

Esteem Care Ltd







Banksfield Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

Banksfield Nursing Home is a detached, two storey, purpose built care home registered to provide Nursing and Residential Care to a maximum of 42 residents.

The home consists of a 20 bedded unit on the ground floor, providing nursing and residential care to male and female residents over the age of 65 years. On the first floor, known as the Cadley Suite, nursing and personal care is provided to a maximum of 22 people who live with Dementia.

The last inspection of the service took place on 10th October 2013. During that inspection the service was found to be compliant with all areas assessed.

This inspection took place on 8th December 2015 and was unannounced. We were assisted throughout the inspection by the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There were 41 people who used the service at the time of the inspection.

We found people were provided with safe and effective care. Staff had a good understanding of people's care needs and any risks to their safety or wellbeing.

Staff took appropriate action to deal with any concerns about the health, safety or wellbeing of people who used the service.

The registered manager and staff worked well with community professionals to ensure people received the care they required.

There were effective arrangements in place to help ensure that people's medicines were safely managed.

People's care was planned and provided in accordance with their personal needs and wishes. People described a kind and caring staff team, who treated them with respect and dignity.

People felt involved in their own care or the care of their loved ones. People felt able to express their views and raise concerns about their care or the general running of the home.

The rights of people who were unable to consent to any aspects of their care were protected because the registered manager worked in accordance with the relevant legislation.

Staff were carefully recruited to help ensure they had the suitable skills, knowledge and character to provide safe, effective care. There was a comprehensive training plan in place and staff received regular supervision.

There were effective arrangements in place which enabled the registered manager and provider to monitor safety and quality across the service. Where areas for improvement were noted, these were acted upon and followed up.

The environment was safely maintained. Some areas were seen to be decorated and furnished to a good standard. However, other areas were in need of improvement as they were tired and shabby. The registered manager had an action plan in place to address these areas. When complete, this would help to ensure people who use the service enjoy a good standard of accommodation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Risks to people's health safety and wellbeing were carefully assessed and managed.

There were effective arrangements in place to help ensure people's medicines were safely managed.

There were ample numbers of carefully recruited staff to meet people's needs.

Good



Is the service effective?

People received their care from well trained, well supported staff.

The rights of people who were not able to consent to their care were upheld because the service worked in accordance with the relevant legislation.

People were provided with safe, comfortable accommodation. However, some areas of the home required improvement. The registered manager had an action plan in place to address this.

Requires improvement



Is the service caring?

People described care workers in ways such as, 'kind', 'caring; and 'patient.

People felt their care was provided in the way they wanted and in accordance with their personal wishes.

Good



Is the service responsive?

The registered manager and staff recognised people's changing needs and ensured they were addressed.

People felt they were involved in their own care and the running of the service.

People knew how to raise concerns and felt comfortable in doing so.

Good



Is the service well-led?

There was a well-established management structure in place and people knew who to approach with any queries or concerns.

There were effective processes in place which enabled the registered manager and provider to monitor safety and quality across the service.

Good



Banksfield Nursing 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 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.

The inspection took place on the 8th December 2015 and was unannounced.

The inspection team was made up of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our visit, we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who used the service.

There were 41 people who used the service at the time of the inspection. We spoke with ten people or their relatives.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We carried out a pathway tracking exercise. This involved us examining the care records of people closely to assess how well their needs and any risks to their safety and wellbeing were addressed. We carried out this exercise for six people who used the service.

We had discussions with the registered manager, deputy manager and four staff members during the inspection. We spoke with five community professionals who gave us positive feedback about the service.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, five staff personnel and training files, records of accidents, complaints records, various service certificates and medication administration records.

Is the service safe?

Our findings

Everyone we spoke with told us they were confident in the care workers and felt safe living at the home. Their comments included, “I do feel safe here and I have no problems with any of the others.” “I feel safe in here and I have no worries.” “I do feel safe here and they are very good with me.” None of the people we spoke with had any concerns, but all told us they would know who to speak with if they did so.

