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Beechfields

Inspection report

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Date of inspection visit: 28 January 2015
Date of publication: 04/06/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

The inspection took place on 28 January 2015 and it was unannounced. We carried out this inspection in response to some concerns received. The areas of concerns centred on the delivery of care to people and management of the home.

Beechfields is a registered care home providing accommodation and personal care for up to nine older people. At the time of our inspection, eight people lived at the home. The home is a small family run care home with four members of staff. All the facilities were on the ground floor and every person had a single room with en-suite facilities. There was a large easily accessible garden and views from all the bedrooms.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Staff had not received one to one supervision, which enabled the registered manager to identify future training needs and support them to meet people's needs. We have made a recommendation about this.

There were no formal processes of involving and for gaining the views of staff, people and relatives, such as staff meetings, resident's meetings and surveys on aspects of the service. We have made a recommendation about this.

All of the people who were able to converse with us said that they felt safe in the home; and said that if they had any concerns they were confident these would be quickly addressed by the staff or the registered manager.

The provider had systems in place to manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team, in a timely manner.

All people had risk assessments in place to identify risks that may be involved when meeting people's needs. These risk assessments were reviewed in December 2014. Accident records were kept and reviewed to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents.

Staff were not hurried or rushed and when people requested care or support, this was delivered quickly. The provider operated safe recruitment procedures.

Medicines were managed, stored and administered safely. Clear and accurate medicines records were maintained.

Staff knew each person well and had a good knowledge of the needs of people who lived at the home. Training records showed that staff had completed training in a range of areas that reflected their job role.

Staff received Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) training to make sure they knew how to protect people's rights. Staff understood the importance of obtaining consent from people before care or treatment was provided.

People said the food was good. The menu offered variety and choice on a daily basis. It provided people with a nutritious and well-balanced diet.

People and their relatives were involved in their care planning, and staff supported people with health care appointments and visits from health care professionals. Care plans were amended immediately to show any changes, and care plans were routinely reviewed when necessary to check they were up to date.

People were always treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed. People were able to make choices and their independence was promoted.

Staff had suitable training and experience to meet people's assessed needs. They were informally supervised and adequately supported by the registered manager and provider. However, this was not formally documented.

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed with the person and their relatives. People were encouraged to take part in activities and leisure pursuits of their choice, and to go out into the community as they wished.

People knew how to make a complaint if they were unhappy.

People spoke positively about the way the home was run. The provider had a clear set of vision and values, which were observed being implemented by both the registered manager and staff. The registered manager and staff understood their respective roles and responsibilities.

The home had a system to monitor and review the quality of service they provided. Prompt action was taken to improve the home and put right any shortfalls they had found. Information from the analysis of accidents and incidents was used to identify changes and improvements to minimise the risk of them happening again.

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.

People were protected from harm. Risks to people's wellbeing were understood and addressed in their care plans, or with representatives, where appropriate.

There were enough staff employed to ensure people received safe care.

There were effective and robust recruitment procedures in place. The design of the premises enhanced the levels of care that people received.

Medicines were managed, stored and administered appropriately.

Good

Is the service effective?
The service was not always effective.

Staff had not been giving regular opportunity to formerly meet with the registered manager to discuss their job role and development.

Staff were provided with effective training to ensure they had the necessary skills and knowledge to meet people's needs.

The provider ensured that people received effective care that met their needs and wishes.

People's rights were protected under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff were aware of their roles and responsibilities with regards to obtaining peoples consent to care and support.

People were provided with a healthy diet, which met their needs and offered plenty of choice.

Requires Improvement

Is the service caring?
The service was caring.

The provider and staff showed caring, kind and compassionate attitudes towards people. People told us they were always treated with kindness.

Staff valued people's privacy and ensured their dignity.

People were supported in promoting their independence and encouraged to receive visitors.

Good

Is the service responsive?
The service was responsive.

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs.

Good

Summary of findings

The registered manager and staff responded to people's needs quickly and appropriately whenever there were changes in people's health need. Healthcare professionals were contacted when necessary.

People and their relatives knew the complaint procedure and they told us they knew how to complain if they needed to.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had no formal process of how people, relatives and staff are actively involved in developing the service.

The provider had a clear set of vision and values, which were used in practice when caring for people.

There was a robust staffing structure at the home. Both management and staff understood their roles and responsibilities.

There were systems in place to review the quality of service in the home. Action was taken as a result of these audits to improve the care and service.

Beechfields

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.

This inspection took place on 28 January 2015 and was unannounced.

