

## Ansar Projects Limited

# Ansar 5

### 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 ●

# Summary of findings

## Overall summary

This was an announced inspection which took place 19 and 22 February 2016. One day prior to the inspection, we contacted the provider and told them of our plans to carry out a comprehensive inspection of the service. This was because the location is a small care home for one younger adult who may have been out during the day; we needed to be sure that someone would be in.

Ansar 5 is a bungalow on a main road on the outskirts of Radcliffe. The service is registered to provide accommodation and personal care for one person with learning disabilities.

The service had a registered manager who was 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.

Policies and procedures were in place to safeguard people from abuse and staff had received training in safeguarding adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were also aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor practice to people.

A safe system of recruitment was in place, which helped protect the person from the risk of unsuitable staff. We found that a small team of staff, who the person liked and who knew the person well, worked at the home. Staff were based at the service because they enjoyed the same things the person who lived there did. There were sufficient staff at all times to ensure the person had the support they required.

Person centred risk assessments were in place that supported staff to manage risk in a positive way. They also gave staff guidance on how to reduce the risk of social isolation and promote the person's independence. There was a safe system in place for managing the person's medicines.

We looked around the home and found it to be homely, spacious, bright, clean and well decorated. It was a bungalow; the single storey reduced the risks of the person falling downstairs when they were unsteady on their feet. There was a secure level access garden that the person enjoyed using.

Systems were in place for dealing with emergencies that could affect the provision of care such as failure of gas and electric supply. The person's rights and choices were respected and staff supported the person in a way that encouraged them to make choices. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards.

Staff had received the induction, training and supervision they required to ensure they had the skills and knowledge needed to carry out their roles effectively.

The registered manager and staff we spoke with demonstrated a commitment to person centred care and to continually reviewing the service to ensure it was meeting the person's needs. They used a variety of ways of involving the person in developing the service and of finding out what they wanted from the service. They knew the person very well.

The service had detailed guidance for staff on how to support the person when they showed behaviour that challenged the service. This included understanding how the person communicated and guided staff on how to respond. A communication book was used to identify what the person meant when using signs and gestures. We saw that the service had a positive, responsive and respectful approach to the way they supported the person.

The relative we spoke with felt the staff and managers were caring. They told us staff understood the person who used the service and that the person had become, "Much more relaxed" whilst living at the home.

During our inspection, we asked the person who used the service about living at the home and activities they did. They indicated by smiling and with some words and gestures that they were happy living at the home and enjoyed the activities they did.

We spent time observing how the person who used the service interacted with staff. We saw they were relaxed and comfortable in expressing their wishes and choices to staff. We saw that staff responded immediately in a respectful and gentle manner. We saw that the person looked to staff for reassurance; which they gave in a caring way.

Care records were detailed; person centred and described the person in positively. They contained detailed information about the person and what staff needed to do to support them. This included a person centred plan that had information about people, places and things that the person liked and things the person didn't like. It also showed their "gifts and talents" and their dreams and wishes for the future. This contained pictures and graphics to help the person understand what it was about.

There was a wide range of activities the person did throughout the week both inside the home and in community settings. These were based on the person's interests and hobbies. We found the person had routines that were very important to them. We saw that staff and the registered manager recognised and respected the person's routines.

We found there was a system in place for quality assurance. Weekly and monthly checks and audits were used to assess, monitor and review the service. Relatives felt listened to and were involved in improving the service.

People spoke very positively about the registered manager and other managers within the service and of their caring and person centred approach. Staff told us they enjoyed working for the service and felt very supported in their roles.

## 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.

Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of the whistleblowing (reporting poor practise) policy, and how to raise any concerns.

A safe system of recruitment was in place, which helped protect the person from the risk of unsuitable staff. The person was supported by a small team of staff who they liked and who knew the person well.

Staff were given guidance on how to manage risk in a positive way that respected the person rights, promoted their independence and reduced the risk of social isolation.

### Is the service effective?

Good ●

The service was effective.

The person's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards.

Staff received the induction, training and support they needed to carry out their roles effectively.

Staff and the registered manager demonstrated a commitment to person centred care. They knew the person well, their likes and dislikes and how they wanted to be supported.

### Is the service caring?

Good ●

The service was caring.

A relative told us the staff and the registered manager were caring.

The person was relaxed and comfortable in expressing their wishes and choices to staff.

Staff and the registered manager were compassionate, responsive, respectful and gentle.

### Is the service responsive?

Good ●

The service is responsive.

The registered manager and staff showed a strong commitment to providing a person centred service. There were a wide range of activities offered that were based on the persons interests and hobbies. The service respected the person routines.

