

Gordena Care Ltd

Hillcrest

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 unannounced inspection, which meant the staff and the provider did not know we would be visiting. One inspector carried out the inspection on the 8 August 2017.

Hillcrest provides accommodation, personal care and support for up to 4 people. There were four people living in the home at the time of the visit. People who live at the home have a learning disability. People had their own bedroom and shared the lounge and kitchen with the other occupants. The home was close to the shops and other amenities.

People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post. The registered manager was also one of the owners of the business. 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The previous inspection was completed in July 2017. The service was rated as requires improvement. This was because staff were not taking part in a fire drill, hot water temperatures were not being checked at appropriate intervals and there had been no checks on the first aid box in line with the service's policy. We also found that there were no individual risk assessments in relation to exposed radiators and window restrictors. The registered manager had failed to ensure appropriate applications in respect of people's deprivation of liberty had been submitted. This was because the registered manager had submitted these to the local authority but had not ensured they had received these. The provider's quality assurance checks had not identified these shortfalls. At that time there were three breaches in regulation. The provider sent us an action plan shortly after the last inspection. These areas have now been addressed to ensure people's safety. The service was rated as good at this inspection.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, and safe recruitment processes. People received their medicines safely. Sufficient staff supported people and this had been kept under review. The registered manager worked alongside the staff team to cover any shortfalls and agency staffing was never used.

People were involved in making decisions about their care. People had a care plan that clearly described how they wanted to be supported. People had opportunities to take part in activities in both the home and the local community. People were encouraged to be independent as they were able. Other health and social care professionals were involved in the care of the people living at Hillcrest.

People were treated in a dignified, caring manner, which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process. Information was accessible to help people make decisions and express their views about the service. Staff recognised the importance of effective communication enabling them to respond to people in a person-centred way. Appropriate applications had been made to in respect of deprivation of liberty safeguards. Staff ensured that any restrictions that were in place were the least restrictive and kept under review.

Staff were knowledgeable about the people they were supporting. They were caring in their approach to people. Staff told us they were supported in their role and met with the registered manager regularly to discuss their performance and any training needs.

The registered manager regularly visited the service to speak with staff and people and to work alongside the team. They were knowledgeable about the people living at Hillcrest. Relatives were very much part of the care of their loved ones and consulted regularly.

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 has improved to good. This is because people can be assured staff were participating in a regular fire drill, environmental risks had been reviewed and checks on the hot water were being completed.

People medicines were managed safely. People could be assured where an allegation of abuse was raised the staff would do the right thing. Staff felt confident that any concerns raised by themselves or the people would be responded to appropriately, in respect of an allegation of abuse.

People were supported by sufficient staff to keep them safe and meet their needs.

Is the service effective?

Good ●

The service has improved to good. People's rights were being upheld in line with the Mental Capacity Act (MCA) 2005 and, appropriate applications in respect of their deprivation of liberty had been submitted.

People had sufficient to eat and drink. People had access to other health and social care professionals.

New staff undertook an induction and mandatory training programme before starting to care for people.

Is the service caring?

Good ●

The service continues to be caring.

Is the service responsive?

Good ●

The service continues to be responsive.

Is the service well-led?

Good ●

The service has improved to good. The quality of the service was reviewed by the provider/registered manager and staff identifying areas for improvement.

Staff were clear on their roles and aims and objectives of the service and supported people in an individualised way.

The staff and the registered manager worked together as a team.
Staff were well supported by the management of the service.

Hillcrest

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 unannounced inspection which was completed on 3 September 2018. The inspection was completed by one inspector. This involved inspecting the service against all five of the questions we ask about services: is the service safe, effective, caring, responsive and well-led.

Before the inspection, we asked the provider to complete 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 planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted three health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local community learning disability team and the GP practice. You can see what they told us in the main body of the report.

During the inspection we looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We followed up the breaches from the last inspection and found improvements had been made to ensure people were receiving a safe, effective and well led service.

We spoke with three members of staff and the registered manager. We spent time observing and speaking with three of the four people living at Hillcrest. We contacted three relatives after the inspection.

Is the service safe?

Our findings

At the last inspection in July 2017, we rated this question as Requires Improvement. This was because staff had not participated in a regular fire drill. There were some areas that needed addressing to ensure the home was safe such as radiator covers and window restrictors. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found at this inspection the registered manager had made the necessary improvements and compliance had been demonstrated.

