The Brandon Trust

Brandon Supported Living - Gloucestershire

Inspection report

Kestrel Court, Waterwells Drive
Waterwells Business Park, Quedgeley
Gloucester
Gloucestershire
GL2 2AT

Tel: 01452886307

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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 inspection was completed on 2 and 3 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure we would be able to meet with people where they were receiving the service.

There were six registered managers in post at the service, 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected in January 2014. At that inspection there were no breaches of the regulations. .

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment.

People were receiving effective care and support. Staff received training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS). Staff supervisions and appraisals were not always completed. The provider sent us an email after the inspection confirming every staff member will receive these by January 2017.

Staff told us there was an open culture and the environment was an enjoyable place to work. Staff were extremely passionate about their job roles and felt integral to the process of providing effective care to people. There were some mixed reviews from relatives regarding the management.

The service was caring. We observed staff supporting people in a caring and patient way. Staff knew the people they supported well and were able to describe what they like to do and how they like to be supported. People were supported sensitively with an emphasis on promoting their rights to privacy, dignity, choice and independence. People were supported to undertake meaningful activities, which reflected their interests.

The service was responsive to people's needs. Care plans were person centred to provide consistent, high quality care and support. Daily records were detailed and contained sufficient information for staff to read and support people effectively.

The service was well led. Quality assurance checks and audits were occurring regularly and identified actions to improve the service. Some staff, relatives and other professionals spoke positively about the registered managers.

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.

Medicine administration, recording and storage were safe.

Risk assessments had been completed to reflect current risks to people.

There were safe staff recruitment practices in place to ensure suitable staff were employed.

Staff were knowledgeable about protecting people from abuse or neglect.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had received training to meet their individual needs.

People received good support to meet their healthcare needs.

Staff were aware of the principles of the Mental Capacity Act 2005 and people's rights were protected through the use of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were supported to access the community and were encouraged to be as independent as possible.

People were supported to develop and maintain relationships with family and friends.

Is the service responsive?

Good

The service was responsive.

Staff delivered care in a person centred way and were responsive to people's needs.

Specific focus was given to getting to know each person as an individual. There was an emphasis on each person's identity and what was important to them.

People were supported to follow their preferred routines and take part in meaningful activities.

Is the service well-led?

Good

The service was well led.

A comprehensive range of audits monitored the quality of the service.

There was a strong commitment to deliver a high standard of personalised care and continued improvement.

Staff felt very supported and worked well as a team. Staff were clear on their roles, the aims and objectives of the service and supported people in an individualised way.

Brandon Supported Living - Gloucestershire

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.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection was completed on 2 and 3 November 2016 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service; we needed to ensure we would be able to meet with people where they were receiving the service.

The inspection was completed by one 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. The previous inspection was completed in December 2013 and there were no breaches of regulation at that time.

At the time of the inspection, the provider was supporting 77 people living in 19 different supported living locations. The landlords, in most cases were housing associations. There were six registered managers for the provider. They each managed a number of locations between them, with each being responsible for approximately four locations. The registered managers would cover each other's locations in the event of any absence.

During the inspection we looked at five people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision records and training information for staff.

We spoke with four registered managers of the service and eight members of care staff. We spoke to seven people who live at Brandon Supported Living and visited six people in two different locations who receive support in their own home. Not every person was able to express their views verbally or were willing to engage with us. We therefore spent time observing care and the interactions between people and staff. This helped us understand the experience of people who could not tell us about their life in Brandon Supported Living or the support they received in their own home.

After the inspection we emailed six health and social care professionals and received no replies. The expert by experience telephoned 16 relatives of people who live at Brandon supported living to discuss their experience. There were some mixed reviews from the relatives we contacted with some negative comments regarding the larger services. Most of the concerns raised were regarding staffing levels, staff changes and management.

Good

Is the service safe?

Our findings

People told us they felt safe. They said, "I am safe, I never feel scared" and "I am very safe". One staff member said "People are definitely safe in their home". People not able to communicate with us verbally, were comfortable and confident with staff. We observed people laughing and smiling with staff and with other people using the service. One staff member said "Yes, it is definitely safe". In a survey sent out to people, 85% of people said they felt safe.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures were available to everyone who used the service. An easy read safeguarding policy was available for people living in the service. Staff confirmed they attended safeguarding training updates. The registered manager and staff recognised their responsibilities and, duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police. One staff member said "If there was an immediate problem, I would call the police, if not I would speak to my manager".

