

D O'Brien

# The Gables Retirement Home Limited

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected The Gables Retirement Home Limited on 21 October 2015. This was an unannounced inspection. The service was registered to provide accommodation and care for up to 35 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 20 people living in the care home.

At our last inspection on 17 July 2014 the service was found to be non-compliant in outcome areas relating to the safe control of medicines. This represented a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2010 and corresponded to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that

# Summary of findings

inspection, the provider told us what action they were going to take. At this inspection we found that the necessary improvements had been made and the service was no longer in breach.

A registered manager, who was also the provider, was in post and present on the day of the 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 2008 and associated Regulations about how the service is run.

People were happy, comfortable and relaxed with staff and said they felt safe. One person told us "I think they're good girls, good as gold, everybody." Another person said "It's lovely here and they're very good to me." One relative told us "I've been highly satisfied with the care here. I don't think you could have better anywhere."

People received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their manager. Formal personal development plans, such as annual appraisals, were in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

There was a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were protected by robust recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people received a safe level of care.

Medicines were stored and administered safely and accurate records were maintained.

Comprehensive systems were in place to regularly monitor the quality of the service. Concerns and risks were identified and acted upon.

Good



### Is the service effective?

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities.

Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected.

People were able to access external health and social care services, as required.

Good



### Is the service caring?

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff.

Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Good



### Is the service responsive?

The service was responsive.

Staff had a good understanding of people's identified care and support needs.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received.

A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

Staff said they felt valued and supported by the established and very experienced manager. They were aware of their responsibilities and felt confident in their individual roles.

There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect.

People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

# The Gables Retirement Home Limited

## 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 was 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.

The inspection took place on 21 October 2015 and was unannounced. The inspection team consisted of one inspector and an 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. They had experience of a range of care services.

Before the inspection we looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us

about by law. On this occasion we did not request a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people who lived in the home, five relatives, three care workers, a visiting district nurse and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

# Is the service safe?

## Our findings

The established and very experienced registered manager, who was also the provider, had been in their current position since 2000. They had developed very close working relationships with people living in the home, as well as their relatives and had created a safe, stable and homely environment; Relatives spoke very positively about the manager and the trust and confidence they had in him. They considered The Gables to be a very safe and comfortable environment and described the staff as “Lovely” and “Caring.”

People said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. One person told us, “Oh yes I do feel very safe and I’m very happy here. Another person told us, “I’m quite happy, there’s absolutely nothing to be afraid of.” A relative told us “I’ve never worried about mum’s safety here.” Another relative told us “I have the peace of mind knowing my mum is safe and well cared for.”

There were enough staff to meet people’s care and support needs in a safe and consistent manner. The manager told us that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They confirmed that staffing levels were also reassessed whenever an individual’s condition or care and support needs changed, to ensure people’s safety and welfare. This was supported by duty rotas that we were shown. The manager told us “I’ve got to be able to sleep at night – and I do. I am very careful when appointing new staff and I have every confidence in them.” Throughout the day we observed positive and friendly interactions. People were comfortable and relaxed with staff, happily asking for help, as required..

People and relatives we spoke with were generally satisfied and had no concerns regarding the number of staff on duty and the speed with which staff attended to people’s needs. However one person told us, “We don’t usually have to wait a long time but it can be a bit longer at night, sometimes there’s only one person on.” This was echoed by a relative, we spoke with, and who also expressed some concern regarding night time staffing levels. They told us, “We’re generally happy. The only slight concern is when there’s only one on at night, what happens if more people need help?” We discussed this issue with the manager who confirmed there was one waking night and a sleep-in

person (usually the manager himself) who was on call and available to assist if necessary. He also assured us that, should the need arise, additional waking night staff would be deployed and this had happened in the past.

Medicines were managed safely and consistently. We found evidence that staff involved in administering medication had received appropriate training. A list of staff authorised to undertake this was kept with the medication folder. We spoke with the manager regarding the policies and procedures for the storage, administration and disposal of medicines. We also observed medicines being administered. We saw the medication administration records (MAR) for people who used the service had been correctly completed by staff when they gave people their medicines. We also saw the MAR charts had been appropriately completed to show the date and time that people had received ‘when required’ medicines.

People were protected from avoidable harm as staff had received relevant training. They had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. Staff told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Records showed that all staff had completed training in safeguarding adults and received regular update training. This was supported by training records we were shown. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

The provider operated a safe and robust recruitment procedure and we looked at a sample of three staff files, including recruitment records. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government’s Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

During our inspection we saw that infection control was well managed, the premises were clean and generally well maintained throughout and there were no unpleasant odours. Although the décor appeared rather old fashioned

## Is the service safe?

it was a comfortable, safe and homely environment. People we spoke were clearly satisfied with their surroundings. One person described their room as “Quite comfortable and exceptionally clean.” A relative told us, “Mum’s room is very comfortable and always spotlessly clean.”

