Alphonsus Services Limited

Beatrice House

Inspection report

25 Bell Street
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West Midlands
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Tel: 01384482963

Date of inspection visit:
10 January 2017

Date of publication:
08 February 2017

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 took place on the 10 January 2017 and was unannounced.

Beatrice House is registered to provide accommodation with personal care to three people with a learning disability, and autistic spectrum disorder. At the time of our inspection three people were using the service.

There was a manager in post and she was present during our inspection. 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 and associated Regulations about how the service is run.

At our last inspection in January 2016 we found that the provider was meeting the regulations of the Health and Social Care Act 2008. However some improvements were needed which we found had been made at this inspection.

Relatives we spoke with told us they had no concerns about the safety of their family members. Staff were aware of their responsibilities to report any concerns about people's safety, and they confirmed they had received training in relation to safeguarding people from abuse. There was enough staff on duty to meet people's needs and preferences. People received their medicines as prescribed by their doctor.

Staff felt supported and had received training to enable them to have the skills and knowledge for their role. People's human rights were respected by staff because staff applied the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards in their work practice.

People were treated with kindness, and respect and staff promoted people's independence and right to privacy. People were supported to maintain good health; we saw that staff alerted health care professionals if they had any concerns about their health or well-being. People were supported to eat and drink in accordance with their preferences and dietary requirements.

There was a complaints policy in place and staff and the registered manager were aware of the signs to look out for which may indicate people were unhappy. Relatives knew how to raise any concerns they may have, and they had confidence that any issues would be addressed.

Relatives thought the service was managed well and in people's best interests. They described the registered manager as approachable, open and transparent. Systems were in place to gain feedback from relatives, staff and professionals so that any improvements could be made. Audits were undertaken regularly to monitor the quality of the service provided.

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.

People were protected from the risk of harm by staff that had been trained to recognise and report concerns.

Risks were managed in a way that kept people safe.

People received their medicines when they needed them and in a way that was safe.

Is the service effective?

Good

The service was effective.

Staff received the training they needed to ensure they had the skills and knowledge for their role.

Staff sought people's consent before providing support.

Staff ensured people had access to sufficient food and drink, and they monitored people's healthcare needs.

Is the service caring?

Good

The service was caring.

Staff were described as caring, kind and respectful by relatives.

Staff told us how they maintained people's dignity, privacy and independence.

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

Is the service responsive?

Good

The service was responsive.

Relatives were consulted about the support that was provided to their family member.

Staff had information on how to support people and meet their needs.

People were supported to follow their own recreational interests.

A complaints system was in place.

Is the service well-led?

Good

The service was well led.

Staff were supported by the management team who promoted an open and transparent service.

Staff understood their roles and responsibilities.

Systems were in place to monitor the quality of the service provided.

Beatrice House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 January 2017 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We met all three people who lived at the home. People were not able to share their experiences with us due to their complex needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the way people were supported at different periods during the day to capture their responses both verbal and from their facial expressions and gestures. We also spoke with four relatives on the telephone, a senior staff member, two support staff, and the registered manager. We looked at the care records for two people. We looked at the way people's medicines were managed for two people; three staff recruitment files, and staff training records. We also looked at records that related to the management and quality assurance of the service, such as complaints, feedback forms and audits.

Good

Is the service safe?

Our findings

At our last inspection we found that the service required improvement due to not reporting a safeguarding incident, and the water from the bathroom being above a safe temperature. We also found that financial transactions were not countersigned by two people. On this inspection we found that the required improvements had been made.

The registered manager submitted a notification following our last inspection in relation to the safeguarding incident that had not been reported. The registered manager told us she was now aware of her role and responsibilities in raising and reporting any safeguarding concerns. A review of our records showed that there had not been any issues raised with us. The registered manager confirmed that there have not been any incidents that have occurred since our last inspection.