The number of staff needed for each shift was calculated using the hours contracted by the local authority. People, staff and rotas confirmed there were sufficient numbers of staff on duty. However, some staff had recently left employment and shifts were being covered by some agency staff. The service used agency staff that were used to working with the people the service supported where possible. Around half of the relatives we spoke to expressed concerns about staffing levels with one saying "I never expected such a high turnover of staff" and "I didn't recognise anyone". Most of the concerns expressed seemed to come from two particular services, with smaller services having very good feedback. Four relatives said they were happy with staff and used words such as "familiar" and "good".

Staff completed a six month probationary period where the provider checked if they were performing to a suitable standard. This process enabled the registered managers to come to a conclusion on whether the member of staff was suitable to work with people. The provider had a disciplinary procedure and other policies relating to staff employment.

People were supported to take risks to retain their independence; these protected people but enabled them to maintain their freedom. We saw individual risk assessments in people's support plans such as; travelling alone, community access and using household appliances. The risk assessments we saw had been regularly reviewed and kept up to date. Staff told us they had access to risk assessments and ensured they followed the guidance in them. One person who suffered from epilepsy had an incident whilst bathing in November 2015. A robust risk assessment and investigation had been completed and staffing had been increased to ensure the person was kept safe.

People's medicines were safely managed and the practices and procedures followed resulted in minimal risk of error. People's medicines were stored safely and their medicines were given as prescribed. People were supported to take their medicines as they wished. There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MAR) demonstrated peoples

medicines were being managed safely. Staff received training, watched other staff and completed a full and comprehensive competency assessment, before being able to administer medicines. Support plans gave staff guidance on how people preferred to take their medicines. One person's support plan said, 'I need to be passed my tablets in a pot with a drink passed to me, then I can take my medication myself'. People were given a choice if they wished to have their own medicine cabinet in their bedroom. One person declined so their medicine was kept in a cabinet in the staff room. Every relative we spoke to expressed confidence in the ability of staff to administer medicines with no concerns raised. There had been three recorded medicine errors in 2016. These were investigated and discussed at team leader and area manger meetings and had outcomes. There were no themes identified in the meeting in September 2016.

All staff had received fire safety training and people had personal emergency evacuation plans. (PEEP). These contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in an emergency. The level of risk to people in the event of a fire was graded high, medium or low. One person's PEEP said "[The person] wears tinted glasses at all times and will require to be guided out by staff to ensure they remain safe". And another said "[The person] cannot open the door so will need full support from staff to escort them from the premises". This had been updated in April 2016.

Each person had a financial profile and passport which explained what people understood and what support is needed with finances from staff. We were informed this was implemented to minimise any risk of financial abuse to people living at the home. There were checks by two staff members in place every day. One person's profile said they understood notes and coins and that they needed support with budgeting. The profile explained that the person carries a wallet and an over the body bag as they understood their money needed to be kept safe. All but one relative said that the service were managing their relatives finances. No one expressed any concerns in this area.

Good

Is the service effective?

Our findings

People spoke positively about staff and told us they were skilled to meet their needs. Comments included "Staff know how to care for me, and know what I need". One relative said "I am involved in my relatives care, the staff are helpful and seem to know [The person] well".

The service was inconsistently delivering supervision and appraisals. There were some areas where formal supervision had lapsed and staff had not received support in their day to day practice. This meant that not all staff were able to express any concerns or receive feedback on their performance. One staff member had received two supervisions and no appraisal in the previous 12 months. One registered manager said they knew this was an area that needed to be improved and a plan was being put in place to support staff in a better way. An email following our inspection stated that a new development portfolio was being introduced for staff and 'The aim is to capture observational supervisions, formal supervisions and appraisals on one document (moving away from multiple forms). A new set of values and behaviours have been developed and are included in the paperwork so staff understand what is expected of them.' We were assured that all staff would have supervision by the end of December 2016 and all appraisals completed by January 2017.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). One person had a best interest decision made with family involvement on 17 August 2016 regarding the sharing of a mobility vehicle.

The provider had policies and procedures in place regarding the MCA and DoLS. Where required people had assessment of their capacity and records confirmed this. DoLS applications had been made appropriately for people and the registered manager was awaiting further contact from the local authority. Staff had received training on MCA and DoLS and they were able to describe the principles and some of the areas which may constitute a deprivation of liberty.

