

Runwood Homes Limited Alexandra House - Harlow

Inspection report

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23 June 2023

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Ratings

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

Summary of findings

Overall summary

About the service

Alexandra House - Harlow is a care home providing personal and nursing care to up to 106 people some of whom may be living with dementia. At the time of our inspection there were 97 people using the service. The service is set across 3 floors in 1 adapted building.

People's experience of using this service and what we found

People told us they felt safe. Risks to people's safety had been assessed and there was guidance in place for staff to mitigate the risks. Accidents and incidents had been recorded and analysed to identify patterns and trends; action had been taken to reduce the risk of them happening again. Staff were aware of safeguarding processes. Medicines were managed safely. There were enough staff to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs were assessed before they moved into the service to ensure they could receive the care they required. Staff had the skills and experience to provide care and support to people. Staff provided support to people with health monitoring and referred people to healthcare services when required. People were supported to eat and drink enough to ensure they maintained a balanced diet.

People were supported to follow their interests and participate in social activities. Care plans detailed how people wished and needed to be cared for. People and relatives felt included in the planning of care and knew who to complain to if they needed to do so. People, their relatives and staff told us there was a positive atmosphere at the service.

There were systems in place to monitor the quality of the care provided. Regular audits were undertaken, and any actions identified completed. The registered manager and regional operations director took immediate action in response to any minor concerns found during the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 September 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At a previous comprehensive inspection in 2019 we recommended the provider seeks best practice from a reputable source about how to identify people's protected characteristics and ensure care is planned around them. At this inspection we found the provider had acted on the recommendation.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good 

Alexandra House - Harlow

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Alexandra House - Harlow is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Alexandra House - Harlow is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 June 2023 and ended on 23 June 2023. We visited the location's service on the 13 and 16 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 4 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, regional operations director, chef, well-being lead and care staff. We spoke with 2 external healthcare professionals who frequently visit the service for their feedback. We reviewed a range of records. This included 8 people's care records and multiple medicine records. We looked at 3 staff files in relation to recruitment and staff supervision, and a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We found during our observations people were supported by enough staff to meet their needs. The registered manager used a dependency tool to help them work out how many staff were needed to support people.
- Throughout the inspection we observed staff responding to people's requests, answering call bells, and checking people throughout our visit.
- We received mixed feedback from staff about whether there was enough staff. A staff member told us, "Yes there are enough staff, it is the same throughout the week and at weekends it is no different." Another staff member said, "I work on nursing, it is never enough but we try our best. A colleague and I start at 7am which does help."
- People told us staff responded when they requested support. A person told us, "I use the buzzer. They're pretty good at coming." Another person said, "I ring the buzzer. If I ring people come." A relative said, "There is quite a lot of staff. All are obliging, care workers, cleaners are all helpful."
- The provider followed safe recruitment practices including checks on suitability to work with vulnerable people through the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings.
- Staff confirmed they had received training in how to safeguard people from the risk of abuse, they knew the signs to look for and understood the reporting process. A staff member told us, "I would go to the manager and report. I would go to CQC if I was still concerned."
- People felt safe living at the service. A person told us, "Yes, I am happy here and I feel safe." Another person said, "I keep my door ajar and press the buzzer if I need to."
- A person told us they no longer felt safe due to another person living at the service. We informed the registered manager about their concerns who later confirmed the action they had taken.
- The registered manager understood their responsibilities to report concerns to the local safeguarding authority and to work with them to keep people safe.

Assessing risk, safety monitoring and management

- A 'resident of the day' system was in place which ensured risk assessments were completed, regularly reviewed, and provided guidance to staff on how to support people to stay safe.
- Some people had incidents of distressed behaviour, there was guidance in place for staff to follow to

mitigate the risks to the person or others. A healthcare professional told us, "I feel staff have really made an effort to take on advice and try non-medicinal strategies first."

- Systems and equipment were maintained and serviced to make sure they remained in good working order and were safe to use.
- Weekly multidisciplinary meetings were held with the GP surgery, the community matron, the pharmacy provider, and a representative from the integrated care board. This meant the service had the opportunity to discuss any concerns with healthcare professionals.

Using medicines safely

- Medicines were administered safely by staff who had received training and had their competency assessed.
- The pharmacy provider had just completed an audit and all actions had been completed.
- During the inspection we noted minor improvements were needed for medicines. These included as required medicines (PRN) being completed on consistent forms and some organisation of the medicines room. All were followed up immediately by the registered manager and completed by day 2 of our inspection.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to have visits from friends and family. A relative told us, "I can come at any time."