We viewed a selection of people’s care plans and noted they contained a variety of risk assessments. These were in relation to areas of health, safety and wellbeing such as falling or nutrition. Where risk was identified, we saw there was clear guidance in place to help care workers support people in a safe manner.

We found that people’s risk assessments were regularly updated to help ensure they took into account people’s changing needs. For example, one person’s falling risk assessment had been reviewed and updated following changes in their mobility.

We observed care staff working in accordance with the guidance developed as part of people’s risk assessments. For instance, when assisting people with complex moving and handling needs to transfer, or when supporting people with complex mental health needs.

Personal Emergency Evacuation Plans (PEEPs) were in place for all of the people who used the service. These documents provided guidance for staff about how to evacuate people in the case of an emergency, such as fire. We saw that PEEPs were personalised and took account of people’s individual needs, such as reduced mobility, which helped ensure care staff or emergency service personnel, had the information they needed to evacuate people quickly and safely.

We noted that information about safeguarding and the prevention of abuse was posted in a communal area of the home for the benefit of people who used the service and their families.

Training in the area of safeguarding was classed as mandatory, which meant that all staff were expected to complete it. The service’s training matrix demonstrated this was achieved and that staff were provided with regular refresher training.

The registered manager and staff demonstrated a good understanding of safeguarding, reporting procedures and the roles of other agencies. Our records showed that the registered manager reported safeguarding concerns promptly and to all the relevant organisations.

People who used the service that were able to comment, told us their medicines were handled by staff and managed well. One person commented they could manage their own medicines but preferred to let staff do so.

We looked at how medicines were managed in both units of the home. We found that medicines were stored safely and in an appropriate manner. There were suitable arrangements in place for the storage of items that required refrigeration and controlled drugs.

We viewed medicines records and found these to be of a good standard. There was a person centred medicines care plan in place for each person entitled, ‘How I like to take my medication.’ This information included a photograph of the person to help reduce the risks of identification errors. There was also a good level of detail about any known allergies and specific assistance required to take medicines.

We saw there was an individual homely remedies list in place for each person, which listed ‘over the counter’ medicines that could be safely given to them. The record had been signed by the person’s GP to ensure the medicines were safe to administer.

Other records seen included clear topical administration charts in place for people who were prescribed treatments, such as cream or ointments. A body map was included, which helped to ensure care staff could identify exactly how and where to administer the treatments.

Some people who used the service were prescribed medicines on an ‘as and when required’ basis. We were able to confirm that in these circumstances, clear information known as ‘PRN protocols’ were in place. These detailed the ‘as and when required’ medicines and provided clear guidance about when they should be administered. This helped ensure people received their medicines when they needed them.

Is the service safe?

The registered manager advised us that she and the staff were pro-active in requesting regular medicines reviews for people who used the service. This information was supported by people's care records and from a community professional we spoke with.

We carried out a number of checks on medicines stocks against the records held in the home. In all cases, these were found to be correct, demonstrating that staff completed records and administered medicines accurately.

However, we came across two examples where balances of tablets remaining when new stock had been received, had not been carried forward. This meant that the stock was not properly auditable. We also noted one example where the records for one variable dose medicine were not as clear as they could have been. This increased the risk of an error occurring. However, we were able to determine that no errors had been made. The registered manager took action to deal with these issues immediately.

There appeared to be ample numbers of staff on duty to meet the needs of people who used the service. The majority of people we spoke with expressed satisfaction with the staffing levels at the service. Their comments included, "I think there are probably enough staff and they mostly respond very well when needed." Two people told us they were not sure if there were enough staff, but reported satisfaction with the response times and told us they were never kept waiting for assistance. "I have confidence in the staff but would say there are not quite enough of them. They do respond fairly quickly when I need them."

In discussion, the registered manager advised us there was a process in place to determine staffing levels in line with the needs of people who used the service. This meant that staffing levels were constantly reviewed to ensure they

were adequate. The registered manager also confirmed that she was able to increase staffing levels at any time she felt necessary, for example, due to the illness of a person who used the service.

