

# Care Management Group Limited

## Avenue Road

### Inspection report

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### Ratings

#### Overall rating for this service

**Good** 

Is the service safe?

**Good** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

### Overall summary

This inspection took place on 13 March 2015 and was unannounced.

Avenue Road is a supported living service that can accommodate up to nine people with mild to moderate learning disabilities, diagnosis of mental health and challenging behaviours and other associated health or communication needs. People who use this service receive care and/or support in order to promote their independence. They live in their own flat with a tenancy agreement and receive 24 hour support. People using the service liked to be addressed as tenants.

We last inspected this service in May 2013. At that inspection the service was meeting all the regulations that we assessed.

The provider appointed a new manager for the service in October 2014; the manager had submitted an application to register with CQC and was waiting for a date to have the interview and assessment. 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

People told us they felt safe in their homes because of the staff support they received; it was tailored according to their needs and abilities. Family members told us they felt confident in the fact their relatives were developing more independent living skills; they were well supported and cared for.

Risk assessments considered individual needs, strengths and areas where support was required. The service encouraged and empowered people develop independent living skills, promoted positive risk taking and did not restrict people's interests and encouraged them to try new things.

Recruitment processes were robust and only suitably vetted staff were employed. People using the service were fully involved in recruiting and selecting their team of support staff.

Staff told us they received essential training but also training specific to the people they were supporting. We saw that external professionals were regularly involved where needed and staff followed their advice and recommendations. Staff had undertaken relevant training on the Mental Capacity Act 2005 so that they understood the issues faced by people who may find it to make informed choices about their care.

The service had systems in place to safely support people who may behave in a way that put themselves or others at risk of being physically harmed.

Staff supported people to fulfil individual passions. The service worked with people to arrange and support them to try new things. Activities and opportunities were varied and regular. Staff supported people to achieve personal goals such as managing their finances better and in using public transport independently.

People were engaging in voluntary employment and being supported by staff to find employment to further increase their independence.

People using the service found staff respected their privacy and dignity, they had their own keys and the staff would only enter their flat in an emergency, if it was pre-arranged or if they were invited.

The provider had quality assurance processes in place that drove improvement in the service. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

# 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 safe. The service made sure any risks were carefully assessed; these were managed in a way that promoted people's independence. Support plans balanced safety with people's rights to make informed choices.

Staff understood how to recognise abuse and took effective action to keep people safe. There were sufficient numbers of suitable skilled staff available to support people safely.

Good



### Is the service effective?

The service was effective. Staff received training and support which enabled them to support people with complex needs, additional, service specific, training was provided to staff to ensure they had the necessary skills and knowledge required. External professionals were consulted whenever necessary and any recommendations they made were followed.

Support plans were written around people's individual needs and behaviours. People received support that promoted their health needs; they were assisted to access healthcare professionals.

Staff supported people in a way that helped them understand information about their care and support in accordance with the principles of the Mental Capacity Act 2005.

Good



### Is the service caring?

The service was caring. People experienced care and support which reflected their individual needs and preferences. The service had a stable staff team who were caring and thoughtful. This promoted consistency of care.

People told us staff supported them to do what they wanted. Staff adopted a caring, nurturing approach which had improved people's behaviours. Staff respected people's wishes to live as independently as possible.

Good



### Is the service responsive?

The service was responsive. People and relatives were regularly involved in care planning. Care records were detailed sufficiently to inform staff and direct the care and support arrangements. Staff were responsive to people's changing needs and circumstances and took appropriate action as necessary.

People received support to take part in lots of activities that were interesting and motivating, and they had opportunities to learn new skills.

Good



### Is the service well-led?

The service was well-led. People told us about the positive

culture and supporting nature that was promoted at Avenue Rd. Relatives told us the manager had contributed to positive changes and their enthusiasm was infectious. Staff told us how they felt they were encouraged to share their views and felt supported by an open positive culture.

Good



# Summary of findings

The provider had effective systems to regularly assess and monitor the quality of service that people received. On-going audits and feedback from people using the service was used to improve the support they received.

