

Hestoncourt Limited

# Beverley Court Residential Home

## 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

Beverley Court is registered with the Care Quality Commission (CQC) to provide care and accommodation for 30 older people who may be living with dementia. It is located on Beverley Road, Hull and has good access to all local facilities and public transport routes.

This inspection took place on 14 November and was unannounced. The service was last inspected February 2016 and was found to be non-complaint with three of the regulations inspected at that time. Parts of this inspection checked whether the registered provider had complied with the actions we told them to take following the last inspection.

At the time of this inspection there were 28 people were living at the service.

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

Following the last inspection we told the registered provider to take action to comply with breaches of regulation. They sent us an action plan which detailed how they were to achieve this. We looked at the improvements they told us they had made at this inspection and found they had complied with the regulations. This was with regard to gaining consent to care and treatment, protecting people who needed support with making informed decisions, reviewing and gaining people's views about the service provided and sending the CQC relevant notifications about any events which affected the smooth running of the service or the welfare of the people who used the service.

People were cared for by staff who had received training in how to protect them from harm. Staff understood how to report any abuse to the relevant authorities. They could describe the registered provider's procedures and understood they had duty to report abuse and protect people from harm. Staff, who had been recruited safely, were provided in enough numbers to meet the needs of the people who used the service. An analysis of all accidents and incidents was undertaken by the registered manager to identify any trends or patterns. This meant people's needs could be reassessed or more training could be provided if any issues were identified. People's medicines were stored and administered safely.

Staff received training which was relevant to their role and equipped them to meet the needs of the people who used the service. This training was updated regularly. Consent was gained before care and support was delivered and the principles of the Mental Capacity Act 2005 were followed within the service. People were supported to eat a balanced diet of their choosing; dietary requirements were catered for, for example, high calorific fortified diets and diabetic diets. A range of healthcare professionals were involved in the care and treatment of the people who used the service.

People told us they were supported by kind and caring staff who knew their preferences for how care and support should be delivered. During observations it was clear caring relationships had developed between the people who used the service and staff. People's privacy and dignity was respected by staff who encouraged people to be independent and make choices and decisions in their daily lives. Private and sensitive information was stored confidentially.

People were involved with initial assessment and reviews of their care and support. Their levels of independence, individual strengths and abilities were recorded. People were encouraged to maintain relationships with important people in their lives and to take part in a range of activities inside and outside of the service. The registered provider had a complaints policy which was made available to people who used the service. When complaints were received they were responded to in line with the registered provider's policy and this information was used to develop the service, whenever possible.

Staff told us the manager was approachable, supportive and listened to their views regarding developing the service. A quality assurance system was in place to ensure shortfalls in care and support were identified and to drive the continual improvement of the service. The registered manager understood their responsibilities in relation to reporting accidents, incidents and other notifiable incidents to the CQC as required. Meetings were held with staff and people who used the service to ensure their views were known and could be acted upon.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People were cared for by staff who had been trained to recognise the signs of abuse and how to report this.

Enough staff were provided to meet the needs of the people who used the service.

The registered provider had systems in place to ensure staff were recruited safely and checks were made before they started working at the service.

People's medicines were handled, stored and administered safely by staff who had received training.

### Is the service effective?

Good 

The service was effective.

People were cared for by staff who had received training in how to effectively meet their needs.

Staff were supported to gain further qualifications and experience.

The registered provider had systems in place which protected people who needed support with making decisions.

People were provided with a wholesome and nutritional diet; staff monitored people's weight and dietary needs to maintain their wellbeing.

### Is the service caring?

Good 

The service was caring.

People were cared for by staff who understood their needs.

People were involved with their plan of care and staff respected their dignity and privacy.

Staff maintained people's independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

The care people received was person centred and staff respected their wishes and choices.

People were provided with a range of activities and pursued individual hobbies and interests with the support of staff.

People who used the service could raise concerns and make complaints if they wished.

### **Is the service well-led?**

**Good** ●

The service was well led.

People who used the service could have a say about how it was run.

Other people who had an interest in the welfare of the people who used the service were consulted about their views as to how the service was run.

The registered manager undertook audits to make sure people lived in a safe, well run service.

# Beverley Court Residential Home

## **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 registered 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.

This inspection took place on 14 November 2016 and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views about the service and whether they had any ongoing concerns. We also looked at the information we held about the registered provider.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time and if they have positive experiences. We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

We spoke with five people who used the service and four of their relatives who were visiting during the inspection. We spoke with seven staff including care staff, senior care staff and the registered manager.