Two people we spoke with commented on the use of agency staff in the home. One person felt the use of agency staff had increased recently. We discussed this with the registered manager who advised us agency staff were sometimes required but that she was expecting the use of agency staff to reduce in the near future due to the appointment of several new permanent staff members. The registered manager also advised us that she always attempted to use the same agency staff members, so as to maintain consistency. This information was supported by staff rotas viewed.

We viewed a selection of staff files to assess the recruitment procedures used at the service. We found the service followed satisfactory recruitment procedures to help promote the safety and wellbeing of people who used the service.

Prior to starting their employment, new staff members were required to undergo various background checks, which included a full employment history and a DBS (Disclosure and Barring Service) check, which would highlight if the person had a criminal record or had ever been barred from working with vulnerable people in the past.

Staff files were usually well organised and information was easy to locate. However, in one example, we found it difficult to locate DBS clearance for a staff member who had been employed through a staffing agency. We discussed this with the registered manager who agreed to ensure that all information for permanent and agency staff would be readily available in the future.

Is the service effective?

Our findings

People who used the service and their relatives were satisfied that staff understood their care needs and were able to recognise any changes in their wellbeing. One person said, “They always notice if [name removed] is not well or off colour.” People told us they, or their loved ones, were able to see a Doctor when they wanted to and said they were confident to discuss any issues with care workers.

We viewed a selection of people’s care plans and found they provided a detailed account of their health care needs and medical histories. We saw that a variety of community professionals were involved in people’s care, which helped ensure people received the necessary support to maintain good health and wellbeing.

In viewing care people’s care plans, we were able to see some good outcomes experienced by people as a result of the care they received at the home. For example, we tracked the care of one person who had been admitted to the home with a pressure ulcer. We noted they had received effective care and treatment and that their ulcer had healed well. The home had taken steps to implement a preventative care plan to reduce the chances of the person’s skin breaking down in the future.

We saw some good examples of effective joint working with community professionals. This information was further supported by feedback we received from some of the community professionals who had regular involvement with the service. One community professional was extremely complimentary about the support the service had provided to a person they were involved with. They described how the registered manager and staff had worked very closely with them and other professionals to improve the person’s quality of life and described them as ‘professional and caring’.

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 make 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.

In discussion, the registered manager and staff demonstrated satisfactory understanding of the principles of the MCA and how this applied to their daily practice. We were able to confirm that the registered manager followed the correct processes when supporting someone who was not able to consent to all aspects of their care. This included making appropriate DoLS applications and ensuring any decisions made in people’s best interests were done so in partnership with the person, their representatives and other professionals involved in their care.

Everyone we spoke with was satisfied that staff took time to ask for consent when providing their care. This information was supported by people’s care plans, which also included written consent. People felt their rights were respected and they were enabled to make decisions about their (or their loved ones’) care.

Where any restrictive practices were in place, we saw these were clearly recorded. Evidence was available to demonstrate that the registered manager had ensured the correct processes had been followed regarding people’s best interests and that consideration had been given to ensure the practices followed were the least restrictive possible. We noted that the restrictive practices were regularly reviewed, but not always at dates that had been pre-arranged when the decisions had been implemented, which would be best practice.

A nutritional risk assessment was completed for every person who used the service. This helped to ensure that any risks were identified and that measures were in place to help maintain the person’s health and wellbeing. We noted that these measures included careful monitoring of the person’s weight, food and fluid intake. In addition, referrals to community professionals such as dieticians or speech and language therapists were evidenced.

Is the service effective?

We were able to confirm that people's nutritional risk assessments were regularly reviewed at set intervals or when there was a change in a person's circumstances. For example, if there was a decline in their health.

We viewed the care plan of one person who had been assessed on admission as being at very high risk due to a low body weight. We saw that since their admission, three months earlier, they had gained over a stone in weight. We also viewed the care plan of a person who had lost some weight during a period of illness. There was evidence to show that this loss had been closely monitored by staff.