Our inspection team included two inspectors and one expert-by-experience who carried out interviews with people which is how we obtained people's views. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had knowledge, and understanding of older people's residential homes, and supporting family and friends with health care problems.

We carried out this inspection in response to some concerns received by CQC. The areas of concerns related to the quality of care for people and management of the home.

Before the inspection, we reviewed our records including correspondence and notifications. Notifications are information about important events which the service is required to tell us about by law. We also reviewed safeguarding alerts received by CQC and previous inspection reports.

As part of our inspection, we spoke with seven people a relative, two support workers one nurse and the provider. The registered manager was away from the care home when we inspected. We also contacted health and social care professionals who provided health and social care services to people.

We observed people's care and support in communal areas to help us understand people's experiences We looked at the provider's records. These included two people's care records, two staff files, a sample of audits, staff rotas, and policies and procedures. We also looked around the care home and the outside spaces available to people.

We last inspected Beechfields on 20 May 2014 when we had no concerns and there were no breaches of regulation.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "I feel safe with staff looking after me". Another said, "I feel safe and have no worries". A relative said, "I feel confident about Mum's safety and have no concerns" and "I feel my mum is safe here. I could not think of anywhere she could be safer".

The provider had taken reasonable steps to protect people from abuse. There were systems in place to make sure that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team, in a timely manner. Staff told us that they would tell the registered manager of any safeguarding issues. One member of staff said, "I would report any concerns to the registered manager, and if necessary to the police and to CQC". The registered manager would then alert the local authority safeguarding team and the Care Quality Commission.

Staff who were on duty during our inspection told us that they had undertaken training in safeguarding people from abuse. They described their training and the various types of abuse to look out for and how they would respond by reporting any concerns to make sure people were protected. Staff were also aware of the whistle blowing policy. Safeguarding and whistleblowing policies and procedures contained the latest guidance and staff knew where to find these if they needed further guidance.

Each person's care plan contained individual risk assessments in which risks to their safety were identified such as falls, mobility, nutrition and isolation. Guidance about any action staff needed, to make sure people were protected from harm was included in the risk assessments. One care plan contained the action staff had taken to minimise the risk of falling for one person who had a number of falls, which staff were aware of and used. Where people's needs changed, the registered manager and staff had updated risk assessments and changed how they supported people to make sure they were protected from harm.

Where any accidents or incidents had occurred there was a system in place for recording the actions taken by staff in response to them. Individual incident and accident records were checked and reviewed regularly by the registered manager. The information showed appropriate action had been taken in response to incidents when they occurred and that when required, we had been informed about these.

Staffing levels were adequate to meet people's needs. There were a minimum of two staff during the day time hours and a staff member who slept overnight. Staff were not hurried or rushed and when people requested care or support this was delivered quickly. We observed staff providing care in a timely manner to people throughout our inspection. People told us there were enough staff on duty and call bells were answered promptly. The provider explained how the number of staff on each shift was decided in consideration of people's care needs. Both the provider and registered manager lived on site and covered shortfalls in staffing whenever required.

People had individual emergency evacuation plans and there was an appropriate business contingency plan in case of emergencies. The contingency plan contained information about procedures to follow in an emergency, for example telephone numbers and temporary accommodation details if people needed to move out due to an emergency situation. Information was available to inform the staff how each person should be evacuated from the building in an emergency and these were reviewed regularly in case people's needs changed. Each bedroom had a call bell alarm system, which enabled people to call a member of staff when they needed assistance. This showed that there were systems in place to keep people safe during an emergency.

The provider operated safe recruitment procedures, which ensured that staff were suitable to work with people safely. We looked at the staff recruitment files and found them to be well organised and there was evidence to show the appropriate checks had been carried out before staff commenced work. These included identity checks, two written references, one of which was from the person's last employer and Disclosure and Barring Service checks, to help ensure staff were suitable to work with people. Application forms were completed, which included full employment histories and any relevant skills and experience. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with people.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately

Good

Is the service safe?

trained and confirmed they understood the importance of safe administration and management of medicines. We looked at three medicines administration records (MAR). We noted all had been correctly completed. Medicines were locked away as appropriate. Staff were knowledgeable with regards people's individual's needs related to medicines. For example, one staff member told us how one person, because they did not wish to get up early, had their morning medicines administered an hour later. This had been appropriately discussed and agreed with the GP. Medicines were administered from a blister pack (medicines dispensed in a sealed pack), which made medicine administration safer.

Requires Improvement

Is the service effective?