We looked at three care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as; incident and accident records and six medicine administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

# Is the service safe?

## Our findings

People who used the service told us they felt safe and trusted the staff. Comments we received included, "I like all the girls they are good to me", "I know there are people around if I need them" and "They [the staff] always make sure the doors are locked and no one can come in." They also told us they thought there were enough staff on duty to meet their needs. Comments included, "They're always there when I need them, I can't speak for anyone else", "When I want them they come and see if I'm okay" and "They always seem to be busy."

Visitors told us they thought their relatives were safe at the service. Comments included, "I think my Auntie is safe here, they all seem to care about her" and "If anything was wrong [name] would tell them." They also told us they thought there were enough staff on duty to meet their relative's needs. Comments included, "There seems to be plenty [staff] on duty" and "I can always find a member of staff if I need them, they are all very approachable."

The registered provider had procedures in place for staff to follow if they witnessed any abuse or became aware of any allegations. They could tell us how they would report abuse, one member of staff said, "I would go to the manager and tell them and if they didn't do anything I would go the CQC or social services." Another member of staff said, "We have to protect the residents it's our job, we need to report things if we see them." The staff could describe the different types of abuse they may witness or come across. Staff had received training in how to recognise abuse and this was updated annually.

Staff understood the importance of respecting people's human rights and not discriminating on the grounds of race, age, sex or sexual preferences. One person was from an eastern European background and systems were put in place to ensure they still had contact with their community and their family were involved in their care. We received feedback from the family which indicated they were satisfied with the care their relative received at the service; comments included "They [the staff] make sure my mother still keeps in contact with their culture, they provide appropriate music and food."

All the people who used the service had a PEEP in place (personal emergency evacuation plan). This instructed staff how best to support the person in the event of an emergency. These were individualised and took into account people's needs including mobility. People's care plans had in place assessments of their daily living needs and which of these they needed more support with, for example, personal hygiene, pressure area care, mobility and behaviours which might put them and others at risk or challenge the service. These were detailed and told staff how best to support people to keep them safe. The risk assessments were updated on a regular basis and any changes were documented, for example, following a stay in hospital or deterioration in needs due to illness.

Other emergency procedures were in place for staff to follow in the event of a flood or essential services failure, like gas and electrical failures. These instructed the staff what to do, who to contact and how to keep people safe.

Staff told us they knew they had a responsibility to keep people safe and would raise any concerns they had with the registered manager, comments included "We are here to keep the residents safe and I for one would not tolerate anyone mistreating them" and "I would not stand for it, it's wrong and we need to make sure the residents are safe." They also knew they would be protected by the registered provider's whistle blowing policy, comments we received included, "I know I can go to the manager and tell her, she would make sure something was done" and "The manager is great she would deal with it straight away." We saw evidence of investigations the registered manager had undertaken which had resulted in disciplinary procedures being instigated against the member staff who had been accused of mistreating the people who used the service. This had been undertaken effectively and had protected people who used the service.

All accidents and incidents had been recorded and there was an ongoing assessment of the nature of the incident or accident, for example, had there been malpractice by staff or faulty equipment. All results had been analysed and the findings recorded, we saw evidence of these being discussed with staff or referrals to specialist health care professionals being made, for example, the falls teams or the district nursing services.

We saw rotas which showed the amount of staff which should be on duty daily to meet people's needs. The registered manager told us they kept a constant eye on the staffing numbers and made sure enough were on duty to meet people's needs. They also made sure care staff were supported by enough ancillary staff so they could concentrate on caring for the people who used the service effectively.

During the inspection we looked at four staff recruitment files. We could see from the records we looked at that safe recruitment procedures were followed. Applications and interviews had been completed. Two checked references, where possible, from a current employer, and a Disclosure and Barring Service (DBS) check had been sought prior to staff starting employment. The Disclosure and Barring Service carry out criminal records and barring checks on individuals who intend to work with vulnerable adults. This helps employers make safer recruitment decisions and also minimise the risk of unsuitable people working with vulnerable adults. Recruitment files also contained photographic identification and proof of identity.

Systems were in place to ensure medicines were ordered, stored and administered safely. Suitable arrangements were in place for the storage of specific medicines that required storing at cooler temperatures and checks were carried out on a daily basis to ensure the manufacturer's guidance was adhered to. Controlled medicines were stored safely in line with current best practice guidelines.

We observed medicines rounds and saw that people who used the service received them as prescribed. Medicines Administration Records (MARs) were used to record when people had taken their prescribed medicines. The MARs we saw had been completed accurately with minimal omissions. People's abilities to self-administer had been assessed and action had been taken to support people who were able to do so. We did find that there was a lack of protocols for the administration of 'as and when' required medicines. This was brought to the attention of the registered manager during the inspection and they assured us it would be addressed as a matter of priority. We have since received confirmation this has been done.