Staff had completed an induction when they first started working at the service. This was a mixture of face to face training, online training and shadowing more experienced staff. The Care Certificate had been introduced and newer members of staff were completing this as part of their induction. The Care Certificate covered areas such as; equality and diversity, privacy and dignity and autism-the facts. There were mandatory courses for staff to complete such as; first aid, MCA and DoLS, safeguarding and positive behaviour management. The 12 week induction programme was discussed and signed off by a registered manager to ensure staff understood their role and what was expected of them.

Staff had been trained to meet peoples care and support needs. The registered managers said staff received core training for their role and specific training to meet the needs of people they supported. Staff told us they had the training to meet people's needs. One staff member said "I have everything, safeguarding, MCA, moving and handling, first aid and I'm learning makaton (A specific sign language) for communication. The list is endless". We reviewed the training records for staff which confirmed they had been appropriately trained to support people with learning disabilities and complex needs.

People chose the food they wanted and were supported by staff to assist with food preparation. People's dietary and fluid needs were assessed and plans made to meet those needs. Staff told us people were supported to eat a healthy diet and drink plenty of fluids. People's care records included details of food and drink they consumed. This meant the service monitored people's food and fluid intake to ensure they were not at risk. One person, when asked what they liked to eat gave a thumbs up to say there was enough and said "sausages and cheese". A tenants meeting minutes from August 2016 said that all people expressed interest in eating sausage pasta when shown a picture in a recipe book. One person said they would like to make it and everyone agreed. A note was left in the communication book to remind staff that this would be included in the next week's menu. Three relatives expressed concern about their loved ones gaining weight, with two attributing it to lack of activity, and one to lack of guidance about healthy eating choices, although this had improved after a recent meeting. Other relatives seemed happy with the quality and quantity of food available to their loved ones. One relative said "They have their own food cupboard and can eat what they like". Another relative said "The residents get together for meals, it is lovely. My relative is well-fed and kept clean".

Peoples care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists, opticians and members of the community learning disability team. We saw people's changing needs were monitored, and changes in health needs were responded to promptly. In each care plan, support needs were clearly recorded for staff to follow regard to attending appointments and specific information for keeping healthy. One person had visited the dentist, hospital, reflexologist and chiropodist between March and July 2016. Nine relatives said they were involved with their relative's reviews, and relatives of those in smaller services seemed particularly happy with their involvement in their relatives care.

Good

Is the service caring?

Our findings

We received mixed feedback about the staff working at the service. People using the service told us "The staff are really really good, I love being here" and "It's good, the staff are nice, I want to stay here" and gave a thumbs up. One relative said "The staff are marvellous, staff know [The person] inside out" and another "my relative is happy". Six relatives we spoke with felt that staffing was an issue and three were concerned that agency or newer members of staff who had limited English vocabulary and this would be difficult for communication. One relative said "Staff spoke in their native language around [The person]. This could possibly exclude them".

The service provided to people was based on people's individual needs. People's needs were assessed in relation to what was important for and to each individual. This meant the service was planned and delivered taking into account what people needed and what they wanted. People had a communication dictionary which helped to support people who do not use words to talk or have a limited vocabulary. These dictionaries helped staff to recognise and respond to a person's chosen form of communication. One dictionary indicated when one person was happy, tired, unwell, hungry and thirsty or wanted some time alone. The dictionary stated that '[The person] would hold your hand and take you to the door if they wished to go out.'

People had a small team of staff that supported them. This ensured continuity and enabled the person to get to know staff. When the service used agency staff they ensured they used consistent staff to ensure people knew who would be working with them. Each person had a one page profile which included, what was important to them, what people like about them and how they liked to be supported. This included their likes and dislikes. One person's profile said they liked nursery rhymes on a CD and mini snacks such as mini sausages and cherry tomatoes'.

Advocates, who are individuals not associated with the service were used to support people if they were needed. One person's support plan said, '[The person] is offered an advocate when needing to make decisions however at present [The person] has good understanding and is able to make decisions for themselves. Capacity assessments are completed and if at the time [The person] is assessed as not having capacity then an advocate will be offered'. One person had an advocate to support them in a best interest meeting in July 2016.

Peoples care records included an assessment of their needs in relation to equality and diversity. Staff we spoke with understood their role in ensuring people's needs were met in this area. We saw that staff had been trained about equality and diversity. We saw people were treated with kindness and compassion. We observed staff responding quickly to people's needs in a caring and meaningful way. One person was a little anxious about speaking to us and the staff member reassured them and used a bespoke sign language to help reduce their anxieties.