Care records were very detailed, person centred and guided staff on how to provide the support the person wanted and needed.

The person who used the service and their relatives were listened to in a variety of ways and involved in planning and reviewing the service.

### Is the service well-led?

Good ●

The service was well-led.

People told us the registered manager and other managers within the service were approachable and supportive.

Staff were very positive about the registered manager and working for the service.

There were robust systems in place to assess, monitor and review the quality of the service.

# Ansar 5

## **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 an announced inspection. One day prior to the inspection, we contacted the provider and told them of our plans to carry out a comprehensive inspection of the service. This was because the location is a small care home for one younger adult who may have been out during the day; we needed to be sure that they would be in.

The inspection took place on 19 and 22 February 2016. One adult social care inspector undertook the inspection. This was the first inspection of this service.

Before our inspection, we looked at the information we held about the service such as notifications. A notification is information about important events, which the provider is required to send us by law. We also contacted local authority commissioning, quality assurance and safeguarding teams. They had no concerns about the service.

During our inspection, we spent some time with the person who used the service and staff. This enabled us to observe how the person's care and support was provided. We also spoke with the person who used the service, one relative, the registered manager, activity co-ordinator and two staff.

We looked at one care record, three staff personnel files, staff training records, duty rotas, policies and procedures, quality assurance audits and other records about how the service was managed.

# Is the service safe?

## Our findings

The relative we spoke with told us they thought the person was safe living at Ansar 5. They said, "They keep [the person] safe. They keep danger away."

We found that suitable arrangements were in place for safeguarding the person who used the service from abuse. Policies and procedures were in place; these provided staff with guidance on identifying and responding to the signs and allegations of abuse. Training records we looked at showed us staff had received training in safeguarding. Staff we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who they should report it to.

The service had a whistleblowing policy. This told staff how they would be supported if they reported abuse or other issues of concern. It also gave staff contact details of other organisations they could contact if they were not happy with how the service had dealt with their concern. Staff we spoke with had received training about whistleblowing and were aware of the company's policy. They told us they had confidence the registered manager would deal with any issues they raised.

We saw that a safe system of recruitment was in place. We looked at three staff files. The staff files we saw contained a full employment history, contract of employment, job descriptions and two professional references. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We saw policies and procedures on staff recruitment, sickness, disciplinary, training and appraisal.

We found there were sufficient staff to ensure the person had the support they required. We saw that a small team of staff who the person liked and who knew the person well worked at the home. Staff we spoke with told us that cover was always provided if staff were sick or on leave and this usually came from within this small team to ensure continuity of support. Staffing rotas showed us that one to one individual support was provided during the day. We saw that during the night there was a member of staff on site who could provide support or be called on in case of emergency.

We found the person received their medicines safely. We saw medicines management policies and procedures were in place. These gave guidance to staff about the storage and administration of medicines. Care plans were also in place to guide staff on administering "as required" medicines. The information was person centred and gave staff advice on possible alternatives to administering. We saw that medicines were stored securely. The registered manager and staff we spoke with told us that staff received training and competency assessments before they could administer medicines. Records we looked at confirmed staff had received medicines management training and competency assessments.

We looked at ten weeks medicines administration records (MAR). We found that all records were fully completed to confirm the person had received their medicines as prescribed. We saw that medicines files were audited monthly by the registered manager to ensure accurate records were being kept.

We looked around the home and found it to be homely, spacious, bright, clean and well decorated. It was a bungalow; the single storey reduced the risks of the person falling downstairs when they were unsteady on their feet. The furnishings were modern and in very good condition. Rooms reflected the person's interests and contained lots of personal belongings and photographs. The rear of the home had open countryside views, which the person enjoyed and a level access secure garden that they told us they liked to go into in the summer.

We were shown general risk assessments for each area of the home. We saw that eight staff had received training in completing risk assessments. We saw there was information to guide staff on what action they might need to take to identify, manage and minimise risk. Inspection of care records showed that detailed person centred risk assessments were in place that supported staff to manage risk in a positive way and included; crossing the road, community based activities, travelling in a car, the person's behaviour and helping in the kitchen. The risk assessments also gave staff guidance on how to promote the persons independence whilst managing risks. All risk assessments had been reviewed regularly.

We found there was an infection control and hygiene policy; this gave staff guidance on preventing the spread of infection; effective handwashing and use of personal protective clothing and equipment (PPE). We saw that PPE was available; staff we spoke with told us PPE was always available and used.

Records we looked at showed there was a system in place for carrying out health and safety checks and that equipment in the home was serviced and maintained properly.