Sufficient staff were supporting people. This was confirmed in discussion with staff and through looking at the rotas. Staff told us any shortfalls were covered by the team and the registered manager. The registered manager told us it was important that familiar staff supported people and agency staff were never used. Staff told us it had been difficult as two staff had recently left. They said the registered manager had covered these shifts to ensure continuity of care.

There was always two staff working during the day and evening and one member of staff working a waking night. Staff told us they worked in Hillcrest and the provider's other service. They said this was important so they could get to know everyone living in both services. They told us they knew in advance, where they were working.

Staff were thoroughly checked to ensure they were suitable to work at Hillcrest. These checks included obtaining a full employment history and seeking references from previous employers. We saw Disclosure and Barring Service (DBS) checks had been obtained. The DBS checks people's criminal history and their suitability to work with people who require care and support.

The registered manager told us occasionally staff will complete their training prior to the DBS check being received but they would not work alone or unsupervised with people. One member of staff was working in this capacity and they were not counted in the numbers. They were shadowing more experienced staff. The registered manager told us they were actively recruiting to two vacant posts and been pleasantly surprised with the amount and quality of the applicants. Three new staff were planning to start shortly once their recruitment checks had been completed.

Staff had received safeguarding training and understood their responsibilities for keeping people safe from the risk of abuse. There was a whistle-blowing policy that provided guidance for staff on how to report concerns in the workplace. Staff told us the provider/registered manager would address any concerns and would take the appropriate action to safeguard people. A member of staff told us they had no concerns about their colleagues in respect of how they supported people. There had been no safeguarding alerts in the last 12 months.

Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the registered manager to ensure they had the skills and knowledge to ensure people were safe. Improvements had been noted in this area since the last inspection as at that time not all staff had been assessed in line with the provider's policy.

There were clear plans on how people liked to take their medicines, what they were for and the known side effects. Medicines had been kept under review with the GP. In the provider information return we were told there had been 30 medicine errors in the last 12 months. A senior manager told us these were because staff had given people their medicines but had not signed the medication administration record (MAR). When we checked the MAR sheet for the current month for the four people there were gaps. Staff had highlighted the gap and assurances were given that people had received their medicines at the appropriate time. We also checked where there was a gap in signature that the medicines had been given. A member of staff told us, now medicine records were checked by the staff during the staff shift handover, which was to reduce these administrative errors.

People's care files included information to keep them safe when in the home and the local community. People had a fire evacuation plan, which staff could follow in the event of a fire. Care records included specific information about any risks to people arising from areas such as assistance with personal care, risks when in the community, moving and handling and those relating to a specific medical condition. Risk assessments were in place in respect of window restrictors and radiator covers where people were at risk of falling from a window or scalding themselves on an exposed radiator. Since the last inspection windows were fitted with restrictors Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety.

The home was clean and free from odour. Cleaning schedules were in place. Staff were observed washing their hands at frequent intervals. Staff had completed training in this area.

As seen at the inspection in July 2017, staff had completed training on the principles of food hygiene. The kitchen was clean and well organised. All items in the fridge were well organised and dated when opened. Colour coded chopping boards were available to prevent risks of contamination from meat, fish and vegetables. Food probing was completed to ensure food was cooked to the optimal temperature. Records of Fridge/freezers temperatures were maintained to ensure they were working correctly.

Is the service effective?

Our findings

At our last inspection in July 2017, we rated this key question as Requires Improvement. This was because applications in respect of Deprivation of Liberty Safeguards (DoLS) had been submitted for three people in 2014. The registered manager told us there had been no contact from the local authority since they had submitted these applications. After the inspection, we contacted the local authority DoLS team to ascertain whether they had received the applications. They confirmed that these had not been received for the three people.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

Since the last inspection, the registered manager had resubmitted the applications and were waiting for an assessor to visit. One person had a DoLS authorisation in place. This had expired but the service had made a timely application for a further authorisation. There were systems in place to review progress and monitor these applications. This included emailing the local authority for updates on the applications. The provider had demonstrated compliance to the breach in regulation.

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 are called the Deprivation of Liberty Safeguards (DoLS). From talking with the registered manager, it was evident that the least restrictive practice was considered and kept under review. At the last inspection, a person had a video monitor due to the risks of them falling. At that time there was no documentation to support the use of the equipment and whether it was in the best interest of the person. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent. This has since been removed. Staff told us they now complete half hourly checks which affords the person more privacy. This was done in conjunction with the person's social worker and other health professionals as part of a best interest decision. The provider had demonstrated compliance to the breach.