People we were able to speak with told us about their family and friends and how they maintained contact with them. Staff told us supporting people to maintain contact with their family and friends was an

important part of providing good care and support. All relatives we contacted had no issues with visiting their relatives when they wanted to. One relative said "I just turn up when I can and it's fine". One person's outcome based plan was 'To have regular and consistent support with helping me to have contact with my family and friends'. It stated that the person enjoyed receiving cards, letters, phone calls, visits and get togethers. The provider had a keyworker system in place, where a staff member was identified as having key responsibility for ensuring a person's needs were met. The person's key worker was responsible for ensuring their calendar showed all families' birthdays and other occasions and they were supported to write cards and letters and visit people and take photographs of special occasions.

Within Brandon Trust, people were encouraged to find employment and/or gain qualifications. We spoke to the social community inclusion representative who was employed by Brandon Trust to support people with maintain links in the community, encourage employment and who was responsible for the knit and knatter group who met weekly. People were able to attend and socialise, drink a cup of tea and knit items for the local neo-natal unit and other charities if they wished to. The representative told us "Brandon Trust facilitates total inclusion". They were extremely passionate about their job role, having been employed by the trust for nearly 30 years. We were told that new opportunities were always happening for people who used the service and that people's confidence had grown due to them being included. Three people had been employed within the community working in shops, kitchens and a local gardening centre as work experience. Some people were involved in the interview process of their staff team asking questions to their potential new care staff. One staff member told us that "One of the members of the Brandon members board has gone to the head office and been interviewing for a new trustee for the Trust". The provider states that they employ people to work within the service. We were told that some people had been employed in the head office previously but no-one at the present time was being employed.

Good

Is the service responsive?

Our findings

People we spoke with said the service was responsive to their needs. One person spoke enthusiastically about the range of activities and employment they were involved in and said "I love going to work in the local charity shop. I have my own flat and independence but staff help me to do things and go out when I want to". People talked to us about holidays they were planning with the help of staff. This included a caravan holiday and an apartment in Weston-Super-Mare. Outcomes of activities and community inclusion showed if people had enjoyed the activity being offered and what benefits this may have had for them. Staff told us they were continually trying to improve the activities on offer. One person's support plan said '[The person] shows anxiety when an activity finishes that they don't want to stop.'

Each person had a support plan called 'a plan for life' and a structure to record and review information. The support plans detailed individual needs and how staff were to support people. Each support plan covered areas such as; communication, daily living, eating and drinking, personal care, hobbies and interests, personal safety and emotional well-being. The plans were slightly different depending on which registered manager was responsible for each area. Some of the plans had outcome based plans with long term goals for people to achieve. One person's outcome plan updated in October 2016 was that [The person] had expressed an interest in sitting outside. The aim for staff were to put up a shelter so that they could sit outside more often. Staff were to support the person to choose a suitable shelter/summer house to enable them to do this in the bad weather. This was due to be reviewed in January 2017. A number of the outcome based plans did not have a date to be reviewed or updated.

People were offered the choice if they wanted to have a person centred plan (PCP). It was explained to people that this was a meeting where they were able to plan things they would like to do. One person's plan said '[The person] refused this and clearly said "No" to having a PCP.' Records showed that this would be revisited in six months. One person's PCP completed in July 2016 said '[The person] told everyone at their meeting that living here is fab and they really like it here.'

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's current care and support needs. The daily notes contained information such as the activities people had engaged in, their nutritional intake, food offered and accepted or declined and any behaviour which may challenge. This meant staff working the next shift were well prepared. Daily notes were completed every morning and every night. One person's daily notes on 9 September 2016 said 'Lovely mood, joking and giggly. Great interaction with everyone. Made clear choices over what they wanted to eat and where they would like to sit.'

By speaking to staff and looking at records, it was evident that promoting people's rights and supporting people to increase their independence and make choices was important to the team. The service operated a keyworker system, where a staff member was allocated to a person; their role was to take a social interest in that person, developing opportunities and activities for them, and in conjunction with the rest of the staff, lead on developing the person's support plan. One person's keyworker in July 2016 was responsible for arranging for one person to attend a rugby game and to go on a boat trip on the river. In May 2016 two

holidays had been booked by the person's keyworker to local resorts.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. Staff were clear as to what documents and information needed to be shared with hospital staff. One person's support plan showed important information that needed to be shared with medical professionals. For example: '[The person] is not able to tell you when they are in pain. They rely on staff who know him well to notice signs they may be experiencing pain. [The person] may cry but may not be able to tell you where there may be pain.'