People's care plans contained a good level of detail about their dietary needs and preferences. For example, if they required their food to be served in a certain texture or if they had any medical conditions, such as diabetes, which would affect their diet. Where appropriate, there were detailed safe eating guidelines for people who were at risk of choking.

People we spoke with were satisfied with the quality and variety of food provided. Their comments included, "The food is pretty good and we do get choices." "The food here is fairly good."

We saw that menus were listed on a board in the dining room. The meals for each day were shown, as well as available alternatives. On the unit for people who lived with dementia, staff were observed advising people of the options available and supporting them to decide what to eat. We observed that snacks and drinks were made available for people throughout the day.

We observed the lunch service on both units of the home. We saw that people were provided with assistance where needed and there were ample numbers of staff on duty to provide one-to-one support to all those who required it. People appeared to enjoy the occasion and their meals.

Everyone we spoke with told us the staff had the necessary skills to care for them properly. One person said, "Luckily the staff are kind and caring and they know what they are doing." Another commented, "I feel very confident in them all, especially [registered manager]."

We saw there was a core training programme in place, which included a number of mandatory courses, that all staff were expected to complete. The mandatory courses included important health and safety areas, such as

moving and handling and infection control. In addition, courses related to the needs of people who used the service, such as safeguarding and dementia care were also classed as mandatory.

Records viewed demonstrated that out of 25 care workers [none nursing staff] employed at the home, 17 held nationally recognised qualifications in care.

The home's training matrix was regularly updated and closely monitored by the registered manager. This meant she was able to ensure that all staff received the necessary training, including refresher training at the correct intervals.

Staff we spoke with told us they felt well supported and able to approach their seniors with any concerns. Records were available to evidence that all staff were provided with regular one-to-one supervision, during which they could discuss areas, such as personal development, training and work performance.

Some people we spoke with commented that they felt there had been a recent increase in the use of agency staff at the home. We discussed this with the registered manager who confirmed that there had been a need to use agency staff recently. However, the registered manager was able to describe a number of measures she had taken to try and reduce the impact of this, which included only ever having one agency staff member on duty at any one time and the employment of consistent agency staff. Due to a recent successful recruitment drive, the registered manager anticipated the need for agency staff would soon reduce.

During the inspection we carried out a tour of the home. We looked at all the communal areas and a selection of people's private accommodation. We noted that some areas were pleasantly decorated, nicely furnished and well maintained. However, there were some areas of the home that were shabby and in need of refurbishment.

This was acknowledged by the registered manager who was able to provide us with an environmental improvement plan. We could see that some improvements had been made recently and that further improvements were scheduled, which would help ensure people were provided with comfortable accommodation maintained to a good standard. The registered manager confirmed she had agreement from the provider and the necessary resources to complete the plan.

Is the service caring?

Our findings

We spoke with people about their experiences of using the service and how they felt about the staff team supporting them. The feedback we received was very positive. People's comments included, "They are very good staff, kind and patient. Certainly with me." "I am sure [name removed] is safe and well cared for here. The staff up there are brilliant - so kind, and so considerate." "They all seem to have very good relationships with the residents and they really get to know them." "Sometimes there are upsets between residents but that is not surprising and the staff show their skills in the way they can calm things down."

We spoke with one person whose loved one had used the service and had passed away some months earlier. This person continued to visit the home on a regular basis and told us, "I don't think we could have found a better place for her and I can see on my visits, that the staff are still as kind and patient as they were with her."

A community professional we spoke with told us, "I am always impressed by the attitude of the staff when I visit. They know every one of the residents very well and I think they are a genuinely caring staff team."

Throughout the inspection we observed positive interactions between people who used the service and the care staff. Care staff were seen to support people in a kind and patient manner. We observed one person being transferred with the assistance of two carers. The carers took their time to explain what they were doing at each step and check on the person's comfort throughout the manoeuvre. They provided constant reassurance and encouragement.