There were arrangements in place to deal with emergencies. Contingency plans were in place in the event

of an unforeseen emergency, such as a fire.. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced in accordance with the manufacturer’s guidelines.

# Is the service effective?

## Our findings

The service ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. People and relatives spoke positively about the service and told us they generally had no concerns about the care and support provided and thought staff knew what they were doing. One person described how happy and settled they were at The Gables. They told us, “It’s good here and there are not too many of us, so it’s a bit more personal.” One relative told us “The care staff are dedicated to care.” Another relative, who had been concerned that their mother was at risk of developing pressure sores and wanted to ensure her skin was always assessed, said “Nice staff, they’re very good with her, a bit more training would always be good, and it’s about the basics.”

A concern voiced by two relatives we spoke with, was regarding an unsettled period, earlier in the year, when there was a rapid turnover of staff. However they felt the situation seemed to have improved over recent months and there was now more stability in the staff team. One relative told us, “I wondered if they were agency workers here as some I’ve not seen for some time.” Another relative said, “I was worried about some of them whose English was not very good and their communication skills were poor.” We discussed this issue with people living in the home. One person told us, “I’ve noticed that carers can be difficult to get at times and there are quite a lot of foreign girls.” During our inspection, we observed a new member of staff speaking very softly to a person who, at first, clearly had difficulty hearing them and understanding their accent. However the member of staff took their time to patiently explain what they wanted to say and eventually the person understood and smiled. This was an example of the importance of effective communication and highlighted the potential problem for people who may have a degree of hearing impairment in addition to any degree of cognitive impairment.

Staff said they had received an effective induction programme, which included getting to know the care and support needs of people as well as the home’s policies and procedures and daily routines. They also spent time shadowing more experienced colleagues, until they were

deemed competent and felt confident to work unsupervised. One member of staff told us “The training here is quite good and the manager is brilliant and so supportive.”

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager was aware of the process and fully understood when an application should be made and how to submit one. Where people lacked the mental capacity to make decisions the service was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person’s best interests. The registered manager told us that to ensure the service acted in people’s best interests, they maintained regular contact with social workers, health professionals, relatives and advocates. Following individual assessments, the manager had made DoLS applications to the local authority, as necessary, and was waiting for decisions regarding authorisation.

Staff had received training on the MCA and DoLS and understood the importance of acting in a person’s best interests and protecting their rights. They were aware of the need to involve others in decisions when people lacked the capacity to make a decision for themselves. This ensured that any decisions made on behalf of a person who lived at the home would be made in their best interests. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks.

People were supported to maintain good health and told us they were happy regarding the availability of health professionals, whenever necessary. They spoke particularly highly of the local GP and health workers from the local surgery. One person told us, “The GP is very good and the district nurses who come here are wonderful.” A relative said, “We often speak with David (the manager) who is amazing and he will soon pick up on any health problems. And if necessary they will always get the doctor in straight away.” The registered manager confirmed that a local GP visited The Gables on a regular basis for their “weekly surgery” and district nurses also came in, as required. Care records confirmed that people had regular access to healthcare professionals, such as GPs, speech and language therapists, podiatrists and dentists. We saw that,



## Is the service effective?

where appropriate, people were supported to attend some health appointments in the community. Individual care plans contained records of all such appointments as well as any visits from healthcare professionals.

People were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet. During our inspection, we saw that people were provided with drinks and snacks throughout the day. We also observed lunchtime in the dining room. Tables were laid up with cloths, napkins and cutlery. We saw there was some adapted cutlery available for those who needed it. People were able to sit where they wished, generally at tables with two others, some people sat by themselves. Staff brought in individual meals from the kitchen and provided people with discreet assistance with eating, as necessary. Conversation between people and care staff was natural and friendly, with staff gently encouraging people to eat more. We observed staff encouraging people to eat their lunch. One member of staff said, "Come on (name) eat a little more, I thought it was your favourite."

The food looked and smelt appetising and we received some very positive comments regarding the quality of the meals provided. Everyone we spoke with said the food was good. One person told us, "You always get a choice. They try to make sure you get food you like and always ask if there's anything you would especially like." A relative told us, "From what I've seen, the food is always good." This view was shared by another relative who told us, "Oh yes it's good food and there's always lots of choice – and Mum loves her food." Another relative said, "The food always seems good here and there's plenty of choice. They put on buffets as well, which seem popular." There was a menu board at one end of the dining room, with a printed menu plan for the week. We discussed the benefits of a picture menu and staff acknowledged it would be helpful, especially for those people who had difficulty reading or understanding written information.