# Avenue Road

## 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 checked 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by.

We visited the service on 13 March 2015. Our visit was unannounced and the inspection team consisted of one inspector. On the day of our visit eight males were using the service. We focused on speaking with people who lived in this supported housing unit, spoke with staff and observed how people were supported.

During our inspection we spoke with five people using the service, three care staff and the manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for two people. We also looked at records that related to how the home was managed. After the inspection visit we spoke with two relatives and two social workers.

# Is the service safe?

## Our findings

People told us they felt safe and had confidence in the service. One person said, “I would talk to staff if I have any worries or concerns.” People spoke of the things that helped them develop their independence; there was always a member of staff available if they needed support. People told us they were involved in discussing risks posed every day and in making choices about how to stay safe. Staff supported people by raising their awareness about abuse and keeping safe in their home and in the local community, this was done via key working sessions. A person said, “We meet with our key worker and discuss things. We make plans together about what I should do or avoid, I can agree or disagree with the plans.”

The provider had clear procedures in place on safeguarding adults including how to recognise abuse and what steps to take. There were posters and leaflets in the communal areas to help tenants understand what abuse was and how they should report it. The leaflets were easy to read and set out the safeguarding arrangements in place and relevant contact telephone numbers. Safeguarding was discussed regularly at staff meetings and at the monthly tenant meetings. The provider had a safeguarding board committee who monitored all safeguarding referrals on a quarterly basis to identify and respond to common trends. Staff were aware of what constituted a safeguarding concern or abuse and how to respond. Staff liaised with people’s social workers and other healthcare professionals involved in their care if they had any concerns about a person’s safety or welfare. At the time of our inspection there were no safeguarding concerns. There were processes in place to help support people with managing their finances and that protected them from financial abuse, and records were kept of all financial transactions. The financial records were audited at regular periods to ensure processes were robustly adhered to. Staff told us there was a clear guide for staff to follow, if required, and they felt confident to report bad practice and that the manager would support them. Records confirmed all staff received training in safeguarding adults during induction and received yearly updates.

Staff had a good understanding of how to positively manage risks for each person they supported; positive risk management training was provided to the staff team. Staff told us they followed the management plans and had the

opportunity to discuss risk management at shift handover and in team meetings. The care and support experienced by people was planned and delivered in a way that promoted people's safety and welfare. The service had developed individual risk assessments that helped minimise risks in relation to people managing their independence. The risk assessments were person centred and outlined how to minimise risk. Risk plan examples included personal care, behaviour management, vulnerability, accessing the home / wider community and epilepsy. Clear support plans were in place about supporting people with staying safe and becoming more independent, examples seen included support with preparing meals and attending community events. There were additional contingency plans in place that guided staff on what action to take if a person experienced a relapse in their mental health. This helped ensure that they got the support they needed promptly to keep them safe, and recent examples were seen of a person being admitted to hospital when there were signs of deterioration in their mental health.

We saw examples of how people’s choices were considered in relation to balancing risks with autonomy and rights to freedom. For a person who was finding it difficult with support to make informed choices a “Best Interests Meeting” was held. Staff supported people discreetly with managing these risks while balancing development of their independent living skills, for example a staff member supported a person to use the cooker safely in the communal kitchen while they prepared their lunch. Staff had a good understanding of how to manage risks positively for each person they supported. The daily handover/communication book contained clear information on events that informed staff. Care records showed staff had followed the individual risk management guidelines in place. There were arrangements to deal with foreseeable emergencies. People using the service had their own mobile phones and telephone numbers should they need to contact someone in an emergency. The service maintained records of all accidents and incidents. Appropriate investigations and follow up actions were taken following incidents.