Learning lessons when things go wrong

- Accidents and incidents were analysed by the registered manager in order to identify patterns and trends to prevent reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices, delivering care in line with standards, guidance, and the law

- An assessment was completed which provided a holistic picture of people's needs including physical, emotional, cultural, spiritual, and social needs. This assessment was used to plan people's care. A relative told us, "[Person] came here from home into lockdown. When I did get in, [person] had started eating and putting on weight. I come every day and I knew I was leaving them in a happy, safe place. The staff here are now an extension of my family."
- On the nursing floor there was a high turnover of admissions and discharges in relation to people being admitted to the service following a hospital admission. It was evident support from healthcare professionals was available alongside the support from the service to enable people to return home if they could. A healthcare professional told us, "They [the service] are generally pretty good, they follow up on what we advise and usually have done what we have asked. We get mainly good feedback from people."
- Care plans contained detailed guidance in relation to people's health conditions. For example, guidance was included for staff about what symptoms people who had diabetes might display when their blood sugars became too low or too high.
- During our observations we observed staff discussing how pleased they were when 1 person managed to walk a few steps following a visit from a physiotherapist.
- A staff member told us, "The registered manager and clinical lead are nurses, and we have good nurses here. I like to admit thoroughly but we decide as a group. The manager always sends the referral to us to check we can meet people's needs."

Staff support: induction, training, skills, and experience

- Staff told us they felt equipped to carry out their role as the induction and training was effective. Staff all completed an induction when they started work at the home. The induction included shadowing experienced staff until they were competent to work independently. "A staff member told us, "We have practical training, and they text us reminders for our eLearning. Training is very helpful, especially manual handling training."
- Staff told us they completed clinical training. A staff member told us, "We have training and clinical updates. We had clinical skills training last week." The registered manager confirmed clinical training was provided for nursing staff."
- Staff were provided with supervisions and appraisals. This gave staff an opportunity to discuss their work. A member of staff said, "We have supervisions and meetings, the nurses are very supportive."

Supporting people to eat and drink enough to maintain a balanced diet

- During the inspection we identified some concerns with the main kitchen in relation to storage of food and provision of modified diets.
- The registered manager was able to evidence they were closely monitoring this area and had already provided additional training and support. Following the inspection, the registered manager introduced additional checks and actions to prevent any reoccurrences.
- People were generally pleased with the food at the home. A person told us, "The food is all right and you get a choice." However, 2 people said sometimes items they ordered for breakfast did not always arrive and whilst they received a breakfast, they were not always told why their ordered items had not arrived. This was being monitored by the registered manager.
- Lunchtime was a pleasant and sociable atmosphere and people were encouraged to be as independent as possible. Staff were on hand to support if needed. A person was not eating their food and various options were offered to the person to try, eventually the person began eating an alternative choice independently. We observed staff talking with genuine affection with people while they ate.
- Another staff member asked a person if their chair was in the right position and comfortable. They adjusted the seat and began assisting the person without any rush.
- Information about people's likes dislikes, and any special dietary requirements, had been shared with the catering staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans recorded when information was shared with healthcare professionals. For example, staff had made referrals to the speech and language therapy team (SALT) or dieticians when needed and worked well with other healthcare professionals to achieve positive outcomes for people. The registered manager told us, "We now also have online session with an occupational therapist (OT weekly) to support people."
- Staff undertook regular health monitoring to look out for changes in people's health conditions or well-being.
- Daily flash meetings were held for all senior staff to discuss any concerns related to people's needs.

Adapting service, design, decoration to meet people's needs

- Throughout the inspection we observed people using the garden which was accessible and used for activities such as music, games, and bingo.
- The premises was purpose built to meet people's needs, it was well maintained and very clean.
- People's rooms had been personalised with their own items and signs on people's bedroom doors were personal to them. For example, 1 person's care plan recorded, "I am Scottish, I enjoy gardening and flowers and used to enjoy bowling." This person had pictures of bowling, flowers, and a garden on their door.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- Care records showed where people lacked capacity to make certain decisions, these had been made in their best interest with input from family members or other professionals.
- We observed staff supporting people to make day to day decisions and sought their consent before providing care. A staff member told us, "I always ask what choices people want. I encourage them to choose for themselves."
- Staff had up to date training in MCA and DoLS to understand the relevant consent and decision-making requirements of legislation and guidance.
- The registered manager had made appropriate DoLS referrals where required for people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection where we assessed the caring question in 2019, we recommended the provider sought best practice from a reputable source about how to identify people's protected characteristics and ensure care is planned around them. The provider had made improvements.