We saw meetings were held for people where they lacked capacity. This was so that decisions could be made, which were in people's best interests involving the person's relative, advocate and other health and social care professionals. Records were maintained of these discussions, who was involved and the outcome. For example, taking medicines, expenditure, who should be responsible for the person's finances and medical treatment. Relatives confirmed they were asked for their opinions and involved in the decision making.

People had access to health and social care professionals. Care records showed that people were registered with a GP, and had access to a dentist and optician. People had a 'health plan', which described what support they needed to stay healthy. People were also supported by social workers and the community learning disability team.

People were weighed monthly and any concerns in relation to weight loss was promptly discussed with the GP and other health professionals. Food and fluid was monitored where there were concerns about weight

loss or gain. Special diets were catered for such as a soft diet or foods fortified with cream to enable a person to gain weight.

New staff had completed an induction, which included completion of mandatory training. Staff new to care completed the care certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. Feedback about training at the last inspection was positive.

Staff confirmed they received regular supervision. Supervision meetings are where an individual employee meets with their manager to review their performance and any concerns they may have about their work. The registered manager told us at the last inspection they aimed to complete these formally every eight weeks. They said they met with staff on an informal basis regularly. Staff confirmed they were supported in their roles and could speak to the registered manager/provider at any time. Supervision records were held at the provider's other service.

Individual staff training records were maintained. The registered manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling, safeguarding, MCA and DoLS training. A training plan was in place to ensure staff received regular training updates.

Hillcrest is a small residential home close to local amenities. The home was suitable for the four people presently accommodated. Three of the four bedrooms were on the first floor. Individual assessments were in place for each person to safely move about the home. These included using the stairs. One person's bedroom was on the ground floor. The registered manager told us they kept this under review as people's needs changed. Bedrooms had been personalised to suit the person.

All areas of the home were comfortably furnished. The kitchen was the hub of the home and people were seen frequently sitting in this area doing activities and chatting with staff. There was a small courtyard to the rear of the property, which led to a self-contained flat. One of the bedrooms in the main part of the house was not occupied as this person had moved to the annex. The registered manager was aware that the service was registered for four people. They told us long term they were considering increasing occupancy to five but wanted to ensure there was a stable team.

There was a refurbishment plan in place. At the time of the inspection two bedrooms were being redecorated, along with the hallway. The kitchen had been replaced and new comfy seating had been provided since the last inspection. In addition, a window had been replaced along with window locks when these had broken. Maintenance was responded to promptly.

Is the service caring?

Our findings

People continue to receive a service that was caring. People were relaxed and comfortable in the presence of staff. The relationships between people at the home and the staff were friendly. Relatives said they were happy with the way their loved ones were cared for. They said the staff were caring and approachable.

Staff sought to understand what people wanted and how they could help them. Staff were observed using a number of different methods to assist people to communicate. This included giving people visual choices when being offered something to drink and eat. Staff were knowledgeable about people's routines and how they liked to be supported. A relative told us they had no doubts that the staff knew their relative well and throughout their visits they (staff) were responding to the person's nonverbal communication. They said this included when the person went to the front door indicating they wanted to go out for a walk. They said this was really important and knew staff supported them with this activity on a daily basis. This was confirmed in discussions with staff who told us this helped with this person's anxieties. This showed how staff cared for people and supported them in an individualised way.

People used nonverbal communication to communicate what they wanted. Staff were prompt in responding to people for example, when they entered the kitchen offering drinks or something to eat. This included encouraging them to do this for themselves with support. For example, switching on the kettle or putting the coffee in their cup. From conversations with staff and from reviewing records it was evident people were encouraged to be independent and maintain skills.

People had a communication dictionary describing how people communicated using non-verbal communication. This included when in pain, sad, happy or how they would staff what they wanted to do. Each person had a complaints profile detailing how they may indicate they were unhappy with their care. This meant staff could support people in a consistent way and enabled people to express themselves.

Since the last inspection, a member of staff had supported each person to develop a memory picture. These were displayed in the lounge and contained objects and pictures that were important to the person. For example, a cup of tea, a ball and pictures of family. Staff said this had been beneficial in engaging people in conversations and gave new staff a brief insight to what each person liked and what was important to them. From our observations, talking to staff and reading care plans these had captured the person in a unique way.