## Is the service effective?

### Our findings

People who used the service told us they enjoyed the food provided. Comments included, "Oh yes, the foods marvellous", "There is always plenty of choice" and "The cook knows what I like and she makes sure I get it." They told us they could access their GP when they wanted. Comments included, "They call the doctor if I'm not well" and "They called them out the other day for this cough, I think he gave me some pills." People told us they thought the staff had the skills to meet their needs. Comments included, "I think the staff are wonderful, they look after me really well" and "The girls are well trained, they are all kind and caring."

Visiting family told us they thought the food was good. Comments included, "It always looks nice, and smells good" and "I know [name] enjoys the food, they tell me they do." They felt the staff had the skills and had received the appropriate training to meet their relative's needs. Comments included, "I think the staff are good, they are really patient especially with the poorly ones, I couldn't do it" and "They are well trained they all know my mum and what she needs, and how to talk to her to get her to do things."

The registered manager had systems in place to ensure staff received the training they needed to effectively meet the needs of people who used the service. They monitored staff training and ensured this was updated, when required. The registered provider had identified training which they considered mandatory for staff to complete. This mandatory training included, fire training, safeguarding vulnerable adults from abuse, health and safety, moving and handling, first aid and dementia training. Staff also had the opportunity to undertake nationally recognised qualifications in care and to expand their knowledge and experience. Specialised training was also provided, this included, diabetes and how to support people whose behaviours may challenge the service or put themselves and others at risk. Staff told us they found the training was adequate to equip them to meet people's needs, they said, "The training here is really good I have learnt a lot since coming here" and "We get loads of training, it's really good and my confidence has grown because of it." Newly recruited staff undertook a period of induction and this was based on good practice guidelines. Their competency was continually assessed; any areas which they were struggling with, the registered manager ensured they got extra support with.

All staff received regular supervision; this afforded them the time to discuss any work related or practice issues. We saw the registered manager had addressed some practice issues with staff which had led them to develop their practice and enabled them to become a valued member of staff. The staff received annual appraisals where their training needs were discussed and any opportunities for further training explored. Staff told us they valued the supervision they received, one member of staff said, "I like the time we get to talk about work it makes me feel valued." Another member of staff said, "The manager is always available so we can go to her at any time for advice and guidance, but we do get regular formal supervision sessions which are good."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Following the last inspection we had asked the registered provider to take action in this area. This was because no DoLS applications had been submitted despite practices in the service which restricted people's liberty and freedom of movement. We found the registered provider had made improvements in this area and currently there were applications with the supervisory body awaiting approval. Someone had been employed specifically to undertake this task and this was working well.

Throughout the inspection we saw staff gaining people's consent before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan. Best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care.

People who used the service were provided with a wholesome and nutritional diet. The cook was knowledgeable about people's likes and dislikes and how to provide a nutritionally balanced diet for older people. She understood the importance of providing a high calorific diet to those who had a poor appetite and provided fortified meals, drinks and snacks for them and others to eat. We saw people's food preferences were recorded in their care plans along with their likes and dislikes.

The food on the day of the inspection looked wholesome, nutritious and well presented. The majority of the people who used the service sat in the dining room to eat their meal and this was seen to be a social occasion with lots of chatting between themselves and the staff. More food was offered if people wanted it and some took the cook up on this offer.

The dining room was pleasantly set out and tables were laid out with table cloths and cutlery. People were offered a cold drink with their meal and then a hot drink to follow. Staff discreetly assisted those people who needed help to eat their meal and various aids and adaptations were used to assist people to remain independent.

People who used the service were supported by a range of healthcare professionals including GPs, community nurses, social workers, community mental health teams, the falls team, speech and language therapists and dieticians. Record showed people were supported to attend hospital and GP appointments or their GP visited them at the service. Any changes to the person's needs were recorded in their care plans and risk assessments changed accordingly, if required.

At the last inspection we recommended that the registered provider made the building more accessible for those people who were living with dementia. We saw that improvements had been made as far as possible. Signage was placed around the building and colour contrasting seats had been fitted in the toilets and bathrooms to aid identification. People who spent a lot of time in their rooms who were living with dementia had been provided with a more stimulating environment. This included lights, music, sensory objects and TVs which could be brought close to the person while they were in bed which showed relaxing scenes and played soothing music.

## Is the service caring?

### Our findings

People who used the service told us they thought the staff were kind and caring. Comments included, "The girls are lovely you couldn't get a better bunch" and "I like all the staff they are all kind and caring." They could not tell us if they had any involvement with their care, one person said "Oh no, my daughter sorts all that out for me."