We saw that fire risk assessments were in place and Personal Emergency Evacuation Plans (PEEPS) had been completed. We found that regular fire safety checks were carried out on fire alarms, smoke detectors and fire extinguishers. We saw that fire drills were carried out regularly and any issues are recorded.

The service had a business continuity plan. This informed managers and staff what to do if there was an incident or emergency that could disrupt or endanger people who used the service. This included loss of gas, electricity, telephones, heating, breakdown of essential equipment, damage to the building and severe weather.

We saw the service had procedures in place for dealing with accidents and incidents. These guided staff on what to do, who to tell and how incidents should be recorded. We saw that accidents and incidents and near misses were recorded. These were audited by the persons key worker and managers to look for lessons that could be learned and recommend action to prevent reoccurrence.

We saw the service used a hospital 'traffic light' form. This included important information about the person; medical conditions, communication needs, like and dislikes, and was given to health care professionals if the person needed to go to hospital. We found this was very detailed and would help keep the person safe by making sure healthcare staff had the information they needed to care and support the person in the way they preferred.



## Is the service effective?

### Our findings

The registered manager told us that before the person started to live at the home, they had visited the person where they were living at the time and spent time getting to know the person.

Staff said, "We talk to [the person]," "We look for how [the person] responds." We were told the person used signs and gestures as well as words to let staff know what they wanted. We saw that staff and the registered manager understood the person and were able respond in a way the person liked and understood. We saw that the person had a communication book, which included the signs they used, and what they meant. Staff we spoke with told us that when a new member of staff started to work at the home experienced staff sit with them and explain the signs and gestures the person uses.

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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Care records contained evidence that the service had identified whether the person could consent to their care and was following correct procedures when applying for DoLS authorisation. At the time of our inspection, an authorisation for DoLS was in place for the person who used the service. The authorisation ensured the person was looked after in a way that protected their rights and did not inappropriately restrict their freedom. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service was working within the principles of the MCA. There were no conditions on the authorisation to deprive the person of their liberty. Records we looked at showed us all staff had received training in MCA and DoLS. The team manager and staff we spoke with demonstrated an understanding of MCA and DoLS.

Staff we spoke with and records we saw showed that staff had a good knowledge of what the person liked to eat and drink. Staff told us they always offered a choice of meals, including healthy eating options. We saw that staff used a variety of methods to help the person communicate their choices of food and drink including pictures. We found that the person was provided with a choice of suitable and nutritious food. We saw that the kitchen was well stocked with sufficient supplies of fresh, frozen, dried foods and drinks. The kitchen was clean and tidy and we saw completed cleaning schedules. Records we saw showed that the person's weight was monitored for changes and any actions needed were recorded.

The registered manager told us all new staff completed an induction programme. This included policies, procedures and information they would need to carry out their role. It also included a getting to know you process with the person who used the service. Managers arranged for staff to work at other properties but to meet up with the person at social events. This allowed managers to see if the person liked the new staff

member before they began working in the home. We saw that new staff completed an induction checklist with one of the managers. This recorded what information they had received and any further training or information they needed. Staff were given a staff handbook. This explained to staff about policies and procedures relating to their employment and detailed their rights and responsibilities. We were told that during their induction new staff work alongside experienced staff "shadowing" until a manager assessed they are competent to support the person on their own. One staff member said, "The induction was good; new staff get a lot of support."

During the inspection records we looked at showed us staff received the training they needed to enable them to provide care and support to the person who lived at the home. We were shown the training matrix; this was used by the registered manager to record all staff training. This showed that staff had received the essential training needed to provide care and support to the person they were working with. We saw the training staff had received included; health and safety, first aid, food hygiene, fire training, safeguarding, medication, the use of rescue medicines, physical intervention record keeping, person centred planning, diet and nutrition, challenging behaviour, communication, confidentiality, risk assessment, moving and handling, consent, infection control and Control of Substances Hazardous to Health (COSHH) Regulations 2002. This gives guidance on how to protect employees and people who use the service from hazardous substances at work. Staff records we saw contained certificates for the training staff had completed.

Systems were in place to ensure staff received the support they needed to carry out their roles. Staff received regular supervision and had an annual appraisal. We saw that supervision records were in staff files. Staff we spoke with told us they felt supported. We saw that the service also had regular group supervisions for staff. These gave staff the opportunity to discuss important things for the person including ideas for new activities or changes to the person's support needs. Manager and keyworker team meetings were also held regularly. We were told the service also had 'away days' where all staff could meet to discuss the service and included team building and life coaching sessions.

