Broadacres Care Home Trading Limited

# Broadacres Care 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? | Outstanding |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

The inspection took place on 28 June 2016 and was unannounced. The service provided accommodation for persons who require support or personal care. There were 27 people living in the home when we inspected.

There was a registered manager in post. 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 people living in the home were safe. Staff were knowledgeable about how to protect people from harm and reporting concerns. People received support to take their medicines safely and risk assessments were in place to minimise avoidable harm. The environment in which people lived was safely maintained.

Staff were well trained and people felt that they were very competent in their roles, and some training had been tailored specifically to individual's needs. Staff were supported with supervisions in addition to training. Staff had knowledge of gaining consent from people and sought this before providing care.

There was a good choice of food and drink which people enjoyed. Where people were at risk of not eating and drinking enough they were supported effectively with this. They had regular ongoing access to healthcare.

People were supported by compassionate staff who placed people's wellbeing as a priority. Staff had built strong relationships with people and always respected people's dignity and privacy. People could choose what they wanted to do, and when.  People were supported to maintain their relationships with their loved ones.

There were many activities on offer in the home as well as visiting entertainment and events. People were supported to keep their cars at the home and keep their independence as much as possible. Their health needs were responded to in a way that had a lasting positive impact on their quality of life.

The manager was supportive to the staff in the home, who worked well together as a strong team. There were many systems in place to assure quality of care through the auditing and monitoring of specific areas.

## 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 safely supported to keep their independence whilst minimising risk. The environment was kept safe. Staff had knowledge of protecting people.

People were safely supported to take their medicines.

### Is the service effective?

Good

The service was effective.

People were supported by well-trained staff. They had enough to eat and drink, as well as choice.

Staff sought consent from people and supported them to access healthcare.

### Is the service caring?

Good

The service was caring.

Staff were well trusted by people in the home, and they delivered kind, compassionate care.

People's dignity and privacy was always respected.

### Is the service responsive?

Outstanding

The service was highly responsive.

People were supported to maintain their hobbies and choose things to do. The service involved people in decisions about their care.

People were involved in the planning of their care, and their families where when appropriate.

People's changing health needs were responded to promptly, and additional support with mobility made significant impact on people's lives.

## Is the service well-led?

Good

The service was well-led.

The manager was familiar with everyone living in the home, and supported staff well. Staff worked well as a team.

There were many systems in place for monitoring and improving the service.

# Broadacres Care 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 28 June 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we requested that the provider 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 plan to make. This was received from the provider. We reviewed this information when planning our visit. Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law

During the inspection, we spoke with six people living in the home. We also spoke with seven members of staff. These included two care assistants, two senior carers, the care manager, the activities coordinator and the registered manager. We spoke with two healthcare professionals who had regular contact with the service.

We reviewed four people's care records and risk assessments and checked five medicines administration records. We reviewed a sample of other risk assessments, quality assurance records and health and safety records. We looked at staff training records and reviewed information on how the quality of the service was monitored and managed.

Good

# Is the service safe?

## Our findings

People living in the home told us they felt safe. One person said, "Yes, I feel safe because I have people who care here." Staff were able to tell us what kinds of abuse people could suffer and how they would respond if they had concerns. We saw that staff had received training in how to protect vulnerable people from harm, and were able to tell us what they would do, and who to report it to, if they had concerns. There were safeguarding contact details readily available to staff.

People's care records contained assessments of risks associated with people's health conditions, and included their mobility, personal care, nutrition, and mood. Risk assessments such as whether to drink alcohol alongside certain medicines were detailed and included people's decisions. Staff supported people to understand and take risks where they wanted. The assessments contained guidance for staff on how best to mitigate risks whilst maintaining people's independence and choice as much as possible. The consistency of care staff contributed to people's safety because it meant that they were very familiar with risks to individuals.

Accidents such as falls were recorded and responded to in terms of updating risk assessments and taking action to further mitigate risks. Staff had a strong awareness of how to spot pressure areas and were able to tell us about their training in this area. One said, "If we saw a broken or discoloured area we would get the district nurses out straight away." We saw that people's skin integrity was regularly checked and documented, and equipment such as special cushions or mattresses were provided when needed.

There were enough staff to meet people's needs. One person we spoke with said, "They respond quickly to the buzzer". A visitor to the home told us, "There seems to be a really good ratio of staff." We observed during our visit that there were regularly staff visible throughout the home, and that they were available to answer buzzers and assist people in communal areas. Staff told us how they allocated tasks within the team. The manager told us that there were enough staff within the team to cover sickness and annual leave, so there was no need to use agency staff. There was a low turnover of staff. Volunteers visited the home at times to do activities and support the waitressing service at mealtimes, which helped to add to the staff group.

There were systems in place to ensure that the home only employed people who were deemed suitable to work in their roles. Staff confirmed that the manager had made the appropriate checks before employing them. These included references, proof of identity and a criminal record checks, and the manager confirmed that these checks were in place for volunteers working with the service.

We checked records which showed that the appropriate safety checks had been carried out for equipment used for lifting, bathing and fire safety, along with water and electricity checks. There was a member of staff dedicated to the maintenance of the building to keep the environment safe. We saw that fire drills had been recently carried out. There was information available for the evacuation of individuals living in the home, which included their mobility, however the manager told us that they were planning to develop personal evacuation plans for each person. We saw that there was an evacuation sledge at the top of the stairs to be

used in the event of a fire. The manager confirmed that staff had been trained in how to use it. They had recently updated their fire risk assessments for the building to include more detail. We found that there were systems in place to ensure the safety of the building and mitigate risk of fire.