Our findings

People told us they were happy with the way they were cared for and supported. They said, "The girls know how I like things done, they are very good". Another person said, "If you are ill you are really well looked after and do not have to worry". A relative said, "Mother enjoys the one to one attention and being read to. Staff have adjusted care to her needs, they are very good and sensitive".

All staff completed training relevant to their work as part of their probationary period. These skills were built upon with further experience gained from working in the home, and through further training. Staff told us that their training had been planned with the registered manager. Some staff had received dementia awareness training as it had been identified that some people may be in the early stages of developing dementia.

The provider promoted good practice by developing the knowledge and skills staff required to meet people's needs. The staff training plan showed that all staff had been trained in key areas which were required to meet people's needs. All staff had received essential training to carry out their roles effectively in topics such as moving and handling, using the people handling hoist safely, infection control and food safety. In addition some staff had attended Six Steps to End of Life Care and Palliative Care at a local hospice. Staff undertook additional training courses outside of the training required by the provider to develop their skills and knowledge.

Staff showed they had the skills and knowledge required to meet people's individual needs. Staff spoke confidently when they described what people's needs were and the part they played in delivering the care in people's care plans. People with more complex health needs were known to staff so that their health and wellbeing were maintained. Staff were aware of people with special dietary requirements and diabetes. For example, for someone who was on soft foods as they have difficulty swallowing and prefer not to have drinks thickened, staff provided straws for the person to use, which was their preference. Staff also understood how to deliver care where people required additional support from two staff such as the use of hoist.

Staff told us they received opportunities to meet with their line manager to discuss their work and performance. One member of staff said, "I had at least two supervisions a year". Another said. "I had one supervision last year". It was acknowledged by the provider and staff that recently there had been a period where supervisions had not happened regularly. However, the provider explained that as Beechfields was a small family run home, both the provider and registered manager had informal supervision and discussions with staff on a daily basis. Staff had not been giving regular opportunity to formerly meet with the registered manager to discuss their job role and development.

We recommend that the provider seeks advice and guidance from a reputable source, about the provision of one to one formal supervision to staff.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the provider. They showed a good understanding of the impact on people. The provider informed us that they have not had any reason to apply for DoLS as there was no form of restriction in the home. Staff were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation. This showed us staff knew what the legal requirements were in relation to Deprivation of Liberty Safeguards and it's implementation.

Consent was sought from people about a range of issues that affected them, for example, consenting to their personal care being provided by staff. Where others were acting in someone's best interest to make decisions on their behalf, such as people with power of attorney, this was identified in their care file. Care plans contained guidance for staff about the choices and decisions people had made in relation to their end of life care and support. These included information about where people have appointed relatives with lasting power of attorney or have living wills in place. Care plans also contained guidance for staff about people's preference for active resuscitation. People had signed 'do not actively resuscitate' (DNAR) orders for their involvement in this decision, together with a health care professional. Where people had been assessed as not having the capacity to make this decision, this decision was taken after a best interest meeting and signed for by the GP or health professional involved. The form had also been co-signed by a relative as they had legal authority such as lasting power of attorney to act on their behalf.

Requires Improvement

Is the service effective?

The risks to people from dehydration and malnutrition were assessed so that they were supported to eat and drink enough to meet their needs. People who had been identified as at risk had their fluid and food intakes monitored and recorded. Staff responded to concerns about people's weight or fluid intake by seeking advice and additional support from people's general practitioner (GP) and dieticians where necessary.

People had enough to eat and drink. Drinks were readily available throughout the day and people were offered a choice of hot and cold drinks at regular intervals. Meals were home cooked, freshly prepared and well presented. One visiting healthcare professional said, "The food always looks good". People were supported to make their own decisions and choices in their day to day life. One staff said, "We talk to people individually about their choice of food". People could choose whether to eat their meals in the communal dining room or in the privacy of their bedrooms. Some people had their meals in their own rooms due to personal choice or due to their general frailty whereby they did not wish to leave their rooms. Staff helped people to eat and drink considerately, chatting with them and assisting them without rushing them. For example, when helping a person who had difficulty with eating, staff gave the person constant encouragement. They adapted the way they approached and talked with people in accordance with their individual personalities and needs.

People or their representatives were involved in discussions about their health care. Records confirmed that there were systems in place to monitor people's health care needs, and to make referrals within a suitable time frame. A relative confirmed this by saying, "The home really works with you on hospital appointments". The records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing. Staff described the actions they had taken when they had concerns about people's health. For example, they provided soft diets for people with swallowing difficulties. A GP had recommended a change in the medicine provided for a person. Staff had acted on this promptly. The care files showed that staff provided individualised care to people based on their needs assessments. The care that had been provided was recorded in detail.