The registered manager told us that maintenance work had been undertaken and parts replaced to address the temperature of the water that flowed from the bathroom tap. We saw records which confirmed this and that the water temperature was now monitored on a weekly basis by the staff. The registered manager monitored these records to ensure they were completed as part of her monthly audit.

We checked the money held in safekeeping and the records for two people. The money and records balanced correctly and two staff had signed each transaction to confirm that it was correct. Records showed that audits of the finances were undertaken regularly by the management team.

Relatives we spoke with told us they did not have any concerns about the safety of their family member. One relative said, "I do not think the staff abuse my family member, I do feel they are safe at the home". Another relative said, "We did raise some concerns years ago, about an issue but we have no such concerns at the moment and we hope to think our family member is safe".

We saw that people appeared relaxed and comfortable in staff member's presence. People appeared calm and comfortable in their home and when engaging in activities with staff members. Staff we spoke with knew about the different forms of abuse and the action to take if they had any concerns about people's safety. One staff member said, "It upsets me to think that anyone could harm these people. I would report any concerns I had immediately. I work for the people not the provider and I have a duty of care for them". Another staff member told us, "I would report all issues to the manager or to CQC if needed. I would not tolerate any abusive practices". All of the staff we spoke with confirmed they had received training in relation to safeguarding adults from abuse and they felt confident action would be taken in response to any concerns that were raised.

Relatives we spoke with told us they had no concerns about how their family members were supported and how risks to their health and well-being were managed. One relative said, "I think the staff manage risks well. They have installed equipment to assist with reducing any potential risks for my family member". Another relative said, "The staff do manage risks satisfactory. When our family member displays any behaviour's the staff appear to manage these appropriately".

Records showed that risk assessments had been completed in accordance with the needs of people. For example we saw risk assessments in relation to people's medical conditions, accessing activities, and in relation to supporting people with behaviours that can challenge. The risk assessments included the action to be taken to minimise the risk, and included information for the staff to follow to enable them to support people with their behaviours. Records showed that clear protocols were in place which staff should follow to reduce the risk of behaviours that might cause harm. Discussions with staff demonstrated that they knew the signs that people presented when they were becoming anxious. Staff provided examples of these and how redirection techniques were used to divert people when their behaviour was escalating. Staff confirmed that they had completed training in relation to managing behaviours, and refresher training was provided to ensure they were competent in using these strategies.

Records showed that any risks within the environment had been identified and managed so that people were able to move about in an environment that was safe and met their needs. Staff we spoke with had a good knowledge of risks associated with supporting people and how to manage these. One staff member told us, "We know people well and there are risk assessments in place which provide guidance about how to support people safely and to reduce any risk of harm". Staff we spoke with demonstrated their knowledge of how to respond to any emergencies or untoward events such as if someone became ill or had an accident.

Staff confirmed they provided all of the required recruitment checks before they commenced employment. One staff member said, "I provided references and a police check which seemed to take ages to come through". The registered manager told us they had not employed any new staff for a couple of years. We reviewed the recruitment files for three staff. We found that references were in place and each staff member had provided a check by the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who required care. However we found gaps in all three application forms which had not been accounted for. A full employment history is required to enable a decision to be made about a staff member's suitability to work with people. As all of the staff were on duty the registered manager was able to obtain the required information and update the staff records. The registered manager confirmed that an audit would be undertaken of the staff files for all existing staff to ensure this information was provided. Records showed that a system was in place to check staff member's suitability to continue to work with people on an annual basis.

Relatives we spoke with had no concerns about the staffing levels provided at the home. One relative said, "There always seems to be enough staff available I have no concerns". Another relative told us, "The staffing levels are fine and meet my family member's needs". All of the staff we spoke with told us there were sufficient staff to meet people's needs and our observations confirmed this. When people were supported to go out in the community we saw that they received additional staffing support if this was needed.