People's cultural and religious needs were being met. One person regularly visited the church supported by staff. A relative said their loved one was very much part of the church and looked forward to going every Sunday. Each person was very much treated as an individual. A relative said their loved one was always dressed in the way they liked which reflected their personality. They told us they liked to wear clothes that were smart, which were similar to what they had worn prior to moving to Hillcrest.

People looked well cared for. People were supported with all aspects of their personal care. Staff told us people were offered a bath or shower daily if that was what they wanted or needed. Staff told us they never

felt rushed when supporting people and gave people the time they needed. A member of staff told us, one person liked a long soak in the bath with bubbles and this helped them to relax. They said this was really important to the person. A relative told us, their relative always looked well cared for and staff were prompt to offer a change of clothing if required.

We observed people being supported by staff in the communal areas of the home. We saw positive interactions between the people and staff. Staff were speaking to people in a respectful manner involving them in a variety of activities including making drinks and the planning of activities. Three of the people were getting ready to go on holiday on the day of the inspection. Staff sat with people talking about what was planned in respect of the journey and where they were staying. They had planned the route to cause the least distress for people, such as planning a comfort break and arriving at the holiday cottage close to the check in time. This was to avoid people having to hang around. Staff told us they were ordering a take away on the first night so they could spend time helping people to settle into their new environment rather than cooking.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people kept in touch by telephone and others received regular visits and continued to go on family holidays. Relatives confirmed they were made to feel welcome. One relative said the staff had said they do not need to telephone before visiting and they were always welcome. However, they said they liked to ring in case their relative was out.

Is the service responsive?

Our findings

The service continues to be responsive. Staff were responsive to people's needs throughout our visit. This included sitting with people, helping them to make drinks and lunch. Relatives spoke positively about the support that their loved ones receive. A relative told us, they were blessed the day they found Hillcrest, it was perfect and homely. They felt staff knew their relative well and supported them in a very person-centred way. Relatives said the staff keep them informed with regular contact in place. Another relative said in a completed survey, 'It is perfect for her needs, ideal'.

People were supported to have care plans that reflected how they would like to receive their care, treatment and support. Care plans included information about their personal history, individual preferences, interests and aspirations. They showed that people were involved and were enabled to make choices about how they wanted to be supported.

The provider/registered manager was introducing a new electronic care planning process and information was being transferred to the new system. Staff had received training on the new care planning process and a buddy system was in place to support staff that were not so confident with computers. The system had only been introduced on the 13 August 2018 but they had made great progress on transferring people's information across. A member of staff told us this was very much work in progress and would evolve over time. The electronic system would prompt staff when reviews or care plans needed updating. It also enabled the provider/registered manager to monitor remotely.

People had their individual needs regularly assessed, recorded and reviewed. Care reviews were held at regular intervals involving the person, relatives where relevant and other professionals. A relative confirmed they had recently been invited to discuss the care and any suggestions they may have in respect of improvements. Where people's needs had changed the service had made appropriate referrals to other health and social care professionals for advice and support. For example, referrals to the local community learning disability team in respect of a person's behaviour changing needs and the early onset of dementia. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs.

Monthly key worker reports provided a summary of health care appointments, activities, general well-being and any activities the person wanted to take part in. This enabled the registered manager to have a comprehensive oversight of people's ongoing and changing needs.

A health care professional told us, "I would this say this home goes over and beyond its registration and care for one of my service users who has complex and unpredictable needs that all of the other care home's in the south west had been unwilling to consider. Despite this person's quite severe challenges they have kept going and really are committed to caring for someone for life, even though they are not a registered Nursing Home". We saw that the staff worked closely with other health care specialist to support this person. As noted at the last inspection this person continued to live in the annex adjoining the main house. The person and health and social care professionals had been involved in this decision. This was because the

person was not sleeping well, which was affecting the other people living in the home. Staffing at night had also been reviewed and a waking night staff was provided. Staff told us since the last inspection the person was much more settled. Staff said they knew when the person wanted company or wanted to be alone. This was respected.

As seen at the last inspection, people were supported to maintain their independence and community involvement. Some people liked to go to the local shops and others liked to go for a walk. Some people regularly attended an arts and crafts club held locally and a cycling club for people with learning disabilities. This enabled them to build relationships with other people living in the local area. A relative told us, often there were activities going on or people were off out when they visited. Staff told us they were planning to take a person swimming as they particularly liked the water. It was evident that activities were kept under review to ensure this met people's needs and interests. Some people liked to go and visit people at the provider's other service for a cup of tea or lunch.

