The Orders Of St. John Care Trust

Monkscroft Care Centre

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Good** ●

Summary of findings

Overall summary

This inspection was completed on 21 and 22 May 2108 and was unannounced.

Monkscroft Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Monkscroft Care Centre accommodates up to 80 people in one adapted building. There were 75 people at Monkscroft Care Centre at the time of the inspection. Monkscroft Care Centre is set over two floors and divided into four units known as households in the home. Each household has a small kitchen and adjacent dining room and a variety of lounges and quiet areas to sit in. Each household had access to a secured outside space. The home had a shop, cinema and hairdressers. People could also use the hobbies, music and sensory room.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run

The previous inspection was completed in December 2015 and the service was rated Good overall. At this inspection the service is now Outstanding.

Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. Where people had suffered an accident, action had been taken to ensure the on-going safety of the person. There were sufficient staffing levels to ensure safe care and treatment.

Staff had received training appropriate to their role. Staff had received training around safeguarding and were confident to raise any concerns relating to potential abuse or neglect. The administration and management of medicines was safe. There were sufficient numbers of staff working at Monkscroft Care Centre. There was a robust recruitment process to ensure suitable staff were recruited.

People were supported to access health professionals when required. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities. People were supported in an individualised way that encouraged them to be as independent as possible.

People and their relatives were all positive about the care and support they received. They told us staff were exceptionally caring and kind and they felt safe living in the home. We observed staff supporting people in a caring and patient way. Staff knew people they supported well and were able to describe what they like to do and how they liked to be supported. People were supported sensitively with an emphasis on promoting their rights to privacy, dignity, choice and independence. Relatives told us they felt the home went above and beyond to ensure people had the best quality of life. We received no negative feedback. Staff told us there was an open culture and they enjoyed working at the home.

The service was highly responsive to people's needs. Care plans were person centred to guide staff to provide consistent, high quality care and support. Specific focus was given to getting to know each person as an individual. There was an emphasis of what was important to them. People and their relatives were encouraged to give their views and raise any concerns through a range of feedback implemented by the provider. Daily records were detailed and provided evidence of person centred care.

The service was well led. Quality assurance checks were in place and identified actions to improve the service. Staff and relatives spoke positively about the management team. People's and their relatives views were sought through regular meetings and questionnaires. People were actively involved in striving to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicine administration, recording and storage were safe.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

People were kept safe as risks had been identified and were well managed in a way which promoted independence.

There were sufficient staff with the time, skills and knowledge to meet the needs of people. There were robust recruitment procedures in place.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and on-going support through regular meetings on a one to one basis with a team leader or the registered manager.

People received support to meet their healthcare needs. People were provided with a varied and healthy menu and food and drink that met their individual requirements.

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

Is the service caring?

Outstanding ☆

The service was outstandingly caring.

Creative methods of communication enabled people, no matter how complex their needs, to be involved in their care and support. People felt involved and empowered to learn and try new things.

People were able to test and try new opportunities to explore

areas of independence they had previously not considered. The registered manager and staff were committed to providing the best possible care.

There were excellent relationships between staff and people with staff putting people at the centre of their care.

People were encouraged to be as independent as possible and maintained contact with family and friends. Relatives told us they were always welcomed into the home.

We received very positive feedback about the support provided from people, their relatives and visiting health professionals.

Is the service responsive?

Outstanding ☆

The service was outstandingly responsive.

Staff delivered care in a person centred way and were clearly responsive to people's needs. People's care was kept under continual review and the service was flexible and responded to changing needs.

People were supported to follow their preferred routines and took part in meaningful activities. Relatives told us the activities were 'Outstanding'.

Specific focus was given to getting to know each person as an individual. There was emphasis on each person's identity and what was important to them. People were encouraged to give their views and raise any concerns through a range of feedback implemented by the provider.

Is the service well-led?

Good

The service was well- led.

People and staff benefitted from clear, supportive leadership from the registered manager and provider.

A comprehensive range of audits monitored the quality of the service and the registered manager focussed on continual improvement.

There was a strong commitment to deliver a high standard of personalised care and continued improvement. The service was continually striving to improve, whilst always putting people at the heart of the service.

Monkscroft Care Centre

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 was a comprehensive inspection. The inspection took place on 21 and 22 May 2018 and was unannounced. It was completed by two adult social care inspectors and an expert by experience.