Relatives we spoke with told us their family member received their medicines as required and they did not have any concerns about this. Relatives confirmed that medicine reviews were undertaken and they were involved in these. One relative said, "As far as I am aware staff give my family member their medicines when they need them. The staff monitor their effects and if they think medicines are not suitable they do get in touch with the doctor or consultant". Records we reviewed showed that people had received their medicines as prescribed. All handwritten medicine instructions had been countersigned by two people to validate the instructions. We checked the balance of medicines for two people. This was to ensure that the amount balanced with the record of what medicines had been administered. We found all of these to be correct. We found that some people received medicines "as required" and protocols were in place to guide staff on when this should be administered. Staff we spoke with had the knowledge about what to look for so they knew when people may need this medicine. Staff confirmed they had received medicine training and

had been observed to demonstrate they followed safe practices and were competent. Records we saw confirmed this.

Good

Is the service effective?

Our findings

Relatives we spoke with told us the service met their family members needs and staff had the skills and knowledge for their role. One relative said, "The staff know my family member well, and they meet their needs. I think the staff have the skills to support my family member and they appear to manage their behaviour well too". Another relative told us, "My family member is well looked after and the staff know what they are doing". Our observations showed us that the support and assistance provided to people was effective in meeting their needs in accordance with their preferences.

Staff spoken with told us they were supported to deliver effective care to people. Staff told us that when they had first started working at the home they had received an induction. One staff member said, "When I started working I had an induction and shadowed staff so I got to know people and learn their routines. Since then I have received some refresher training and I have also completed a National Vocation Award (NVQ) at level 2". Another staff member told us, "I have had the training I need for my role. I would like training in First Aid and I have requested this. I have done an NVQ at level 2 which was really good for my role and I am up to date with behaviour management training". The registered manager confirmed that all of the staff had completed refresher training in behaviour management or this training had been planned. This is key training that staff must be up to date in, to enable them to use these techniques when supporting people. The registered manager confirmed that any new staff would be enrolled onto the Care Certificate induction. The Care certificate is a set of standards designed to assist staff to gain the skills and knowledge they need to deliver effective care.

Staff we spoke with told us they felt supported in their role. One staff member told us, "The seniors, deputy and manager are all supportive, my colleagues to, we all work well together. I also receive regular supervision and I have had an appraisal to discuss my goals for this year". Records showed that staff received regular supervision to discuss their role and an annual appraisal. An appraisal is where staff members overall performance is discussed and personal development plans are devised.

The Mental Capacity Act 2005 (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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that DoLS authorisations were in place for people which did not contain any conditions.

Staff we spoke with had a basic understanding of the requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff told us they had received some awareness training as part of other training they had attended, and they welcomed more formal training in this area. The

registered manager confirmed that more training would be sourced and provided. Staff knew which people had an authorisation in place and the reasons for this. We saw that staff ensured that people had choice and control of their lives where possible and supported them in the least restrictive way possible. For example we saw that people moved freely around the home and accessed the outside areas independently. People chose to use the communal areas or to go to their room whenever they wished. We saw that some restrictions were in place for example the kitchen was locked to maintain people's safety. If people indicated they wanted a drink the kitchen was unlocked and people had access to the kitchen with staff support.

Discussions with staff demonstrated they understood the need to ask people's consent, and they were able to explain how they obtained consent to provide support on a daily basis. One staff member said, "I always ask first before I support people with any tasks. Some people cannot give consent verbally so I can tell from their facial expressions and their body language if they are okay with the support I will be providing". Another staff member said, "I always seek people's consent first and provide choices. If people do not want to do something then I respect their choice, its their right". We heard staff asking people's consent before providing support, and explaining their actions or the tasks that were to be completed. We also observed staff providing people with choices where this was possible.

The registered manager confirmed that Lasting Powers of Attorney (LPA) were not in place for any people. LPA is where a relative or representative has been legally appointed to make decisions on behalf of a person who lacked capacity to make certain decisions for themselves. The registered manager had a good understanding about what LPA meant and the legalities of these. Relatives told us they were consulted about the care provided to their family member. They also confirmed their involvement when applications were made to deprive people of their liberty in their best interests.