Visitors told us they thought the care their relatives received was of a good quality. Comments included, "They [the staff] are all genuinely caring, I've never seen them shout or get frustrated with anyone" and "They are brilliant I couldn't ask for more, they are really good with [name] as she needs lots of help now, and I know I can trust them all." Families told us they were involved with their relatives care and attended reviews on a regular basis. Comments included, "I come to meetings and we discuss mum and how she's getting on, and whether we need anything else" and "They keep me well informed about [name] and I can contact them if I want to know anything."

We saw and heard staff treating people who used the service with dignity and respect. They seemed to have a good rapport with people and there was a lot of laughter and good humoured banter around the service. Staff discreetly asked people if they needed any personal assistance. Staff understood the importance of respecting people's dignity and their right to privacy, they told us, "I always knock on resident's doors before I go into their rooms its only right, I would hate it if someone just barged in on me", "I always make sure the residents are covered over if I'm undertaking any personal care, I wouldn't like to think my mum or grandmother was laid there all exposed" and "We have all had training about respecting dignity and privacy and I always try and put it into practice."

Staff told us they understood the importance of maintaining and encouraging people to stay independent and maintain life skills. Staff told us, "We really try and encourage the residents to stay mobile and keep the skills they have, even if it is just washing their hands and face, it just keeps a bit of self-respect" and "There are those residents who we need to do everything for but we do try and help them to stay independent with whatever they can, like choices and things."

Staff understood the importance of respecting people's cultural background or religious beliefs, they told us, "It's not up to us to judge people. They are all different and we have to respect that" and "I never judge anyone, we are all different and that's how we are."

People's care plans showed they or their representative had been involved with its formulation. People who used the service had signed to agree its contents and had attended reviews where their views had been recorded. It was recorded in people's care plans if they could make decisions for themselves and if they couldn't who had been appointed to do this on their behalf.

Throughout the inspection we saw staff gently encouraging people to walk, eat and generally move around the building. They also discreetly undertook tasks with people, gently describing what was happening and how they should assist the staff. At all times the staff asked people if they were comfortable and happy with

what was going on, if they objected the staff stopped and re-evaluated the situation and approached the person differently.

The registered manager told us the service could access advocacy support if needed but none was being used at the present time. People were provided with information and explanations about the care and treatment they required in a way that met their individual needs. Information regarding Independent Mental Capacity Advocates as well as other advocacy services were displayed throughout the service. This helped to ensure people understood how they could access this support when required.

Staff understood the importance of keeping personal information confidential, they told us "I would only share information with people who had the right to see it" and "I know we mustn't tell anyone anything private about the residents, in fact I don't discuss work with anyone, I wouldn't like it if someone was gossiping about me." The registered provider had a policy about the use of mobile phones in the work place and the staff's conduct on social media.

Some people who used the service were on end of life care, their care files showed full consultation had been undertaken about their final wishes and all those who had an interest in the person's wellbeing were kept informed. Health care professionals had been involved and the staff recorded how they supported the person to remain comfortable and pain free in the daily notes and monitoring charts.

## Is the service responsive?

### Our findings

People who used the service told us they knew they had the right to make complaints or raise concerns, comments included, "I would see the boss", "I would tell the girls, they are ever so kind" and "I'm not sure who I would tell but I'm not one for not saying anything so I would find out." They told us they could participate in activities if they wished. Comments included, "We do some activities, but I like to keep quiet", "There's always something going on in the dining room, or we can watch tele in our rooms" and "We have had singers come in and sing to us, which was nice."

Visitors told us they knew how to make a complaint or raise concerns, they told us "I go and see [manager] she is approachable", "I have made some complaints in the past and they have always put it right so I'm happy" and "If you do make a complaint they do listen to you and look into it, so that's good." They also told us staff respected their relative's right to make choices, one family member said, "I know if dad doesn't want to do anything they will not force him, they respect his right to say no."

We saw that before people were offered a place within the service a comprehensive assessment was completed to ensure their needs could be met. The assessment was then used to develop a number of personalised care plans such as; sense and communication, choices, decisions and lifestyle, healthier happier life, safety, moving around, washing and dressing, eating and drinking, breathing and circulation and future decisions. Each care plan had a corresponding risk assessment to ensure people were supported consistently and effectively according to their needs and preferences. The staff told us they could access the care plans and were happy with the content. One member of staff said "I look at their care plans to see if anything's changed, or we need to do anything differently." We saw the care plans were reviewed and updated regularly or when people's needs changed following an illness or an admission to hospital.