We spoke with a district nurse who visited during our inspection. They told us that they visited the home regularly as required. They said the service was quick to refer people; they had no concerns about the care people received at Beechfields. They added that the staff listened and followed the advice given. Healthcare referrals were made quickly to relevant health services and health care professionals had a high opinion of the care staff provided for people.

Good

Is the service caring?

Our findings

People gave very positive comments about the staff. Comments included, “It is very nice living here- all are very caring”, “Staff here are very good and you could not better them” and “The girls know how to care for you properly”. Other comments included, “staff are kind and helpful” and “It is a very good service”. A relative said, “Very grateful my mum is being looked after well here”. A relative summed up the care home as “not regimented or institutionalised and has a low staff turnover. They do many things really well and my Mum is happy here and she is clean, well-cared for and loved”. Another relative said, “Mum has been here for a few years. I am more than happy that my mum is looked after well here. They are just so caring”.

People told us they were always treated with kindness and understanding. They said, “Staff know how to care for you, which is good”. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed. Staff supported people’s different needs. People were comfortable and relaxed when speaking with staff. Staff were kind and caring in their attitude and did not rush people.

Throughout our visit, we observed staff knocked on people’s doors before entering, talked with people in a caring and positive way, gave them choices and listened to their responses. The home offered a warm family atmosphere, environment and a personalised service.

People’s bedrooms were personalised with their own belongings, such as books, ornaments, photographs and pictures. The dining room and lounge were decorated and furnished. Care plans showed that people and their relatives had been consulted and involved in planning how they wanted their care to be provided. One relative said, “The home involves me in all aspect of my mum’s care and as a family, we are happy with her here”.

People’s privacy and dignity were respected by staff. People were assisted discreetly with personal care. Staff supported people to stay in the privacy of their bedroom should they wish. In the morning, people who were already up had their bedroom doors open, whilst those still in bed or being assisted to get up, had their bedroom doors closed when personal care was being delivered. There was a separate smaller lounge which was used for meetings and as a place where people could meet with relatives in private.

We observed staff interacting with people in a kind, good humoured and friendly manner and being respectful of people's choices and opinions. All the staff spoken with had a good knowledge of the people they supported. We observed people being as independent as possible, in accordance with their needs, abilities and preferences. It was clear from our discussions, observations and from looking at records that people were able to make choices and were involved in decisions about their day. Examples included decisions about how they spent their day, the meals they ate, activities and clothing choices. A review of one person’s care showed that the person confirmed that staff offered them choices about their care. We saw examples where people had signed their care plans showing their involvement with the process.

People were supported in promoting their independence. One person was regularly assisted by staff to go into the local community once a week to play whist (A card game they enjoyed playing). This meant they were helped by staff to maintain their hobby and interests according to their wish. People were supported to go out with relatives and friendships had developed in the home. Sometimes relatives took out their own relative and their friend.

Visitors were welcomed to the home. We observed that people received visitors as they wished. All of the visitors said they were always welcomed into the home. One relative said, “I like it as I can come in any time and I come regularly and I am always made welcome”.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. They said, "The staff know how to look after you and help people who are not well". A visiting district nurse said, "They respond well to people's needs and follow it up. We have no concerns". Another healthcare professional commented, "Small family environment. I have no concerns. If I have any concerns, I would approach the registered manager and provider".

The registered manager and staff gathered as much information as possible about people's life histories, who they were and their interests and hobbies. People were asked about their likes and dislikes, which had been used along with the other information to inform the person's care plan. People's individuality and character shone out of the records we viewed. Staff benefited from getting a real sense of the lives people had led prior to moving into the home. The detail included information about their personal grooming requirements and their preferred hygiene routines. People's care files showed that people who were important to them had been fully involved in the assessment and care planning process. These care plans ensured staff knew how to manage specific health conditions and care needs, for example people who may be in the early stages of developing dementia.

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed with the person concerned and their relatives and care plans had been updated as people's needs changed. A relative described how the registered manager and staff had responded to their mother's changing needs. They told us that when their mother became more frail, their bed and easy chair had been changed to more suitable bed and chair for her, so that the chair could be adjusted for her to be in a really comfortable position and fully supported. This showed that people could be confident that when changes happened, they would receive the care and support they needed.

Staff described how they offered people choices on a day to day basis. We observed that staff were attentive to people's request for assistance. The staff involved people in decisions about their daily care, such as where they wanted to have their meals, clothes they would like to wear and what they would like to do. They were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in individuals care records. Staff told us: "We spend time talking with people and get to know them." and "People are well cared for here because we know them and we know what they like." A relative said; "Staff know people really well, that is one of the good things about this home."