We saw that staff and residents got along very well. There was lots of pleasant and relaxed chatting. The unit for people who lived with dementia was pleasantly busy with people engaging with each other, the staff and the things

around them. The unit had been decorated for Christmas, which had been of great interest to some people who were enjoying exploring the decorations. One staff member was seen to be encouraging a resident to reminisce about their childhood Christmases whilst they were looking at the Christmas tree together.

People we spoke with were confident that they, or their loved ones, were cared for in a way that promoted their privacy and dignity. One person we spoke with commented, "I would say that sort of thing is second nature to the staff here." We observed staff approach people in a respectful and dignified manner and respond quickly to any request for support.

People's care plans contained good information about their personal wishes and preferences. The things that were important to them were considered in their care plans and staff were able to give us examples of how they attempted to provide care in the way people wanted. One example was that of a person who had recently been admitted to the home for end of life care. The registered manager and staff had made arrangements for the person's much loved pet to be with them during their final days.

Nobody we spoke with reported any problems in relation to receiving visitors and seeing them in private. Visitors told us they were always made to feel welcome and that they could visit at any reasonable time.

The registered manager and staff were fully aware of local advocacy services and able to signpost people to them where appropriate. We also noted there was a poster displayed in the communal area advertising a local advocacy service.

Most people we spoke with were aware of advocacy services and their purpose. One person told us, "I know what they are for but I don't think I need them, I can speak for myself."

Is the service responsive?

Our findings

People we spoke with expressed satisfaction with the service and confirmed the service was responsive to their or their loved one's needs. Comments we received included, "I have been here eighteen months and it does suit me. They care for me very well." "I really don't worry about anything. They take care of everything [name removed] needs."

Community professionals reported positive experiences with the service and one commented on the fact that the service had managed to accommodate and successfully care for two people that other services had not been able to support. They told us, "I can say that I have nothing negative to say about Banksfield, and that my involvement concerning [names removed] has proved very positive and supportive."

We viewed a selection of people's care plans. We saw that prior to a person's admission, the registered manager ensured a detailed pre-admission assessment was carried out to assess their needs and ensure that the home would be a suitable placement for them.

Care plans viewed were found to be well detailed, comprehensive documents. They covered all aspects of the person's daily life and the care they required to maintain their safety and wellbeing.

In addition to a detailed account of people's care needs and any risks to their safety, their care plans contained a social history and map of life. These documents explored people's life experiences, previous employment and hobbies, important relationships and significant events, which helped staff to get to know them better and plan their care in a person centred way.

We saw well detailed protocols in place for all aspects of people's personal care, for example, bathing, or washing and dressing. The protocols were very comprehensive and provided staff with step-by-step guidance about how people wanted their support to be provided.

For people with communication needs, there was a good level of information about their individual methods of communication and how to support them in making their preferences and choices known. We also noted that for

people with complex behavioural needs, there were clear guidelines in place for staff about how to support them. We observed staff to work in accordance with this guidance throughout the inspection.

We were able to confirm that people's care plans were regularly reviewed. In addition, where a person had a short term care need, for instance due to an illness or injury, short term care plans were implemented to help ensure staff fully understood any required changes to a person's support. This helped to ensure that people received care that was responsive to their changing needs.

People we spoke with confirmed they were encouraged to be involved in the development of their care plans and that their care plans were based on their personal needs and wishes. People were positive that their care was provided in the way they wanted it and told us they were asked their opinion on how the care provided was working for them.

We noted there were clear records of communication with relatives of people who used the service demonstrating they were kept up-to-date and involved, where appropriate. Care plans reviews were documented and included people and their family members, where appropriate.

Most people spoken with expressed satisfaction with the provision of activities at the home. People's comments included, "They do have some good activities." "There seems to be plenty going on." However, one person we spoke with felt that the one-to-one activities provided to people could be improved.