Some people attended a weekly social club, where a variety of activities were organised. Feedback had been sought from the organiser through the recent annual survey. They responded by saying that people looked well cared for, there was good communication between staff and the service. They said that people were well supported by staff and staff were polite, professional and caring.

As seen at the last inspection, there was games and arts and crafts equipment, which was available to people. Three people were getting ready to go on holiday so this was the focus. Whilst people were waiting to leave, staff spent time with people to reduce their anxieties. People were supported to have drinks and snacks prior to the journey. One person was playing ball with a member of staff and another person went to collect the mini bus. Staff told us to help reduce one person's anxieties they were taking music they particularly liked, which could be played in the holiday accommodation or during the journey. They told us they particularly liked classical music and this was effective in keeping the person calm.

One person was unwell the night before the inspection. Contact had been made for them to be seen by a health care professional. A member of staff had been allocated to sit with them whilst they were waiting to provide assurance. The registered manager was in contact with 111 providing updates on the person's welfare and continually checking that the person and staff had all they needed. It was evident staff were concerned for the wellbeing of the person and were caring in their approach.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in an easy read format. There had been no complaints in the last 12 months. At the last inspection staff, on behalf of people, had raised these concerns because they had been upset by the behaviours of another. These had been reported to the local authority as a safeguarding concern and appropriate action taken to minimise any risks to people. From talking with staff and reviewing records it was evident no further incidents had occurred. A relative confirmed they had been informed of the situation and the outcome. This showed the service was open and transparent working with the local safeguarding team, the individuals and their relatives and being responsive to people's changing needs.

Is the service well-led?

Our findings

At our last inspection in July 2017 we rated this key question as Requires Improvement. This was because the provider's audits had not identified the shortfalls we found at the last inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance. The provider had taken suitable action and the service had improved to good.

New quality checks had been introduced which looked at our key lines enquiries to assess whether the service is safe, effective, caring, responsive and well led. The provider was keeping records of how they were demonstrating compliance in these areas in files organised under each key question. Information was well organised and it was easy to find all the quality checks that had been completed.

Checks were completed on the medicines, daily checks on people's finances, care planning, training, supervisions and appraisals. The registered manager told us they completed regular visual checks and recorded any maintenance concerns. Staff also completed checks on the environment on a daily and weekly basis.

Hillcrest was a family run business. The provider owned another home, which was close to Hillcrest. The provider was the registered manager of both homes. From talking with staff, the registered manager was hands on and took an active role in the delivery of care working alongside the team. The registered manager told us since the last inspection they had networked with a provider who had achieved an outstanding rating. They said this had been very beneficial in making the improvements to the quality checks.

Staff confirmed the registered manager and other family members were contactable at all times should they require support or advice. Staff told us there were never staff shortages as the registered manager or another family member will cover at short notice. Staff told us the provider was very committed to providing person centred care in a homely environment. The registered manager told us it was important that all staff had an opportunity to work in both homes enabling them to get to know each person and for people to get to know all the staff. Staff confirmed they worked in both homes. It was clear that the people in the home had built positive relationships with the staff that were working on the day of the inspection. A member of staff told us they had a very low turnover of staff and over the last 12 months three staff had left.

Staff told us monthly meetings were held where they were able to raise issues and make suggestions relating to the day-to-day practice within the home. The minutes from these meetings were documented and shared with team members who were unable to attend. These documented the suggestions made by staff members, discussion around the care needs of people and wider issues relating to the running of the home. A member of staff said on the whole staff get on well. Another said sometimes there can be an atmosphere and some staff in the past have been negative in respect of other staff and their roles. They said the registered manager had organised a meeting for them to discuss these issues. They told us it had improved. It was evident the registered manager and the senior team were open and transparent and wanted to make improvements to the working conditions for staff. The member of staff told us, they felt all staff now were there to support people to lead the lives they wanted in a homely environment.

Relative and other stakeholders' views were sought through an annual survey. People expressed a good level of satisfaction with the care and support that was in place and the environment. Relatives knew how to complain. Comments were positive about the care and support that was in place. Comments included, "Staff are caring", "We are very grateful for Hillcrest", "Communication is efficient and fast", and, "X is really happy at Hillcrest". The five completed surveys we saw said they would recommend Hillcrest.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. The registered manager told us at the last inspection they reviewed all accidents and incidents to ensure appropriate action shortly after the incident. Since the last inspection the registered manager had developed an overview of the incidents to enable them to identify any themes without going through each incident and accident report.