People told us they were aware of who to speak to and how to raise a concern if they needed to. No-one we spoke with had concerns or needed to complain. People felt that the staff would listen to them if they did and that issues would be addressed. Two relatives said they had raised issues with the previous management and would feel no hesitation in raising future concerns, if and when they arise. A copy of an "easy read" how to complain booklet was found in each person's care file and we were assured this would be made accessible to people in their own flat should they want to read it and make a complaint. Two relatives did not know who to contact if they had a concern, all of the others seemed happy to contact the manager of the service, an area manager or head office.

There had been four compliments in 2016 from staff, relatives and professionals. One staff member said after a person had sadly passed away 'It was a massive privilege to have nursed [The person] and to have been part of a great team of dedicated staff. The love and care you gave over the years has I'm sure enriched their life as indeed they have you. Keep up the excellent care you give.' One relative said 'Thanks for looking after my relative, they are happy where they live now. It will take time to adjust and we miss each other but at least it's not far and I can visit. You are all doing a great job. You will have to give yourselves a pat on the back". Another relative said "My relative has been cared for by Brandon Trust for many years. They are very happy and they treat them very well. In all the time they have been there I can honestly say there have been no complaints about anything. Keep up the hard work and thank you.'

Good

Is the service well-led?

Our findings

There were six registered managers for the service. Care workers and registered managers told us they felt well supported by both their peers and managers and enjoyed working for the provider. One registered manager said the culture of the service was good and there was an 'open door' for issues to be discussed. They also said there was plenty of support from other departments such as; human resources, finance, learning and development team and advice for issues around health and safety. There was some mixed feedback from relatives about the service being well led. Three relatives gave positive comments including "good", "approachable" and "can't fault them at all." Four relatives had negative experiences and one said that "the manager is never there". One relative who visited regularly did not know who the manager was and another relative said "The manager is unapproachable, not engaged and defensive".

The registered managers were responsible for completing regular audits of the service. These included assessments of incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. A three monthly audit review took place to ensure care records and risk assessments were reviewed and updated where required. Records showed us that these took place and had outcomes. The registered managers also completed audits of each others areas as a quality assurance audit. These looked at key lines of enquiry used by The Care Quality Commission and assessed how well the service was performing. We found that there was inconsistencies especially in relation to the quality of the support plans and supervision and appraisals of staff. One registered manager acknowledged that each registered manager did things differently and this was not always consistent.

The organisational records, staff training and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Examples of these included safeguarding, duty of candour, infection control and lone working policy. A large number of easy read policies were available for people if they wanted them. These included complaints and how to complain, safeguarding and MCA and DoLS.

One registered manager told us that satisfaction surveys were sent out regularly to people and their families. The feedback from these surveys would be used to plan further improvements where necessary. The feedback from one survey told us 90% of people thought staff treated them with dignity and respect, 88% of people thought they had enough to eat and drink when they wanted and 85% felt safe. One relative said that a staff member had questioned them over their answers to a questionnaire leaving them to think that it was not confidential and was shared with all staff.

Staff and people attended regular team meetings and team leaders had their own allocated time for a meeting every month. Staff explained regular meetings gave the team consistency and a space to deal with any issues. Records confirmed these took place regularly. The meetings had specific outcomes. The staff meeting minutes from one location in August 2016 stated that a risk assessment for one person going out into the garden needed to be updated. It had been identified in a regional mangers meeting that staff required mobile phones for good communication. This had been implemented by September 2016 and we

had positive feedback about how this had improved staff handover's and staff morale.

A Brandon member's board meeting had been introduced and staff explained this was a way of people having more of a say about what happens at the service. This was an extra to the resident house meetings and people who use the service were able to chair the meeting. In the meeting minutes from September 2016 the focus was on 'communication' and how people can be encouraged to communicate safely. The group were planning to set up 'Brandon Trust' emails so that they could communicate with each other outside of the monthly meetings. People were encouraged to send a postcard to a friend and one person said "I sent a postcard and I got one back, it was nice to receive it in the post".

From looking at the accident and incident reports, we found the registered managers were reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. All accidents and incidents such as falls, ill health, aggression /abuse or accidents for people were recorded and colour coded into areas There were recorded locations, people involved, witnesses and the duration of each incident logged for each one. There had been two accidents for one person in June/July 2016. These were recorded as falls and these had been investigated. The registered manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken. A date was given to when each registered manager had been notified. A de-brief took place after incidents and asked questions such as; What could be learnt from this? And could this have been prevented? Staff and people were involved in the process.