- Care records now included information about people's protected characteristics. This included gender, age, disability, sexual orientation, religion, and culture.
- Staff had received equality and diversity training and some staff had received LGBT training. The provider information return (PIR) recorded, "We carry out person centred care plans that will highlight any individual requirements to be taken in to consideration. We are always open and transparent when this comes to residents wishes and preferences. Each resident is treated equally and individually and given the choices of their preferences, likes and dislikes."
- Staff greeted people warmly, made eye contact when talking to people and used positive touch to connect with, or reassure people throughout the day. It was obvious from our observations staff were familiar with people's needs. A person told us, "I feel I'm treated well. The staff are very amicable." A relative said, "[Staff] are kind. They call [person] by name and tell them what they are going to do." Another relative said, "The whole place exudes love, this is my [family member's] home. They are in the best place for their last days. I just want them to be happy."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the decision-making process. Records we reviewed demonstrated regular contact was made with relatives. A care record recorded, "Spoke to [family member] to inform them how [person] was getting on, [family member] was happy with how [person] is cared for."
- People had regular meetings and action plans were created, following each meeting identifying where changes could be made to improve the quality of the service provided. Some of the actions were included on display in 'You said, we did'. One of these included adding more quizzes as this was what people had asked for.
- There was a wide range of information displayed at the service. For example, information about complaints, safeguarding, activities and events and staff champions. Staff champions were in place to improve a certain area within the home.

Respecting and promoting people's privacy, dignity, and independence

- Staff treated people with dignity and respect. A person told us, "They respect my privacy. The nurses are very good." A staff member said, "We keep people covered during personal care."
- We observed staff knocking and waiting to enter people's bedrooms and people were asked how they wanted to be supported.
- People were supported to be as independent as possible. A staff member said, "I encourage people to do as much as they can for themselves and only provide support when they need it."
- A person with a visual impairment had red coloured crockery which meant they were able to see the crockery more clearly to support their independence when eating and drinking.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At our last inspection there were shortfalls in activities and care planning. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans contained information about people's previous lifestyles, interests, beliefs, religion, diverse backgrounds, and people who were important to them. This helped to ensure staff accommodated people's wishes and needs when providing support.
- Staff spoke about people in a way which showed they treated everyone as an individual and provided personalised care and support. A care plan recorded, "[Person] likes to be covered with their blanket, light left on but dimmed and door closed slightly." A staff member told us, "[Person] looks after all the plants in the garden, which they enjoy."
- The provider had increased the number of activity staff at Alexandra House - Harlow which meant people had more access to meaningful activities.
- The wellbeing staff member told us there was now a range of activities available for people. These included trips out to local museums, national 'fun at work' day, music and dance, quizzes and games and shopping. A person told us, "There's puzzles and things in the lounge. I don't do a lot. I should join in more." Another person said, "They (Alexandra House-Harlow) have a wellbeing team. They are very kind, nice people who come around." A relative told us, "The day room was great, when [person] first got here, they did board games and singing. They do not have the TV on all the time."
- The wellbeing staff member told us, "We have an activity plan, but we also ask residents what they would like to do. We have residents meeting every month and myself and [other wellbeing staff member] have trained to deliver 'move and groove'." Move and Groove is an intergenerational physical activity and music project which brings children and older adults together to take part in fun activity in care home settings.
- At the previous inspection wellbeing staff were often being used to cover care but a wellbeing staff member said, "We do not get taken to do care, we now stick to our role. if we need something they order it for us."
- For the recent Father's Day celebrations, people had a videoconference link to a church service, smoothies and fruit skewers were made and a bingo session was held outside.
- People were supported to maintain positive relationships with people important to them. A relative told us, "A staff member just gave me a great hug. We all are relieved it is genuine and they love [family member]. Our choir still comes to sing for people."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in care plans. These needs were shared appropriately with others. One person's first language was not English, and staff used pictures and translation cards as part of their communication with the person.
- The registered manager understood their responsibility to meet the accessible information standard.