People were supported by staff who were knowledgeable about their needs and preferences. Staff clearly knew people well which we observed from interactions with them. For example, those that required support to walk around the home were supported when walking around. Care plans contained guidance for staff about people's preferences, such as how they liked to spend their time, the activities they enjoyed and whether they expressed a spiritual interest. One person told us, "They help me to go to church locally whenever I wish to". Staff interactions with people were positive, which encouraged people to be active. For example, people's independence and community involvement were promoted by staff who encouraged them to go shopping, and go out for coffee. One person attended the day centre four times a week according to their choice. This demonstrated that people were supported with meaningful activities in the community according to their wishes.

There was a complaints procedure which told people how they could make a complaint and the timescales for a response to be received. One member of staff told us how they tried to resolve issues to people's satisfaction if they were unhappy. We asked a member of staff if they felt they were able to raise concerns with management and they said, "Yes I do feel that I can". A relative said, "I have no complaints I feel very happy that my relative is here". People and their relatives told us they knew how to complain if they needed to. They said they would have no problem talking to the registered manager. Staff were familiar with what to do if people approached them to complain and they understood the providers policy.

Requires Improvement

Is the service well-led?

Our findings

People spoke positively about the way the home was run. They told us the manager and staff were approachable and the registered manager often chatted with them and asked them how things were. One person said, "The provider and registered manager manage the home well". Another person said, "I get on well with management and they run the home well. It is lovely here and everyone likes it". A member of staff said, "I do feel listened to by management".

Due to the size of the home, the management, values and culture had a more domestic and homely feel which was noticeably different to many larger care establishments. The office was located in the centre of the home where the manager was based. There was an open door policy for people, visitors and staff. A relative said, "We as a family are working closely with the registered manager regarding our mother's care". The provider's statement of purpose states that "We value each and every individual who lives at the home". This was reflected in the leadership that was visible and it was obvious that the provider and registered manager knew the people who lived in the home well. We observed staff interactions with the manager which was respectful and light hearted. There was the registered manager or the provider always on duty to make sure there were clear lines of accountability and responsibility within the home. The registered manager also lived on site and they were always available if needed.

Support was provided to the registered manager by the provider, in order to support them and the staff. The registered manager supported the senior support worker and support workers. This allowed the registered manager to be fully involved in the needs of the home, people who lived there and the staff who supported them.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to people and to the registered manager. The staffing and management structure ensured that staff knew who they were accountable to.

Staff individual supervision sessions had not taken place regularly, which would have enabled staff to meet with the registered manager to discuss their work and performance. It was acknowledged by the provider and staff that recently there had been a period where supervisions had not happened regularly.

The management had day to day contact with people and their relatives who knew they could talk with the management at any time. However, there were no formal processes of involving and for gaining the views of staff, people and relatives, such as staff meetings, resident's meetings and surveys on aspects of the service. The provider told us they recognised the need for meetings but they do speak with people and relatives regularly.

We recommend that the provider seeks advice and guidance from a reputable source, about formal meetings to involve and gain views from people about the home.

The provider and registered manager worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the home confirmed to us, communication was good. They told us the registered manager had worked in partnership with them, were quick in responding to request and followed advice given.

The registered manager had notified the CQC of all significant events which had occurred in line with their legal obligations. The provider had an up to date whistle-blowers policy which supported staff to question practice and defined how staff who raised concerns would be protected. Staff confirmed they would not hesitate to raise concerns to the provider or an outside agency like CQC.

Communication within the home was facilitated through daily informal discussion between management and staff. This provided a forum where catering, activities and management staff shared information and reviewed events across the home. Staff told us there was good communication between staff and the registered manager.

Throughout our visit the staff and management showed us that they were committed to providing a quality service. There were effective quality assurance systems in place to monitor and review the quality of the service. The management team carried out regular audits of all aspects of the service including care planning, infection control, medication and health and safety to make sure that any shortfalls were identified and improvements were made

Requires Improvement

Is the service well-led?

when needed. For example, the audit of care plans showed that there was a need for one person's fall risk assessment to be reviewed in line with recent accident. This was immediately reviewed following this audit.

There were systems in place to record, monitor and review any accidents and incidents to make sure that any causes were identified and action was taken to minimise the risk of reoccurrence. We looked at records of accidents, these showed that the manager took appropriate and timely action to protect people and ensured that they received necessary support or treatment.