Staff allocation records showed that people received appropriate staff support. Staffing levels were organised flexibly and according to people's needs. People told us they had sufficient numbers of staff available to assist them and provide the support they needed. At night if people

## Is the service safe?

wished to attend an event staffing levels were arranged to enable this support. People were supported by sufficient numbers of suitably skilled and experienced staff to meet their needs and enable them pursue a fulfilling lifestyle, and examples were given of periods, such as evening events, when additional staff were on duty to provide individuals with one to one support. The manager told us staffing arrangements were flexible but varied according to individual's needs. Some people received one to one support for periods of the day according to the plans agreed whilst other people were more independent and had minimal support. There was a low turnover of staff and newly recruited staff received a thorough induction that included shadowing senior experienced staff and getting to know the people using the service. This helped ensure people were supported by staff who were experienced and knowledgeable about their individual needs.

The recruitment process was thorough, records of staff recruitment showed that only suitably vetted staff were employed. People using the service were involved in interviewing prospective candidates and their feedback was used to inform selection process. Pre-employment checks were obtained prior to people commencing employment. These included two references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service check. This helped to reduce the risk of the service employing a person who may be unsuitable to work at the service. Staff recruitment files were audited at frequent intervals by the provider and reported on to ensure that processes were robust.

We saw information about how to support people who may behave in a way that put themselves or others at risk of being physically harmed. Each person requiring this had a 'positive behaviour support' plan (PBS) which helped staff recognise when behaviour may become challenging. The plan included strategies and interventions for staff to use to help distract the person and diffuse the situation. Examples of these were seen on the inspection visit, one person became upset and staff responded very calmly and reassured the person, the person went into the garden and used a whistle to manage his feelings when he became

agitated. Staff told us this was one of the coping mechanisms developed between the person and the behaviour specialist. The provider had their own clinical team which included behaviour specialist. Staff had completed relevant training on how to respond positively when a person became upset or angry.

Information and advice was provided to staff by other health and social care professionals such as behaviour specialists. This included guidance about how to support a person if distressed or exhibiting behaviour that could put themselves or others at risk. This enabled staff at the service to maintain their safety, and ensured people had the support they required. Staff were person centred in their approach to people and showed sensitivity to their needs and wishes.

People were protected from risks associated with their environment. Staff carried out checks to make sure people's surroundings were safe and clean. People were supported to live in well-maintained premises.

Some people required support from staff in relation to managing their medicines. People told us they received their medicines safely. Assessments were completed for each person in relation to managing their medicines. When it was identified that people required support to take their medicines staff followed the provider's medicines administration procedures. We saw staff had completed medicine administration record (MAR) charts to confirm people had received their medicines as prescribed. We saw that people's MAR charts were checked at regular intervals and audits were completed to ensure people received their medicines as prescribed and to reduce the likelihood of medicine errors. In the event of a medicine error we saw that this was addressed correctly through retraining, competency assessments and assigning the staff member to a period of shadowing by senior more experienced staff. Care records showed the service had supported people appropriately when their medicines were reviewed by the prescribing doctor. For example, staff supported people to attend meetings with the GP when the medicines were reviewed.



# Is the service effective?

## Our findings

People told us they thought staff provided them with the kind of support they needed, and recognised when they were improving their independent living skills. One person said, “I am more able now and staff have given me encouragement to get to this stage.” We saw numerous examples of progress made by individuals in adapting to a lifestyle they enjoyed and where they took more control over their life. One person told us they had overcome a number of obstacles in their life and as they had progressed they had been supported into part-time employment which they enjoyed. Another person told us staff had supported them to be more independent in travel and were assisting them to find employment.

Staff had the skills and knowledge and acquired experience to support people using the service. Staff received regular training to update their skills and learn new skills to further improve the quality of the care and support provided. Training records confirmed staff had received training in: safeguarding adults, infection control, food hygiene, health and safety, medicines administration, record keeping and fire safety. Staff told us they also received training in topics specific to the needs of people using the service including: supporting people with behaviour that challenges, mental health, autism and epilepsy, and records of additional training confirmed this.

Staff told us the training gave them confidence to undertake their role effectively. The service had an electronic system in place for monitoring when staff training was due. The system flagged up a reminder for the manager to action. The manager shared with us the induction process for new employees; it was comprehensive and covered all mandatory training. A new member of staff was completing the induction programme, as part of the induction the manager completed direct observations of their practice took place before they worked alone.