Before the inspection visit we reviewed all the information we held about the home since the last inspection in January 2016. This included all statutory notifications and the Provider Information Return (PIR). Statutory notifications must, by law, be sent to us by the provider. These inform us of important and significant events which have happened in the home. We used information the provider sent us in the PIR to help plan the inspection. This is information we require providers to send us at least once annually, to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time walking around the home and observing how staff interacted with people. 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.

During the inspection we spoke with 16 people who used the service and eight relatives. We reviewed the care records of seven people. These included information collected about their life history, support plans, risk assessments, organisational records, staff rotas and other records relating to the management of the service and other care and treatment related information. We reviewed six recruitment records for staff. We also spoke with the registered and area manager and nine members of care staff. We sought the views of commissioners of the service and three health care professionals.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I like it here. They are good and look after us all so well. I prefer to stay in my room but they check on me a lot." One relative said, ''They are brilliant. My relative is so safe and I wouldn't want them to be anywhere else."

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Staff had been trained to recognise relevant concerns and knew how to report these. Senior staff shared appropriate information with other agencies who also had a responsibility to safeguard people.

The number of staff needed for each shift was calculated based on the number of people using the service and their presenting needs. There were enough staff with suitable experience and skills to support people. This was confirmed in discussion with relative's visiting and the care staff on shift during the inspection. One staff member said, "We are a good team. We cover shifts so that we don't have agency workers. We all know the people who live here well, which is better for them." Monkscroft Care Centre had regular volunteers who visited the home and spent time talking with people and supported staff with activities. One volunteer said, "I've come to help out for a few hours. We are taking three people out for coffee today. I really enjoy it here".

A robust recruitment and selection process was in place and staff and volunteers had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

People were supported to take risks to retain their independence; risk assessments protected people but also enabled them to maintain their freedom. We found individual risk assessments in people's care and support plans relating to their risk of falls, choking and moving and handling safety.

Risks to people's health, safety and welfare were assessed and managed. Risk assessments recorded the action staff needed to take to keep people safe. For example, people's risks of falling, developing pressure ulcers and choking were known to the staff. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks. People's risk assessments had been regularly reviewed and had been kept up to date. Staff ensured people were appropriately referred to health care professionals if their risks changed. This enabled people's health needs to be assessed and equipment sourced promptly to keep people safe. One health professional said, "Communication is good. They are very pro-active in dealing with health conditions".

People's medicines were managed safely. Staff had received training in how to administer people's medicines and their competency in this task was checked. Medicine records were well maintained and showed that people received their medicines as prescribed.

Health and safety checks were carried out regularly to ensure the service was safe for people living there.

Checks were completed on the environment, such as the fire system by external contractors. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). Each person had an individual evacuation plan to ensure their needs were recorded and could be met in an emergency.

Staff kept the environment safe. For example, there were arrangements in place to reduce the risk of fire, legionella infection and falls from windows. People lived in a clean home and safe ways of working, which helped to reduce the spread of potential infection, helped protect people. For example, soiled laundry was managed separately and colour coded cleaning equipment was used to prevent cross contamination.

Good

Is the service effective?

Our findings

People and relatives we spoke with told us they felt well looked after and their health needs were addressed. Relatives told us staff made them aware of any changes in their relative's health. One relative said, "They are fantastic. Such an amazing place. The food is great and they are all looked after so well".

People were supported by staff who had the skills and knowledge to meet their needs. Training systems were in place to deliver induction training to new staff which included the Care Certificate, proceeding to nationally recognised social care qualifications. The Care Certificate is a set of national standards that health and social care workers adhere to in their daily working life. The Care Certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.
Staff had received training in core areas such as; adult safeguarding, first aid, manual handling, Mental Capacity Act (MCA) and DoLS. Other training courses were provided such as living well with dementia and end of life. Staff told us they felt adequately trained to do their job effectively. One staff member said, "The training is excellent. Lots of learning but its enjoyable. This is a vocation, not a job".

Staff had completed an induction when they first started working in the home. This included reading policies and procedures, completing core training such as first aid and fire safety and undertaking shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them.

Supervisions were used to monitor and improve staff performance. Supervisions are one to one meetings that a staff member has with their supervisor. Staff said these meetings were useful and helped them provide care more effectively. All staff we spoke with said their managers were supportive. Annual appraisals were being completed to monitor staff development.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible and legally authorised under the MCA. People's care plans described if they needed any support with decision making relating to their care and support. Details of people they would trust to advise them with decision making such as close relatives were also recorded.