Relatives we spoke with told us they had no concerns about the way people were supported to eat and drink. One relative said, "[Persons name] enjoys their food and drink and the staff promote healthy eating but they also have snacks and takeaways so they are not restricted". Another relative said, "My family member eats the food they like and enjoy, their cultural needs are met, and they have the drinks they like". Staff advised us that some people accessed the kitchen to choose their food and drink where possible and this was promoted. Staff understood people's dietary needs and their preferences. Recommendations from the dietician and speech and language therapist were included in people's care records, and we found that staff followed these to ensure people had their meals and drinks in a way they could manage. Information about people's cultural needs was also recorded and staff knew what food people could not eat for these reasons.

Relatives we spoke with told us their family member's healthcare needs were met. One relative said, "The staff ensure my family member attends routine appointments where possible but sometimes they [the person] will not co-operate so this can at times be difficult. But I have no concerns and I think their healthcare needs are met". Another relative told us, "My family member attends where possible the routine check-ups such as dentist and opticians and they have medicine and behaviour reviews. The staff arrange these and then provide me with feedback". Records showed that a variety of health professionals were involved with people's health needs and referrals to specialist health care were completed when needed. Records showed that information following any appointments was recorded so it was clear what the outcome was and any actions that were needed to maintain someone's health. Staff we spoke with had a good knowledge of people's health issues and could describe how they supported people with these. The registered manager told us that health action plans would be introduced this year. These will be used to record all appointments a person attends. We also saw that hospital passports were in place to support people if they went to hospital. These documents contain information which was tailored to a person's needs to ensure a person can be supported in an individualised way.

Good

Is the service caring?

Our findings

Relatives we spoke with made positive comments about the staff that supported their family members. One relative said, "I think the staff are friendly, and caring. They have a good relationship with my family member and they look after them well". Another relative told us, "The staff are approachable and provide good care".

People appeared to be happy and comfortable in the presence of staff. We saw people being supported by staff in the communal areas before and after they went out. We saw people engaging with staff by using their body language or gestures. Some people were tactile with staff and we observed people seeking staff support by taking hold of their hand or arm to lead them to where they wanted to go. We saw that people were responsive to staff and knew the staff that were supporting them.

Staff we spoke with referred to people in a caring, and respectful way. We saw staff showed kindness and compassion in their interactions with people. Staff encouraged and involved people to make decisions wherever possible. Staff we spoke with knew people well and this was demonstrated through the interactions we observed.

We saw that people had their own specific ways of communicating. For example one person used their own form of Makaton which staff was familiar with so they were able to understand what the person wanted. Some people used objects of reference and took staff to these to indicate what they wanted. For example showing staff a cup indicated a person wanted a drink. We saw that staff knew how to communicate with each person and this was in accordance with the information provided in people's care records.

Staff told us how they maintained people's privacy and dignity. One staff member said, "People have private time in their room and I do regular checks on them by knocking the door and asking if they are okay". Another staff member told us, "I always make sure people are covered and the door is closed when I support with personal care. I always encourage the person wash areas of their body as well to maintain their dignity".

Relatives told us how staff supported people to maintain relationships with them. One relative said, "I visit regularly and the staff keep me up to date with anything that has happened". Another relative told us, "The staff support our family member on home visits. They will bring them and pick them up when we ask". Staff told us that they were a keyworker to a person. One staff member said, "I am a keyworker to [person's name] and part of this role is to ensure their relatives or key people in their life receive regular updates about their health and well-being".

Staff told us about how they encouraged and supported people to be independent in areas of their life. One staff member said, "I try and encourage people to do as much for themselves as possible, like getting dressed and with personal care. We saw that hand rails had been fitted in the corridor areas to assist people with their mobility so that people could move around the home independently. A relative we spoke with said, "The staff do encourage [person's name] to do things for themselves like getting dressed, which is

good".