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.. Staff had undertaken relevant training on the Mental Capacity Act 2005. Staff told us this helped them understand challenges faced by people who may find it difficult to make informed choices about their care.

People told us they consented to the care and support they received. A person told us, “Myself and the support worker agreed my support plan, I am in control of what happens – it is a written plan.” Staff told us they assumed people had the mental capacity to consent and used their knowledge of people’s communication needs to explain choices to people and assist them to make decisions. Care records included information on how people were supported to make decisions in relation to their day to day support. Capacity assessments completed were decision specific, for example a person was assessed as having difficulty managing their payslip and making arrangements to pay the vet’s bill, a relevant support plan was put in place for staff to help him manage these issues. We saw examples of people being consulted and their decisions were acknowledged and recorded, a person was consulted about their end of life plan, following discussions with their keyworker they declined to be involved in developing a relevant plan.

Staff were supported to deliver care and treatment safely and to an appropriate standard. Staff told us they received regular supervision from their manager which gave them the opportunity to discuss their performance and to identify any training needs. There was evidence managers checked the competency of staff to carry out their duties. For example, there were manager’s reports on the observation of staff practice whilst the staff member administered people’s medicines.

Staff records showed that all staff received monthly supervision and yearly appraisals with the manager. There was a supervision planner in place that supported this. Staff told us they were able to discuss their practice and professional development on a regular basis as well as identify any learning or development needs. The manager held monthly staff meetings. We saw meeting minutes from recent team meetings which were focused on people's needs, the day-to-day running of the service and information in relation to the provider organisation and future developments. Staff told of effective teamwork; they felt supported and were able to discuss any problems with the manager.

People told us they were able to have food and drink of their choice, staff assisted them with shopping, and preparing food where necessary. Records of care showed the service had asked people about their food preferences and clarified whether they had any health needs, such as



## Is the service effective?

diabetes, which had implications for their diet. A person told us, “I have diabetes and am insulin dependent, I have been overweight but staff have encouraged me to eat more healthy food and I now feel better because of losing weight.” Staff told us their training and induction had covered how to meet people’s nutritional needs. Staff sought guidance from health professionals in relation to people’s diet when they had any concerns.

People told us their day to day health needs were met. People told us they visited their GP for a health check every year and staff supported them to attend other appointments if needed. Each person had a health action plan and a 'health passport' which contained details about them and their healthcare needs. A health passport is a document which the person can take to health care appointments to show how they like to be looked after. We saw that information had been kept up to date and reviewed regularly as people's needs had changed.

All appointments with health and social care professionals were recorded and staff had made timely referrals for health and social care support when they identified concerns. A person told us, “I was not feeling well and staff helped get an appointment to see my G.P.” Care records

demonstrated the service assessed and reviewed people’s needs in relation to their physical and mental health. Records showed the involvement of a wide range of health professionals and it was evident that people’s health care needs were constantly monitored and addressed appropriately. A family member told us, “I find it comforting to know [my relative] had his independence and that he is effectively supported with this healthcare needs.” Where needs had changed, there was evidence that people's support and risk management plans were updated. This showed that the service worked effectively with other professionals as necessary to deliver the care people required. When relevant, people had been supported to receive advice and treatment from specialist health professionals such as psychiatrists. The manager told us of the effective working relationship with the psychiatry team, and recently this had worked together in developing a relapse prevention plan for a person experiencing a decline in their mental health. The service found the community psychiatric team dealt promptly with their requests for additional support. One person was in hospital, the manager had attended meetings with other professionals to discuss staggered discharge arrangements.

# Is the service caring?

## Our findings

People's privacy and dignity were respected. People using the service told us that staff respected their privacy and dignity. They said they had their own keys and that the staff would only enter their flat if it was pre-arranged or if they were invited. We observed the staff knocked on doors before entering people's flats. One person said, "I feel valued and staff listened to my point of view." Care plans included information about people's rights to privacy and how staff should support them. Staff had received training on the principles of privacy and dignity, and person centred care.