Care plans viewed included detailed lifestyle information based on people's previous hobbies, likes and dislikes. We saw that activities provided included visiting entertainers and sessions within the home, in areas such as arts and crafts and reminiscence. Events took place throughout the year, such as fayres and coffee mornings, to which family members and the local community were invited. We saw that the gardens at the home had recently been developed into sensory gardens, for the benefit of people who lived with dementia.

Residents and relatives meetings were held on a regular basis. Most people we spoke with were fully aware of the meetings and we saw there was information about them on the notice board in the entrance hall. Minutes from meetings showed that areas discussed included staffing, meal provision and activities.

Is the service responsive?

We saw that satisfaction surveys were regularly carried out during which people who used the service and their representatives were invited to give their opinions about the standards at the home. The results of the surveys were also posted in the communal areas of the home.

The registered manager was able to give us a number of examples of changes she had made as a result of feedback from people who used the service and their relatives. These included recent improvements to the key worker system, which had initially been suggested by a relative.

A complaints procedure was on display in a communal area of the home. This procedure gave guidance about

how to raise a complaint and included details of external agencies people may wish to contact, including the CQC and local authority. We were able to confirm that the procedure could be made available in a variety of formats, including large print, if requested.

People we spoke with were aware how to make a complaint and told us they would feel comfortable in doing so. One person said, "I would know how to complain but I have never felt the need to since being here." And another told us, "I can't really say there is anything I would complain about."

Is the service well-led?

Our findings

There was an established management structure in place which included a long-term registered manager and a deputy manager. The skills of the two managers complimented each other well in that one was qualified in general nursing and the other in mental health nursing.

There was a senior management team in place within the organisation who provided additional support for the registered manager. The registered manager also commented that she found the provider to be approachable and supportive.

People we spoke with were aware of the management structure and who they could speak with if they had any concerns or queries. People spoke highly of the registered manager describing her as helpful and easy to talk to. One comment we received was, “I would have no hesitation in approaching [name of registered manager] she is very understanding.”

We also received positive feedback from community professionals about the management of the home. One person spoke of the willingness of the management team and staff to support a pilot project aimed at implementing a toolkit to improve nutritional care for people living in care homes. They told us, “The commitment to this piece of work was valued and the honesty of feedback was appreciated. The home have continued to use the resources of the toolkit.” Another community professional who regularly visited the home commented, “I would like to say I am impressed with the changes that have been made by the new Manager [name removed] she is solely focused on service user care.” A third professional described working with the service to support a person and said, “The manager always had time to listen and discuss the case, and I found the RMN on the unit to be supportive of the client, very professionally competent, and this worked well in the care of this gentleman.”

Staff spoken with reported an open and pleasant culture within which they were able to express their views or raise

concerns. One staff member commented, “It has been a breath of fresh air coming to work here. [name of registered manager and deputy manager] are really hands on and there is nothing you can’t raise with them.”

There were a number of processes in place to enable the registered manager to monitor safety and quality across the service. These included a variety of audits in areas such as the environment, health and safety, care planning and medicines management. We saw that audits were carried out in an effective way. For example, when viewing the medicines audits we noted that when issues were identified, they were analysed and an action plan implemented to help ensure they were not repeated. Evidence was available to demonstrate that the registered manager followed up the action plans to ensure they had been effective.

A monthly visit was carried out on behalf of the provider by a member of the organisation’s senior management team. During these visits, observations were carried out of the care provided and activities. Checks of the environment and areas such as care planning and training were examined. In addition, the representative spoke with people who used the service and their relatives to assess their levels of satisfaction.

Regular health and safety checks were carried out which included ensuring that all safety checks were up to date. Certificates were available to show regular servicing and testing of facilities and equipment such as lifting hoists, water safety, gas and electric.

Processes were in place to monitor and analyse complaints or adverse incidents such as accidents or safeguarding alerts. The registered manager kept clear overviews of all such occurrences in a manner that enabled her to easily identify trends or themes so they could be addressed. All adverse incidents were fully investigated to ensure that any potential learning could be identified and cascaded to staff so that the risk of an adverse incident reoccurring was minimised where possible.