# Is the service caring?

## Our findings

We received very positive feedback from people and their relatives regarding the caring environment and the kind and compassionate nature of the manager and staff. Relatives told us they were “Most impressed” with the care their family member received. They confirmed they had been given the opportunity to be involved in individual care planning and said that staff treated people with kindness, dignity and respect.

People we spoke with genuinely liked the care staff and talked enthusiastically about their kindness and compassion. One person told us, “The staff are really nice here and have been very good to me. I’ve been highly satisfied with the care I get and I don’t think we could have better anywhere.” Another person said, “I think it’s lovely here. They’re good girls, good as gold, everybody.” A relative we spoke with described how her mother had taken herself out of her first care home to move to The Gables, after she’d heard about it from a neighbour. They said it had personally been a very difficult time for them and went on to say just how much they had appreciated the kindness and support they had received from the manager and other members of staff. They told us, “I don’t think I could have got through it all without them.” Another relative told us, “I would definitely recommend this care home to others if they wanted a nice, clean residential home.”

Relatives and friends were welcome to visit at any time. One relative told us, “I can visit at any time of day or night and there’s never a time when I’m not made to feel welcome.” Another relative told us, “There are always a lot of visitors; I think it’s good personally, I can’t fault it.” Relatives also told us that staff respected people’s privacy and dignity. One relative told us, “They always knock before they come in; the carers look after my mum very well.”

These views were reinforced by a visiting district nurse who told us “This is a good care home. The manager and staff work very cooperatively with us and are always very proactive in contacting us when necessary. The staff are always very professional in their approach and people here receive a high standard of care.”

Throughout the day we observed staff to be consistently very helpful, compassionate and caring. We saw and heard staff speak with and respond to people in a calm,

considerate and respectful manner. We observed staff speak politely with people. They called people by their preferred names, patiently waited for and listened to the response and checked that the person had heard and understood what they were saying. Their conversations with people were not just task related and we saw them regularly check out understanding with people rather than just assuming consent. We also saw staff knocking on people’s doors and waiting before entering. In other examples of the consideration and respect people received, we saw that people wore clothing that was clean and appropriate for the time of year and they were dressed in a way that maintained their dignity.

The manager and staff demonstrated a strong commitment to providing compassionate care. The manager told us people were treated as individuals and supported and enabled to be as independent as they wanted to be. During our inspection we observed the manager calmly and patiently dealing with a new resident, receiving respite care, who was clearly becoming a little agitated about what was happening later in the day. The manager listened carefully to what the person was saying before calmly and clearly explaining several times what they were going to be doing. After a while the person visibly calmed down and appeared much happier.

A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living and these choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved people, as far as practicable, in making decisions about their personal care and support. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend reviews. They said they were kept well-informed and were made welcome whenever they visited.

We saw people’s wishes in respect of their religious and cultural needs were respected by staff who supported them. Within individual care plans, we also saw personal and sensitive end of life plans, which were written in the first person and clearly showed the person’s involvement in them. They included details of their religion, their next of kin or advocate, where they wished to spend their final days and what sort of funeral they wanted.

# Is the service responsive?

## Our findings

People said staff were responsive to their needs. One person told us, “I can always choose what I like to do.” Another person said, “I can’t walk about as much these days but I do like to go out. Sometimes, my family take me out and I like to go to the shops with my son.” Relatives told us they felt staff listened to what people had to say and were responsive to their needs.

The layout of the building was conducive to social interaction with several lounges for people who wanted to sit and read, or talk. The seating arrangements meant that people were sat in small groups and could engage with each other. We saw people talking to each other and enjoying each other’s company. We saw in one lounge the communal TV was used for people who wanted to watch specific programmes or films, whilst in the other lounge people had ‘easy listening’ music playing.

When we first went into the main lounge there were some visitors already there with their relatives. We saw two people were reading their newspapers, whilst others sat quietly, some dozing in their chairs. We asked people how they liked to spend their day. One person told us, “I enjoy the music and sometimes (the manager) arranges for singers to come in, which I like.” Relatives we spoke with felt that activities generally reflected people’s interests and preferences and their needs were being met. One relative told us, “There seems like they have lots they can do here, such as crafts and painting.” The registered manager pointed out to us that the average age of people at The Gables was “Over 89 years old and we need to remember that when planning how people spend their days.”