People were relaxed and comfortable around the staff and shared their views about the daily news and sports results. The rapport with staff was good. We saw a staff member supported one individual whilst encouraging them to be independent and make decisions throughout the morning. The person was keen to talk to us and share with us how inspiring staff members were. A relative told us their family member was comfortable with staff, they described staff as "caring people."

Staff told us the training had emphasised the importance of understanding people's backgrounds, preferences and how to communicate with people. Care records included this type of information and staff said they read these records, it made a positive difference to them and they could care for people appropriately. A member of staff told us, "Understanding a person's past experiences helps us to get to know a person and provide more specific support."

People's diversity, values and human rights were respected.

We saw that staff attended training on equalities and diversity. Records included details about people's ethnicity, preferred faith and culture and staff used this information to respond appropriately to people's needs.

We saw records to confirm people were regularly consulted about their care. Staff confirmed as many people as possible were involved in the care reviews. The manager said, "We recently had [name of person's] review which involved the parents." Relatives confirmed they were also involved where needed. One relative said, "We've been included from the beginning and we're kept in the picture." Some people had agreed for information to be shared with their family on a regular basis but others chose not to and this was respected.

Staff worked together with people to enable them be as independent as possible. People said that staff helped them to learn new skills such as budgeting and travelling independently. One person said, "I am supported to be as independent as possible by the staff, that is my goal and I am getting the encouragement and support to get there." Records of care showed the service had assessed what people's support needs were in relation to their personal care, managing household tasks and following their interests. A relative told us, "Staff are discreet and understand my family member is learning slowly." Care records showed people had specific goals in relation to becoming more independent. For example, a person's records included guidelines for staff on supporting them to develop their skill in relation to washing their own laundry.

We saw evidence that the provider had taken action to improve people's choice in relation to which members of staff supported them. For example, people told us they could choose who was supporting them and could express if they were not happy so that a change could be made.

# Is the service responsive?

## Our findings

People received support that responded to their individual needs. A social worker said, “This service supports people to lead more independent lives, it does this well.”

The provider assessed people’s needs prior to them using the service to determine each person’s support needs. The assessment records considered all aspects of a person’s life, including their strengths and weaknesses, social needs, dietary needs and preferences, health and personal care needs, and the individual’s ability to take positive risks. The support plans and care arrangements were developed with the person to respond to these areas of need. Individual’s support needs were reviewed regularly with the person and adapted as necessary to respond to changing need, for example one person had become more independent in numerous areas and their support needs were reflected a reduction in support hours was required. The person said, “Due to the help from staff I have become more independent and no longer need staff to help me with chores, I go out in the community independently.” Another person required increased support when they had a relapse. A new support plan which reflected increased needs and requiring additional staff hours was developed to respond to the concerns. There was input too from the person and the care coordinator in order to reduce the likelihood of a crisis and to help the person stay well. We saw from care records that care reviews for people involved people’s social workers/care managers, care coordinators and family members. The outcomes of annual reviews were seen to recognise the service was flexible and responsive to individual’s needs. We saw comments from social workers, the following was recorded, “Staff understand the needs of the person and respond accordingly, the person finds the staff are approachable and helpful.”

People’s diversity, values and human rights were respected and responded to appropriately. Staff attended training on equalities and diversity on an annual basis which helped them understand the diverse needs of people. Care records included details about people’s ethnicity, preferred faith and culture and staff used this knowledge to respond and support people with these needs. One person had additional physical needs, they were unable to access the communal laundry room and this was reflected in their support plan. In order to maintain the person’s

independence, staff accompanied them to the local launderette once a week. Staff gave examples where people had achieved personal goals such as managing their finances and using public transport independently.

People told us they got to take part in lots of activities they were interested in, and they had developed loads of new skills because of this. The service worked with people to arrange and support them to try new things, activities were varied and regular. Staff supported people to fulfil individual passions. One person we spoke to had a keen interest in football and played in numerous competitions, he said, “Staff see I am good and encourage me to focus and develop my skills.” Another person told us he hoped to get into football coaching; the staff had already made contact with an organisation that could help him train for this. Staff supported people and promoted their independence and community involvement. Each person had an activity planner which they had created and which outlined their interests, hobbies and day to day routines. One person had been assisted to find part time employment, he described this “as rewarding as he liked taking responsibility in his work for recycling.” Another person attended college; he showed us his progress report and records of achievement in sport. Recently a number of people from the service had participated in a stage production representing Africa.