The service employed a dedicated activities coordinator. They worked closely with people who used the service and made sure everyone could be involved, this included one to activities with those who were living with dementia and group activities such as bingo and listening to music and reminiscence sessions. They told us they had an adequate budget and could purchase items to be used for activities if they wished. They also told us "I make sure residents who are cared for in their rooms are involved in activities even if it is just painting their nails or reading to them, they still need to have some kind of contact."

Staff told us they knew they had a duty to respect people's choices, they told us, "I would always ask the residents if it was their choice I would never assume anything", "You can't make choices on their behalf it's not right, they have to have some choice even if it just what to eat or wear" and "We always ask the residents what they would like to eat or wear or if they would like to do any activities." We saw people's choices and preferences had been recorded in their care plans and this had been signed to indicate the person had agreed these and these were their choices. This detailed things like how they preferred to be cared for, their daily routines and preference for meals drink and clothing.

The registered provider's complaints policy was displayed within the service and an easy read version was available to ensure it was accessible to each person who used the service. When complaints were received

they were investigated and responded to in line with the registered provider's policy, where possible action was taken to improve the service.

## Is the service well-led?

### Our findings

People told us they had regular contact with the registered manager but could not remember completing any surveys or questionnaires, they also told us they found the staff and registered manager approachable. Comments included, "[Name of registered manager] comes to see me nearly every day, she's very nice and she listens to me" and "The boss comes to see us, she asks if we are alright or if we need anything, she takes time to talk to us." They also told us the staff were approachable and asked them their views. Comments included, "I can talk to all the staff they are all nice" and "The staff take the time to listen to us as well, and that's nice, makes the day go by."

Visitors told us they had been consulted about the running of the service and the welfare of their relatives. Comments included, "The manager asks us all the time if things are okay or if there's anything we would like to see happen or change" and "She [the registered manager] gives us information about the home, and we sometimes have meetings."

Following the last inspection we told the registered provider to take action in this area. This was with regard to collating the views of the people who used the service and those who had an interest in their welfare. During this inspection we found action had been taken and the registered manager had asked people their views about the service, this was mainly in the form of surveys. They had held meetings with people as well and these had been recorded. The registered manager had also asked those who had an interest in the welfare of the people who used the service, for example, relatives, visiting health care professionals and GPs for their views about the service and how it was run. These views had been collated and action plans devised to address any shortfalls that had been found.

Following the last inspection we told the registered provider to take action with regard to sending the appropriate notifications to the CQC about events in the service which affected the smooth running or the welfare of people who used the service; this was particularly with regard to safeguarding incidents. Our records showed this had been done. We were able to cross reference incidents which had been investigated and referred to the local authority safeguarding team; we were able to review the outcome of these issues by looking at records available in the service.

The registered manager was accessible to staff and we saw them approaching the registered manager seeking advice or guidance, or updating them as to people's welfare. Staff told us they found the registered manager was approachable and listened to them. One member of staff told us, "You can go to [registered manager's name] with anything she listens and sorts stuff out for you." And another said "She's really good and you can go to her at any time and talk or ask for advice, her door is always open."

We saw evidence of staff meetings being held which had been minuted. The registered manager had also held meetings with the night staff to gain their views. These had given the staff the opportunity to discuss changes at the service and any future plans. Staff told us they valued the staff meeting and made the effort to attend, they told us, "There have been a few changes recently to the home but [registered manager's name] has kept us informed through staff meetings and given us the opportunity to ask questions and clarify

things."

The registered manager told us they did the best they could to keep people safe and to ensure they were well cared for. They told us, "We make sure on a daily basis that people are provided with activities and things to do to keep the occupied, we go out on trips in the summer and we are planning some Christmas activities where their relatives can come and join in. We are now making sure those people living with dementia are included in the homes activities and we have put things in their bedrooms which they like, for instance TVs that can be closer to them with tranquil scenes and soothing music." They went on to say "We make sure we support the staff to undertake training so they have the skills to meet the needs of the residents and my door is always open so they can come to me with anything. We have recruited some good staff recently and they are really enthusiastic."

They told us they use information gained from consultation to help improve and drive the service forward. "I have meetings with residents and their relatives to gain any views they might have about activities, the menus or just the general running of the home. They've had some really good ideas about Christmas." The registered manager said "I welcome anyone coming to me with concerns or observations and I think it improves the home when we address these and make people happy."

The registered manager undertook audits to ensure the smooth running of the service, this included, training, care plans, environmental audits and regular fire drills and other safety procedures. The equipment staff used the help people was serviced regularly and repairs were undertaken to make sure the equipment was safe to use.