We were shown a Health Action Plan, which contained detailed information about the person's health needs. Records we saw also showed us that the person had access to a range of health care professionals including G.P's, occupational therapist, community nurse, optician and speech and language therapists.

## Is the service caring?

### Our findings

The relative we spoke with told us staffs were, "Very caring." They said, "The staff understand [person who used the service] they look after [the person] very well."

Staff spoke about the person in very positive and compassionate ways. They described the person as; "So lovely," "Independent," "Friendly" and "Bubbly." They told us the person, "Has a great sense of humour" is "Really contented" and "Happy." One staff member said the person "loves being in their own home."

The relative we spoke with told us that they knew the person was happy at the home. They told us when the person stayed overnight at their family home they sometimes show they want to return to the home by putting their bags at the front door.

We spent time observing how the person interacted with staff. We could see the person was relaxed and comfortable in expressing their wishes and choices to staff. We saw that staff responded immediately in a respectful and gentle way. We saw that the person looked to staff for reassurance, which they gave in a manner.

Staff were compassionate and showed a strong commitment to providing a person centred service. The registered manager told us they had recruited some staff to work with the person who had known the person before they started to live at the home. One staff member told us, "I used to work with [the person] when they were younger, I have known them a very long time, I've grown up with them."

Care records we saw also described the person in positive ways. Everyone we spoke with knew the person well and they were able to tell us in detail what was important to the person, how the person communicated and what they liked and did not like. During our inspection, staff and the registered manager helped the person communicate with us and reassured them about us being at their home.

The person had regular visits from their relatives and friends. They told us they were made to feel welcome and were very involved in planning activities and the care provided at the service.

Policies and procedures we reviewed included protecting peoples confidential information. They showed that the service placed importance on ensuring people's rights, privacy and dignity were respected. Care records and important documents were stored securely. We were told that advocacy services were not currently needed but the service, the person and their relatives could access advocacy if they wanted to.

## Is the service responsive?

### Our findings

The relative we spoke with said that since living at the home the person had been, "Much more relaxed." They told us, "They do a lot, they are all the things that [the person] likes and enjoys."

During our inspection, we asked the person who used the service about the staff, registered manager and activities they did. They indicated by smiling and with some words and gestures that they really liked the staff and registered manager. They were happy living at the home and enjoyed the activities they did.

The person who used the service had a wide range of community and home based activities throughout the week. We saw these included; train spotting, horse riding, eating at fast food restaurants, bowling and shopping. They also spent time at home doing baking, arts and crafts, jigsaws, watching favourite TV programmes; including sports and having a bubble bath each night whilst listening to music. They also had a rainy day box; which included the person's favourite items.

We found some activities were pre planned and the person went every week, others were decided on the day based on what the person wanted to do. Staff told us the person, "Likes being at home but also likes to go out." They told us that the person usually became sad at the end of a community based activity, so they had to give the person something to look forward to. One staff member said when driving home from activities, "We will suggest baking or arts and crafts."

We saw that the person had some routines that were very important to them. Care records were detailed and reflected this and staff recognised and respected these routines. We saw this included what radio station they liked to listen to in the morning. We saw that on one specific day each week the person went to watch trains. The detail provided to staff included that the person likes to get a portion of chips from a specific chip shop, they then sit on the train station platform and eat their chips whilst watching three trains go past. They then liked to go home.

Records showed that the person did not like big group activities. The staff had looked at other ways of involving them with people who live in other services the provider runs, so that they did not become socially isolated. As the loved baking the service had organised baking competitions between different homes. We saw photographs of a pizza and biscuit making competitions. Each person had made biscuits, pizza at the home they lived at, the photographs had been shared, and one of the managers had judged the winners.

The registered manager showed us a calendar the team manager created each year for the person. We saw this contained photographs of the person taken during activities and events. We also saw that the service arranged for Christmas cards to be made for the person to send to friends and family. These cards contained photographs of the person, things they have done and places they have visited during the year.

Staff told us the person likes their "own space." Records showed that when this was not respected or had not been possible the person sometimes used behaviour that challenges the service. Staff described how the person said, "Bye" or "Au revoir" when they want staff to move away. We saw that the service had looked

at a variety of ways of providing support, "from a distance" to prevent incidents, but also ways of supporting the person when they showed behaviour that challenged the service. The registered manager told us that if the person became very anxious staff were rotated to reduce both the person and staff's anxiety. Staff told us, "We do whatever is best for [the person]."

During our inspection, we saw that the person also used a particular word to gain reassurance about their behaviour from the staff. We heard staff use the word in response to requests from the person to do so and respond in a respectful and reassuring way.