In the afternoon the activities co-ordinator arrived, although they are only in the home twice a week. They told us about some of the activities they arranged, including regular musical sessions, card making and gentle exercise. They said they had been visiting the home for many years and so knew the people very well and what they were interested in and enjoyed doing. They acknowledged most of the activities were held in groups but said they also spent time on an individual basis with people, who preferred their own company.

Staff we spoke with were aware of the importance of knowing and understanding people’s individual care and

support needs so they could respond appropriately and consistently to meet those needs. We looked at a sample of files relating to the assessment and care planning for four people. Each care plan had been developed from the assessment of their identified needs. The registered manager told us people were assessed before they moved in to the service, to ensure their identified needs could be met. Individual care plans were personalised to reflect people’s wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided.

A senior care worker told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a calm, unhurried manner.

People and their relatives told us they were satisfied with the service, they knew how to make a complaint if necessary. They felt confident they could speak with the manager at any time and any issues or concerns they might need to raise would be listened to, acted upon and dealt with appropriately. However, no-one we spoke with had considered it necessary to raise a complaint. During our inspection we observed the registered manager was visible throughout the day and was obviously well known and popular with residents and relatives alike. Relatives spoke of a largely informal but effective process for responding to any concerns. One relative told us, “(The manager) can’t do enough for everyone here and Mum’s very contented.”

Records indicated that comments, compliments and complaints were monitored and acted upon and we saw complaints had been handled and responded to appropriately and any changes and learning recorded. For example, we saw that, following a concern raised by a relative, a person had their care plan reviewed and their

## Is the service responsive?

support guidelines amended. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The manager showed us the complaints procedure and told us they welcomed people's

views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant.

# Is the service well-led?

## Our findings

People and staff told us the service was well-led. The registered manager was mentioned in very positive terms on many occasions during our discussions throughout the day. Relatives we spoke with told us the registered manager was “always very approachable.” They said they were “happy and very satisfied” with how the home was run and confident that any issues or concerns they raised with the manager were dealt with appropriately. One relative told us, “He (the manager) is very approachable, nothing is too much trouble and he always addresses things straight away.” This was echoed by another relative who told us, “Whenever we come in, we are always speaking with (the manager). Recently I mentioned a problem with mum’s hot water tap – and he sorted it straight away.” Throughout the day we observed the registered manager speaking with people, their relatives and staff, in a friendly, informal manner and they in turn were clearly very comfortable, relaxed and open with him.

People, their relatives and staff also said they felt communication was effective, there was an “Open and honest” culture throughout the home and they were encouraged to raise and discuss any issues or concerns they may have. One member of staff told us “We have an open culture here, where residents and staff are encouraged and expected to raise and discuss any concerns or issues they might have.” Relatives confirmed they were asked for their views about the service. They spoke positively about the level of communication and said they felt “well informed.” Some people confirmed they had been asked their views regarding the home and the services provided. They said they were “regularly asked if we’re happy here – and we are.” Another person recalled a satisfaction questionnaire they had responded to about care at the home. The manager later confirmed there was a six monthly survey for residents but no regular questionnaire or meeting for relatives. A noticeboard in the entrance hall had information about the week’s menus, activities planned and a guide to making complaints or compliments.

Relatives said that they were always made to feel welcome when they visited and spoke of the “very homely” environment. . One relative told us “I’m always made

welcome and usually get offered a cup of tea.” Without exception, everyone we spoke with said they would be happy to recommend the home to friends or relatives. One person told us, “Without a doubt I’d recommend it. I’ve been highly satisfied here.”

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service, and said they would have no hesitation in reporting any concerns. They were also confident that they would be listened to, by the manager, and any issues acted upon, in line with the provider’s policy. Staff had confidence in the way the service was managed and described the manager as “approachable” and “very supportive.” We saw documentary evidence of staff receiving regular formal supervision and annual appraisals.

The registered manager notified the Care Quality Commission of any significant events, as they are legally required to do. They also took part in reviews and best interest meetings with the local authority and health care professionals.

Quality assurance systems, including audits and satisfaction surveys, were in place to monitor the running and overall quality of the service and to identify any shortfalls and improvements necessary. Through regular audits, providers can compare what is actually done against best practice guidelines and policies and procedures. This enables them to put in place corrective actions to improve the performances of individuals and systems.

There were systems in place to record and monitor accidents and incidents. We reviewed these and found entries included details of the incident or accident, details of what happened and any injuries sustained. The manager told us they monitored and analysed incidents and accidents to look for any emerging trends or themes. Where actions arising had been identified, recording demonstrated where it was followed up and implemented. For example, following a medication error, we saw that procedures were reviewed and amended. This demonstrated that the service learned lessons from incidents and accidents, which helped drive improvements in service provision.