The registered manager had information about advocacy services and knew when people may need this support. We saw that the registered manager had completed a referral form for an advocate on behalf of a person. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed decisions that affect their lives.

Good

Is the service responsive?

Our findings

Relatives confirmed they had been involved in the assessment and care planning process. One relative said, "When my family member moved in we were consulted about their needs, preferences and routines. We have been invited to reviews and we are consulted about any decisions that have to be made". Another relative told us, "I am involved in my family members care and have been since they moved into this home".

Most of the relatives we spoke with told us the staff were responsive to people's needs. One relative said, "The staff monitor our family members well-being and take any action if needed such as arranging healthcare appointments. The staff meet their needs". Another relative said, "I think some improvements could be made as we sometimes have to draw the staff's attention to things such as the clothes our family members wearing being too short or not being warm enough and about other issues. When we have raised these issues, the staff and manager have addressed them". We discuss these comments with the registered manager who advised that such issues had been discussed previously in reviews and that improvements had been made. The registered manager told us that she observed the care provided to people to ensure staff were responsive to people's needs and that people were wearing appropriate clothing.

The registered manager and staff told us of an example of how they had made changes in response to people's needs. This related to staffing working hours. The staff now work longer shifts to reduce the amount of staff changes in a day which impacted on the consistency of care provided to people. One staff member said, "It is working much better as we have more time to do things with people and they get consistency. All the staff change overs had a negative impact of people before so it is a good change for them, and I don't mind the longer shifts".

Records showed that support plans were in place which were tailored to the support needs of the person. These provided staff with information about people's complex needs and conditions, and provided staff with guidance and direction on how to support people. People had keyworkers who reviewed their support needs, behavioural plans and medical needs on a monthly basis. We saw minutes of monthly meetings were people's keyworker teams reviewed the previous month and discussed if any changes to the care plan or support provided were required. A staff member said, "We review how the person has been and if we need to make changes. The person is invited but often does not remain in the room and walks out". We saw that people's support plans were updated regularly or when people's needs changed.

Relatives told us they were happy with the activities and stimulation provided to people. One relative told us, "I think the staff support our family member to go out and do things that they like to do. They also take them on holidays. Our family member went away twice last year. We are happy with the activities they do and think our family member is too". Another relative said, "The staff support [person's name] to go out and they encourage this as much as possible, they meet [person's name] preferences". Records showed that activities were focused on each individual's preferences. Staff told us how they encourage people to go out. One staff member said. "We try and support people to go out and go for walks or shopping or to the movies if this is what they like. We have a company car so this makes it easier to take people out if public transport is not a preferred option". We saw records and photos of the various activities people were supported to

participant in. Some people attended a day service in the week and others were supported to engage in activities in accordance with their preferences. We saw that a person was supported to go out in the car for a walk, and another person chose to spend the day listening to music.

Most of the relatives we spoke with all knew about the complaints procedure and told us what action they would take if they had any concerns. One relative said, "I am not sure of the process but if I had any issues I would raise them with the staff or the manager and I am confident I would be listened to and action taken". Another relative told us, "I made a complaint a few years ago now and it was dealt with to my satisfaction. I would not hesitate to raise any issues". The registered manager advised that no complaints had been received since our last inspection. We saw that a complaints procedure was available and this had been produced with pictures to make it more accessible to people.

Staff that we spoke with had a good knowledge of the signs to observe which may indicate that people were unhappy about something. For example changes to their body language and their facial gestures. Staff told us they would report this and try to find out why the person was unhappy. The registered manager also told us how they often observed people interacting with staff and that she looked for signs to indicate if people were happy in the service.

Good

Is the service well-led?