People and their relatives spoke positively about the food provided at the service. One person said "It is amazing. There are options if we don't like what's on the menu". Another person said "The food is lovely". Staff told us people were supported to eat a healthy diet and drink plenty of fluids.
People's dietary and fluid needs were assessed. People were weighed every month and more frequently if

required. If people were at risk of malnutrition or dehydration the service monitored their food and fluid intake. We looked at the menu and found there was a varied choice of meals available to people. The chef told us there was always an alternative available to people if they did not like what was on the menu. Relatives we spoke with told us they felt the meals served at the home were of good quality and people had a good choice of meals. People could choose what time they wanted meals. We saw some people enjoying a late breakfast which staff told us was according to their wishes. One person requested a glass of cider with their lunch and staff instantly got them what they wanted. Staff sat with people at the tables and spent time socialising whilst they enjoyed their lunch.

People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists, opticians, specific health professionals. In each care and support plan, people's support needs were clearly recorded for staff to follow with regard to attending appointments and specific information for keeping healthy.

People had access to communal areas and we saw people socialising in the area which had views to the well-kept gardens. The outside area had a vegetable garden, rabbits and housed chickens. We saw people collecting the eggs that had been laid which were for sale in the shop within the home. The service had an on-going maintenance plan to ensure inside and outside areas were serviceable and maintained to a high standard. One relative said, "It's nice and spacious and bright here and well decorated."

Outstanding ☆

Is the service caring?

Our findings

We observed people being treated with kindness, respect and compassion. One person said, "They are lovely. I'm not easily pleased but I can't find fault anywhere". One relative said, "I feel part of the family here. I visit for four hours every single day and it's amazing. Staff show people living here are not just numbers but human beings". We observed people reacting positively to the encouragement and reassurance staff provided. One health professional said, "No concerns about this home. I've visited often and it's such a lovely calm environment".

Staff at Monkscroft Care Centre supported people to maintain control and ensured people's wishes and choices were met. The home considered people's personalities, negotiated outcomes and advocated for people living there. The whole staff team were sensitive passionate, kind and went the extra mile to ensure people had high level, individualised and person centred care.

People's care records included an informative and detailed assessment of their needs in relation to equality and diversity and dignity and respect. Staff we spoke with understood their role in ensuring people's needs were met in this area. All of the people we spoke with told us that staff treated them with dignity and respect, particularly when they were delivering personal care.
People were supported in an individualised way that encouraged them to be as independent as possible. People's protected characteristics under the Equality Act were promoted. Staff had access to training in Equality and Diversity. People's care records gave clear and current information about people's specific wishes. One person who practised a specific faith did not wish to have a blood transfusion. This was clearly documented and discussed with them. The registered manager and staff team researched the religion of one person who practised the Muslim faith and had moved into Monkscroft Care Centre. They spoke with the person to better understand their faith and made arrangements to ensure the person could practice their faith. For example, the person's bed was turned around to face a certain direction to ensure they could pray independently without the need for staff support. This person was also supported to fast during the Ramadan festival and all health needs were taken into account and risks reduced and monitored.

Another person living at Monkscroft Care Centre was Cantonese and had limited ability to speak English. The whole staff team at the home had discussed and implemented ways to ensure the person was not socially isolated and bridged the gaps in communication. This had a significant and positive impact on their well-being. Some examples of how staff went above and beyond to cater for this person's needs were; technology had been purchased for their bedroom which allowed them to stream Chinese television programmes, films and music. Regular Skype calls had been introduced for them to keep in touch with family in China and some members of the Chinese community had been invited to the home who enlisted their support to build a communication care plan. One relative was able to support the home to develop sentences and greetings cards which are placed within their room. This enables the staff team to communicate effectively. The staff team built a picture board with words spelt in English and phonetically spelt in Cantonese. The registered manager told us, "With these aids we can maximise the choices and wishes of this person, we have made referrals for a holistic review to assess any improvements in their abilities that we can enhance. We are so proud of our achievements and the positive impact this has had for

this person".

Relatives and friends were welcomed and seen as integral to helping people maintain their wellbeing. One relative said, "It is truly amazing." People were supported to maintain relationships which were important to them. Where people wanted to remain as independent as possible, support was provided to achieve this. One person said, "I choose to spend time in my room. I never need to use my call bell as staff are always popping in to see if I am alright".