Records we saw included very detailed guidance for staff on what certain other behaviours the person showed may mean and what the staff needed to do to help the person. The guidance told staff on how to prevent incidents and included suggestions about; "What you may have done, what you may need to do, what you may need to say." The plans were written using respectful and positive terms. We saw that any incidents were recorded, including what happened before, during and after; and that staff and managers looked at how they could learn from each incident to improve the support they gave the person. Training records we saw showed that staff had received training in challenging behaviours that included communication, breakaway techniques and physical intervention. The registered manager and staff told us that physical intervention was not currently used.

We found care records were detailed and person centred. They contained information about the person, their social and personal care needs, likes and dislikes, preferences and routines. The records included care plans and risk assessments that were sufficiently detailed to guide staff in how to provide the support people needed. We were told that when the person's needs change or staff were emailed with the information. Staff we spoke with told us they read the daily notes to keep up to date with the person's needs. We saw that detailed daily records were kept by staff; these recorded activities and important events and incidents.

We found that care records, including risk assessments and care plans, which were reviewed regularly to ensure they reflected people's needs. Records had been reviewed and the person and other people that were important to them had been involved. The relative we spoke with said, "If things change they gets hold of me straight away."

Information gathered from the person and people who knew them had been used to create a person centred plan. This contained pictures and graphics to help the person understand what it was about. We saw the plan stated it was for the person who used the service to, 'Tell others the things that I like, make sure I am supported in a way that I would like, say what I want to do in the future, make sure I make my own decisions about what I do'. It contained information about people, places and what the person liked and did not like. It also gave details of the person's "gifts and talents" and their dreams and wishes for the future. It told staff how the person communicated and routines that are important to them and what staff needed to do to keep the person safe and healthy. We saw that as part of the things they wanted to do in the future the person had asked to go to the where their favourite TV programme Coronation Street was filmed. Photographs we saw showed the person had really enjoyed their visit. The person used to enjoy swimming, but had not been for a very long time as busy swimming pools with lots of people upset them. We saw the registered manager had since organised the hire of a private swimming pool so that the person could try swimming again.

The registered manager told us that they matched staff with people who used the service based on how well they get on and their shared interests. The person required staff of the same gender whilst in the home and records we saw showed this was always provided. We were told the service operated a key worker system.

The keyworker took a lead role in making sure the service provided what the person wanted and looked for new opportunities and activities. The keyworker was also the main contact for the person's relatives. We saw that staff offered choices to the person in a variety of ways and looked for opportunities to encourage the person to do things for themselves.

Information about how to make a complaint was contained in the service user guide, which was given to people and their relatives when they started to use the service. We were told that an 'easy read' version was available for those who preferred the information with images and fewer words.

We found the service had a detailed policy and procedure, which told people how they could complain, what the service would do about it and how long this would take. It also informed people whom they could contact if they were not happy with the way the service had dealt with their complaint. We saw that a system was in place for recording and dealing with any future complaints. The registered manager told us the service had not received any complaints. They told us that if something was wrong or was not working for the person, they changed it or tried something else before someone needed to complain. A relative told us, "If you mention something they deal with it straight away."

## Is the service well-led?

### Our findings

The service had a registered manager who was present on the day of inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 we spoke with were very positive about the registered manager and other managers in the service. A relative told us the registered manager was approachable.

The registered manager was described by staff as, "Wonderful," "Brilliant," "Lovely" "Helpful" and "Very professional." One said; "[The registered manager] is always available, always on the other end of the phone if you need her." Staff told us, "The registered manager has done a wonderful job" and "You respect her like a boss but she treats you equally"

During our inspection we found the registered manager had very detailed knowledge of the person who used the service. They showed a great commitment to ensuring the service was flexible and able to meet the person's needs.

Staff we spoke with were very positive about working in the service and felt supported in their work. One staff member said of working for the service, "I really enjoy it; it's like a family feeling." They told us all the managers of the service were supportive. One staff member told us "They will take your ideas on board" another said "You can suggest things and ideas, they listen, they make it happen."

The registered manager told us the service had an on call system. A senior manager could be contacted at any time by staff or relatives.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of DoLS applications. This meant we were able to see if appropriate action had been taken by the service to ensure the person was kept safe. The registered manager told us there had been no notifiable accidents, incidents or safeguarding allegations but was able to tell us what should be notified and how they would do this.

We found there was a robust system of quality assurance. Records showed there were a number of weekly and monthly checks and audits including; care plans and risk assessments, accidents and incidents, health and safety, medicines, fire, concerns and complaint, cleaning and infection control. Where issues occurred records were kept of what action would be taken, by whom and when it would be completed by.