Women's Institute who were regular visitors to the home and had been involved in a craft project with some of the people who used the service.

The registered manager was in the process of introducing lifestyle plans for the people who used the service. These would help ensure that people were provided with the support to undertake activities of their choosing and would be particularly useful for those who did not take part in group activities.

Is the service responsive?

People we spoke with felt their opinions about the running of the service were valued and several said they had made suggestions, which had been listened to. Only one visitor and one resident could recall attending any formal meetings but all confirmed that discussions took place on a daily basis. People's comments included, "I have never been to any residents' meetings but we do have discussions." "I have been to an occasional residents' meeting." "Our opinions are always asked and always welcomed."

One visiting relative described how she had, on one occasion, been involved in the recruitment of new staff members. She said, "I did get involved in some recruitment of staff on one occasion but they do everything so well here, that I am happy to leave it all to the management and the staff."

The provider explained that a number of family members of people who used the service lived out of the area and as such, were unable to visit the home on a regular basis. As a

result she had put a process in place to establish regular email contact with them during which she would update them about the service as a whole, and invite them to share any views they had.

The provider was also able to give us a number of examples of changes made as a result of feedback from people who used the service, their relatives or staff members. These included changes to the activities programme and procedures for managing medicines.

Everyone we spoke with was fully aware of how to make a complaint and said they would feel comfortable in doing so. Two people we spoke with had in the past, raised concerns and were both entirely satisfied with the way their concerns had been dealt with.

We saw there was a process in place to ensure any concerns raised were fully recorded as well as details of action taken. This not only provided an audit trail of the action taken but also helped to ensure that any possible learning from a complaint was identified and actioned.

Is the service well-led?

Our findings

There was a well-established management structure in place, which included a long term registered manager (who was also one of the providers) and long term care manager. Both providers of the service had day to day involvement in its running. The registered manager was not available during our inspection. However, we were assisted throughout the inspection by the care manager and the other provider.

Everyone we spoke with was fully aware of the management structure and expressed satisfaction with the management of the home. People described the providers and managers as highly visible, approachable and helpful. People's comments included, "The management are in close touch with us all." "I moved my Mum here as soon as I heard there was a vacancy. It helps with it being a small home but the management are hands-on and enthusiastic." One person commented of the provider and care manager, "They demonstrate a positive enthusiasm in their drive to run a successful home with an open and cheerful atmosphere."

Everyone we spoke with including people who used the service, relatives, community professionals and staff, felt fully able to approach the providers or manager to discuss any worries they might have. In addition, people had confidence that any concerns they did have would be promptly dealt with.

There were systems in place which enabled the provider and care manager to monitor quality and safety across the

service. Some audits were in place, which covered a variety of areas including medication, care planning and the environment. We looked at records of audits and noted where issues had been identified; action had been taken to address them.

The provider was present in the home on a daily basis and constantly monitored the quality and safety of the service. Although written reports were not compiled, daily contact with the care manager and staff ensured any areas for improvements were communicated.

Evidence was available to demonstrate the provider was committed to constant improvement. We saw that improvements were continually made and some were being implemented at the time of our inspection. For example, a review of processes for notifying the relevant authorities about significant incidents, had recently taken place to ensure everyone with this responsibility was fully aware of the processes. Lifestyle plans and care plans were being developed for people who used the service to enhance the planning of their care and support.

There were systems in place which ensured that the service learned from any adverse incidents such as accidents or safeguarding concerns. For example, we saw that each person who used the service had a falls chart in place within their care file. This enabled staff to keep a constant overview, so any increase in falls or any particular pattern, for example, time of day, could be quickly identified and acted upon.