During our visit, we saw that staff supported people with their daily routines and in making choices about what to do. One person had chosen to stay at home in the morning and do their chores, they told us they were going to visit their parents for the weekend and were preparing their clothes and weekend bag for this. Another person attended a day centre for the day, he required assistance in the community, and a member of staff supported him to use the wheelchair. Two people went out to play snooker with their keyworker. We met with one person who invited us into their flat; they told us that staff supported them with their chosen activities. These included eating out, bowling and cinema, cycling and attending a fitness gym. We saw that these activities corresponded with the person’s activity planner.

The service held regular meetings with people that used the service in order to get their views, these were called “tenant meetings” and these were organised and chaired by people using the service. One person using the service told us they enjoyed attending the meetings to discuss

## Is the service responsive?

“what’s working or not, any suggestions for change”. People said they were able to set the agenda and make suggestions about service delivery. We saw from minutes of previous meetings that people had discussed

arrangements around changes to the communal kitchen. The manager told us there were improvements planned to the layout planned for the communal kitchen which would benefit people as they prepared meals.

# Is the service well-led?

## Our findings

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The people who used the service were involved in how the service was run, they had monthly 'tenant' meetings which they chaired, and minutes of the meetings were recorded. People's opinions were central to how the service developed, the provider had effective ways of making sure they continued to drive improvements. The provider arranged for 'quality checkers' to visit the service and obtain people's views. Two of the tenants at Avenue Road also took part in these visits to other Care Management Group services. 'Friends and family' forums were held every three to four months for people using the service and where relatives to meet up and share experiences. The provider also recently held a family day where people with a family member using their services were invited to attend; representatives from CQC and the Challenging Behaviour Foundation were invited as speakers. A relative we spoke with said, "This is a great service and well-managed, with the same aspirations as we have for our family members, they are inspirational."

People using the service, their relatives and other stakeholders were given satisfaction surveys once a year and their feedback was analysed. From the findings and analysis, an evaluation report was written up that identified the aims and outcomes for the following year. The manager advised us that this year's annual plan was underway as results from questionnaires were still being assessed. We looked at some of the completed surveys which reflected positive feedback. A person using the service stated, "Any issues I have are most of the time sorted out for me." A social care professional wrote that the service was good at "managing and supporting appropriately people with complex and challenging needs."

There was a new manager in post who had been appointed in October 2014. She was skilled and experienced in managing services for people with learning disabilities. A

social care professional spoke positively of the changes made and the improvements noted by their team since the new manager came into post. Staff told us of good teamwork; they said they were well supported, had support and supervision and could discuss any problems with the manager. The manager shared with us the work she had been doing to further develop the service and acknowledged some updating was required to care records. All five people we spoke with were positive about the new manager and for her contributions to making changes. A relative we spoke with said, "I see great improvements since the new manager came into post, the change is refreshing, there is more enthusiasm among staff too."

Internal auditing and monitoring processes were in place to identify any shortfalls and to drive improvement. The area manager visited the service and carried out a monthly quality assurance audit. The reports showed that the provider closely monitored service provision. Any areas for improvement were identified in an action plan and their progress was followed up, and these were kept under review by the provider's quality assurance department. Where shortfalls in service quality were found, there was evidence that corrective action had been taken in a timely manner. The manager routinely undertook other quality audits, these included checks of care plans and care records, medication, health and safety and infection control.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. The service maintained records of all accidents and incidents. Appropriate investigations and follow up actions were taken following incidents and changes were made to people's risk and support plans as necessary. The provider's risk panel board regularly looked at incidents and near-misses, complaints, safeguarding and whistle-blowing to identify where any trends or patterns may be emerging. The service has kept us promptly informed of any reportable events.