Improving care quality in response to complaints or concerns

- The registered manager kept a record of all complaints and compliments. Complaints were investigated and responded to in line with the provider's policy.
- Information about how to raise a complaint was given to people when they started to use the service and reminders were on display in the service.
- People and relatives told us they were happy to raise concerns if they needed to. A person told us, "I didn't like the room they put me in at first, so they let me choose from the available rooms at the time. I like this one as it's bigger and has a good outlook." Another person said, "I would talk to any of the nurses. I've not really had a problem." A relative told us, "I have no complaints. I think they are honest and frank."

End of life care and support

- People's wishes for their end of life, including their spiritual and cultural wishes, were discussed, and recorded. This ensured staff were aware of people's wishes and people would have dignity, comfort, and respect at the end of their life. The registered manager told us 1 person's cultural preferences was for the person's family to provide any end of life care they required.
- Staff told us they provided Namaste baskets for people at the end of their life, these baskets contained items personal to the individual such as favourite hand creams, hairbrushes, music and sensory items staff or families could use when interacting with the person. Namaste Care is a loving approach to caring for people, especially those with advanced dementia or at the end of their life.
- A relative told us, "[Family member] was very poorly, and I stayed here with them, the care workers came in and would kiss [person] on the head and make sure I had everything I needed. They were amazing but [person] has pulled through. I think [person] pulled through because of the family they had here."
- The service worked with the support of the local hospice. The registered manager said, "They (the hospice) are very supportive, they have helped us to deliver some uncomfortable messages. They support with everything around the care that should be provided in people's last days."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection there were shortfalls in governance and record keeping which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements.

- At the previous inspection in 2020 a breach of regulation 9 was continued following this breach being issued in 2019 in responsive. We have recorded our findings in the responsive section as the provider is no longer in breach of regulation 9.
- The registered manager understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing good care for people using the service and meeting regulatory requirements.
- The provider had increased the leadership of the service, so each floor had a Deputy manager to provide support to people and staff on their designated floor. This strengthened the oversight on each floor. A clinical lead also provided oversight on the nursing floor.
- There were clear lines of accountability and responsibility, and staff were clear about their roles. This included a new regional director of operations, who undertook regular audits and supported the registered manager.
- The regional director had also just introduced a buddy system where registered managers carried out audits in other homes to support with quality assurance and share good practice.
- A series of audits were carried out and any required actions were incorporated into an online system so any actions could be monitored to ensure they were completed.
- When we identified some concerns in relation to the kitchen the registered manager was able to provide clear evidence in relation to the actions they had already taken to improve this area.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The atmosphere in the service was welcoming. Staff interacted positively with people throughout the inspection. Staff were happy to speak with us and appeared comfortable with our observations.
- Staff told us the service was well managed and senior staff were approachable. A staff member told us, "Compared to before, it is more relaxed, it is easier to talk to senior managers. Whereas before managers were not so open." Another staff member said, "The best things about working for Alexandra House - Harlow is the love and the care, you have a voice, and you are listened to."

- A relative told us, "I would recommend this care home." Another relative said, "I cannot praise this home enough it is fantastic."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and their staff knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements. They had notified CQC of events, such as safeguarding and serious incidents as required.
- Relatives we received feedback from said they had been kept well informed of any incidents or concerns in relation to their family member. A relative told us, "They tell me about everything." Another relative said, "The deputy manager keeps me informed."
- Relative meetings were held monthly and recently a cheese and wine dementia information session had been held for people, relatives, and friends.
- Staff were happy in their jobs and felt supported in their roles. A staff member told us, "The staff meeting last month discussed what we are going through and any improvements needing to be made. The senior team are very approachable." Another staff member said, "We have our clinical lead, and we can talk to them. [Clinical lead] stays up here [nursing floor] and if we ask for help, they will help."
- The registered manager had a variety of ways of keeping staff informed including handovers, flash meetings, general meetings, and supervisions.

Working in partnership with others; Continuous learning and improving care

- The service had a good relationship with the local surgery and the GP visited weekly. Staff had a dedicated phone line to speak with the community matron if needed who also visited twice weekly.
- An appreciation session for professionals was held at the service to thank other professionals such as GP's, ambulance staff, community matrons and social workers.
- The registered manager used lessons learned sessions with staff to discuss and safeguarding, accidents or incidents and complaints to support learning for staff and discuss how to avoid reoccurrences.