Staff were attentive to people's needs and ensured relationships were maintained. For example; one married couple (both living at Monkscroft Care Centre but in separate households due to their individual needs) met up every lunchtime to share time together. Staff told us they really enjoyed this time together and reminisced about old times. Relatives told us how they always felt welcomed and included in the home and the care staff treated them kindly. For example, one relative who was of French origin had been invited to implement a French class for people and their relatives to attend. This had been well attended.

People and their relatives were provided with opportunities to give feedback regarding their experience of the service. The service had received a number of positive comments from relatives of people who used the service. For example, one relative said, "My dad said, I've been to the races. I can see the horses and track. It's been years since I went. I was sat by a fence and the jockey fell off. He was, in fact sat in a dining room with the Gold cup on a large projector screen and green fields through the window- in his eyes, dreams were being made-Thank You". Another relative wrote, "The most genuine asset to the home is the amazing staff. They are generous with their time, care, communication and laughter. The cleanliness, management and compassionate nature of all are outstanding. A benchmark for all".

The registered manager told us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to their service being set up. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care and support plans, in relation to their day to day needs. One health professional said, "We have no concerns. They are extremely good at involving everyone".

Outstanding ☆

Is the service responsive?

Our findings

Monkscroft Care Centre delivered outstanding person centred care. One relative we spoke to told us that when their husband was younger they used to play sport for a team at a national level. When the person first moved into the home, staff had researched them online and laminated photographs of them playing professional rugby and placed them in his room. The relative said, "I never asked them to do it. They just did. I am deeply moved by the care and kindness we receive here. This makes me feel like my husband is in a care home that treats him as an individual".

One staff member had noticed that there were not many activities for male residents and suggested a gentleman's club as an idea. This had been implemented and the first club had taken place as an alternative to watching the Royal wedding in May 2018. People and their relatives told us this was inspirational and gave the men a chance to discuss like-minded themes such as; racing, cars, trains and sport. One of the lounges was due to be set up for the football World Cup with a bar in June 2018 for anyone to go and watch.

People were treated as individuals and had choices in every aspect of their care and staff went above and beyond to facilitate excellent care and support. One example of how staff treated people individually and inclusively was when we noted in the kitchen that the chef was preparing a large pot of lamb stew for dinner time. We saw a small pan of lamb stew next to this which was enough for one person who was intolerant of garlic. The chef explained to us this person had requested lamb stew and so they had catered for their dietary needs to enable the person to feel included and be able to eat the same as everybody else at dinner time.

The home had two designated activity co-ordinators. People were supported on a regular basis to participate in meaningful activities. During the inspection we observed daily activities. When observing these, there was evidence staff involved people if they indicated a preference to participate in activities. People took part in activities within the home such as; knitting, board games, bingo, films, art, yoga, pet therapy, bowling and singing. The home had recently held a 'cruise week' and decorated the home with appropriate decorations, provided 'on-ship' activities and different menus reflecting the food of different countries each day.

People were able to access local cafes and the community library if they wished. All staff were involved in providing activities for people. The activity co-ordinators had compiled information for staff about how to use each interaction with a person, if they had five or fifteen minutes spare, as an opportunity to engage people if they wanted to. Staff knew people well so they were able to ascertain what they might like. Examples were; having a coffee, chatting, engaging in an activity or discussing their life history. This meant people had mindful interactions with staff throughout the day. The two activity co-ordinators had been invited to Gloucestershire meaningful activity network meeting to discuss their experiences of setting up the Monkscroft Care Centre café. They told us they enjoyed show casing what the home did so well and encourage others to be innovative.

Monkscroft Care Centre had formed strong community links with their local community. People and their

relatives told us they enjoyed having visitors in the home. Children and police officers regularly visited the home to spend time with people living there. Some local police officers had visited the home with police dogs and also spent time chatting with relatives. A media film had been produced and was placed on the Gloucestershire police website and people and staff were invited to the police headquarters for a tour. People told us they felt valued and a part of the community. The media film showed people and the officers enjoying coffee and cake and spending time asking questions and socialising. The police officers spoke highly of the home and people told us they thoroughly enjoyed the visit and they would be continued in the future. One person told us, "I miss my dogs so it was great to see and stroke the police ones".

A charity called 'A choir in every care home' had introduced an initiative to include song and dance into care homes. Monkscroft Care Centre had been chosen to pilot the project. There was positive feedback about this activity and people's feedback was used to aid a university research project about understanding the impact of music intervention in a care home setting. People told us they really enjoyed this activity and each individual was asked about how this activity could be improved for future reference.