Our findings

At our last inspection we found that improvements were required as the registered manager had not reported a safeguarding incident to us and no action had been taken to address the water supply from the bathroom which exceeded a safe temperature. We found improvements had been made and the hot water had been addressed to ensure it was maintained at a safe temperature. The registered manager is now aware of the legal requirements to report all safeguarding incidents to us. She confirmed that there have not been any reportable incidents since our last inspection.

At our last inspection in January 2016 we rated the service as Requires Improvement. The provider was required to display this rating of their overall performance. This should be both on their website and a sign should be displayed conspicuously in a place which is accessible to people who live there. We saw that the rating was displayed on the provider's website, but when we arrived at the home we saw that although a copy of the inspection report was available the rating was not displayed. We discussed this with the registered manager who told us that the rating had been displayed but then it had been taken down by a staff member who was reorganising the office. The registered manager addressed this and displayed the rating in the entrance to the home.

Relatives we spoke to told us the service was managed well. One relative said, "The manager is approachable, open and she listens, I think she manages the service well and in [person's name] best interests". Another relative told us, "I think the service is managed well and the manager is good. I have no issues".

We observed that people knew who the registered manager was when she went into the communal areas to see them. We saw that people appeared comfortable in her presence, and that the registered manager knew how to communicate with each person. Discussions with the registered manager demonstrated that she knew people well and knew about their specific needs.

Staff told us they felt supported by the registered manager. One staff member said, "The manager is approachable and open and transparent. I can always go to her for advice if I need to. She is visible in the home and she will come out and support us if we need her to. There is a good atmosphere here and the manager provides good leadership and advice". Another staff member told us, "The manager is amazing and really supportive. I would never hesitate to go to her for anything". Staff we spoke with confirmed they had regular meetings where they were able to discuss the service provided and people's needs. A staff member said, "We have regular team meetings and we discuss people's needs and anything else to do with the service. I feel able to suggest ideas and I feel listened to and a valued member of the team". Records showed these meetings had been held regularly throughout the year.

Discussions with the registered manager demonstrated that she had a good oversight of the service and areas for improvement such as working towards ensuring staff received refresher training. The registered manager was able to provide evidence that she had requested both refresher training and additional training from the provider. The training records we reviewed showed that many staff were waiting for

updates in accordance with the providers internal training standards. However we found these records were not accurate with some of the training that staff had received. The registered manager told us that there has been a delay in the provider releasing dates for certain refresher training but training was now planned for Fire, First aid and moving and handling.

We saw there were clear lines of accountability in the way the service was managed. The registered manager was supported by a deputy manager and a team of senior staff and they all monitored the support that was provided to people. Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at this service.

We saw that quality assurance surveys had been sent out last year to obtain relatives, staff and professional's feedback. The registered manager told us they had one relative and one professional survey returned. We looked at the surveys that had been returned and mainly positive comments had been made. We saw a couple of areas for improvements had been suggested such as communication processes. The registered manager advised and we saw that this had been discussed in a team meeting so that improvements could be made.

Staff we spoke with were familiar with the provider's whistleblowing policy and they were confident to raise concerns. Whistleblowing is the process for raising concerns about poor practice. A staff member told us, "If I saw anything I would report it straight away and I am confident action would be taken".

Records showed that audits were completed on a monthly basis. We saw these included checks on the medicines, finances and care records amongst other areas. We asked to see the fire records and we found that the fire risk assessment had not been reviewed since September 2015. The registered manager advised that this had been an oversight. All other fire safety checks had been completed and were up to date. The registered manager sent us confirmation that the fire risk assessment had been reviewed and updated the following day. She also told us that a review of this record had been added to the managers December audit and written in the diary to ensure it would be reviewed when required. We saw that the provider had visited the service and undertook a review November 2016. This was the only review undertaken by the provider that year. The registered manager told us that the provider aimed to improve upon this and a schedule of visits had been planned for 2017. The registered manager confirmed that the identified actions from the provider audit had been completed. We found that systems were in place to monitor accidents and incidents, which were analysed to identify any patterns or trends.