People's spiritual, religious and cultural needs had been identified and details of people's preferences were documented within their care and support plans. A catholic priest visited the home to give people communion if they chose to take part. People were supported to access local churches if possible. The home had held a 'Polish day' where relatives and families were invited to attend with food and activities relating to Poland. Polish people from the community were invited into the home. One relative gave feedback and said, 'Fantastic Polish day event. Congratulations to all involved. Wonderful exhibition and food. Community engagement at its best. I learnt a lot about Polish hospitality'. There were plans to do American, French and Swedish days as the Polish day was such a success.

We saw that each person had a care and support plan to record and review their care and support needs and provided guidance on how staff were to support people. Each care and support plan covered areas such as; communication, cultural and religious preferences, nutrition, mobility, night care, medication and psychological needs. Each person's care and support plan had a page detailing their likes, dislikes and life history. People's preferred routine was also recorded to show how people liked things to be done. For example, people's personal care plans included their preferred routine of how they would like to be supported with their personal care.
There was evidence that regular reviews of care plans were being carried out. The registered manager told us reviews were carried out monthly and more frequently if required. Professionals who visited the service told us they felt staff responded well to people's needs and were proactive in managing changing needs. Relatives told us they felt the home responded well to people's needs. One health professional said, "They always ring us if needed. They seem to really care."

Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We were told by the registered manager that staff would also read the daily notes for each person. The daily notes we inspected were detailed and contained information such as what activities people had engaged in, their nutritional intake and also any issues occurring on shift so that the staff working the next shift were well prepared.

People told us they were aware of who to speak with and how to raise a concern if they needed to. No-one we spoke with had concerns at the current time and those that had raised concerns previously told us they were happy with the outcomes. People and their relatives felt that the staff and registered manager would listen to them if they raised anything and that issues would be addressed.

People were supported at the end of their life to have a comfortable, dignified and pain free death. If people required end of life care, the service sought support and guidance from specialist health professionals. All staff were trained in end of life care. Care records stated people's individual wishes at the end of their life. One care plan stated, 'I would like to wear my wedding ring. I would like to be buried in my suit and shirt and please keep my moustache'. One relative told us, "During [The person's] end of life we were given massive support. They were all very impressive".

Good

Is the service well-led?

Our findings

There was a registered manager in post. People, staff and relatives told us they felt well supported by the registered manager and the provider. One person said, "He is caring and very approachable." Another person said, "You can always ask the manager". Relatives used words such as; "Open" and "Approachable".

The registered manager was responsible for completing regular audits of the service. The audits included analysis of incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. There were robust quality assurance systems in place to ensure every area of the service was being monitored. Each audit completed was checked by the provider on a monthly basis and the registered manager told us they felt fully supported by them. The registered manager had completed a night visit report in April 2018. They inspected the home in the early hours of the morning to ensure all guidelines were being followed and to ensure a good standard of care was maintained at night. A weekly governance meeting was held to discuss each individual living at the home. Any comments were discussed and actions identified to ensure the on-going monitoring of people's health and well-being.

People, their relatives and staff attended regular meetings and briefings. Staff explained regular meetings and briefings gave the team consistency and a space to deal with any issues. Reflective practice sessions were held after some incidents that had been challenging. Staff were able to describe their thoughts and feelings and evaluations of what went well and what could be improved. Minutes from all of the meetings showed that everyone involved at the home had a voice and were actively encouraged to be involved in future developments.

The provider's policies and procedures were available to all staff. These promoted equal opportunities, respect for people and staffs' diversity and provided guidance. Staff liaised with other professionals who also helped to keep them updated and informed on up to date practice and ideas in adult social care.

The service was actively seeking the views of people using the service, relatives and staff through sending out regular questionnaires and having regular meetings. The registered manager told us this was a way of ensuring everyone involved with the service had a voice. The results of the surveys were analysed and evaluated. People and their relatives could give feedback on-line or by posting comments on a care home related website Monkscroft Care Centre had scored 9.9/10 on the website and had received positive feedback with no concerns identified.

From looking at the accident and incident reports, we found the registered manager was reporting to CQC appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. All accidents and incidents such as falls, ill health, aggression /abuse or accidents for people were recorded. The registered manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken. People who were at risk of falls were monitored and action plans put in place. One health professional said, "In regard to documentation, no concerns".