People were safely supported to take their medicines. One person told us, "Yes, they always watch while I take them." Some people looked after and administered their own medicines, which was risk assessed appropriately. These were kept securely in the person's room. Senior staff had been trained in administering medicines. We checked five medicines administration charts as well as looked at recent audits. We found that there were some missed signatures on the records, which meant that staff were at risk of not knowing whether or not someone had taken their medicines as prescribed. Where they had not been signed for, staff could not show they had administered them as prescribed. When audited, the care manager had found that the balance of medicines suggested that the medicines had been taken, but some staff had forgotten to sign. The manager told us that they had discussed these problems with the staff concerned, and that the care manager was closely monitoring those staff on medicines rounds. The manager confirmed that the incidences of missed signatures and medicines errors had been improving. Any errors that had occurred had been recorded and acted upon appropriately by the manager, which helped improve and promote people's safety.

Medicines that people took 'as required' were kept safely and monitored regularly. They were also recorded on the administration records when they had been given. There were some incidences where the code, which explained why a medicine was not given, was missing. This meant that staff had not always consistently followed the process the home had in place. This had been picked up in audits by the care manager and they had discussed it with the staff in question. Some homely remedies such as paracetamol were kept in the home, and added to the administration records. Where they had gone out of date or not been used, these were returned with other medicines every month. There was a comprehensive system in place for returns and ordering of medicines.

Good

# Is the service effective?

## Our findings

One person explained how the home had dealt with their condition. They told us, "The manager arranged for everyone to be trained in the aspects of my illness. I was almost overwhelmed with the care." Staff confirmed that they had received training on this condition in response to someone living in the home so they knew how best to support them. One member of staff told us how staff had been able to administer a life-saving injection following this training. Staff were able to tell us about how other training helped them to look after people and therefore enhanced their quality of life. The manager told us that they were planning some additional training in specialist conditions and were contacting possible training providers to organise this.

People told us that they were confident in the competence of staff. Staff told us that they felt they had had suitable training to do their jobs well. The training deemed necessary by the provider included manual handling, safeguarding, first aid and infection control. We saw records confirming that these had been carried out recently or were to be completed soon. Other informal training carried out through supervision in the role or in house sessions included continence, such as catheter care. Staff were passionate about the provision of end of life care, and two senior staff were completing a further qualification around this to improve their skills.

There was an induction process as well as a probationary period of three months, during which new staff would shadow and be supervised by existing staff, and complete training. One member of staff who was training as a senior confirmed that they had shadowed, and then been shadowed by a more experienced member of staff. Their specific training to become a senior had included checking urine, blood pressure and temperatures as well as medicines administration. Their competencies were checked through observation as they were shadowed. They confirmed that they felt confident to carry out their new role. Staff confirmed that they received supervisions and appraisals where they could discuss any further training needed and review their performance.

Staff had a good understanding of the importance of gaining consent. We observed, and staff told us, that they gained consent from people before delivering any care. 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 interest and as least restrictive as possible. The manager told us how a person's capacity to understand and remember information to make some decisions was variable. They told us that they supported them to make decisions in their best interests allowing for times when their capacity was impaired.

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called 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.

The manager had applied for an authorisation under DoLS for one person living in the home following the appropriate mental capacity assessment. Whilst they were waiting for the authorisation, the least restrictive methods were used to maintain the person's quality of life whilst keeping them safe within the home. Staff had taken action to provide personal care for the person in their best interests if the person did not have capacity to consent.

People were well supported to have a good choice of enough food and drink. A person living at the home said, "If you want something unusual you just ask for it. I don't know where they get it from but they get it for you." Visitors, people and staff also confirmed that there was a good choice available and the menus reflected this. One member of staff said, "If someone wants something, and we haven't got it, we'll go and get it." They were able to give examples of when they had done this and we observed this to be the case on inspection.

People told us that they enjoyed the food, and that feedback was sought daily. One person told us, "The food is tasty, well-prepared and nicely served. This really is a first-class hotel. The chef always comes round the dining room after the meal and asks if everything was alright." Some visitors we spoke with confirmed that they had eaten there and that the food was good and served hot. People had snack boxes in their rooms and were able to eat whenever they wanted. There was a choice of two things for lunch and dinner, however staff and people living in the home told us these were flexible. Kitchen staff included a waitress service most days to support mealtimes. The kitchen staff we spoke with were able to tell us about people's dietary requirements.

The staff told us that they could come into the kitchen any time in the evening or night to get someone food if they wanted. We observed that lunch time was a happy and sociable time and people were chatting whilst eating in the dining room. People confirmed that they could eat in their rooms if they wished. People chose when to eat and had a good choice of hot or cold breakfast every day. There was a choice of alcoholic drinks available at mealtimes along with soft drinks. People who had been assessed as at risk of losing weight were regularly monitored with food records in place. Action taken included on going referrals to dieticians and high calorie diets.

We observed that there were drinks around and always available throughout the home when we inspected. The kitchen staff confirmed, and we observed, that there was always water or other drinks of people's choice available in their room. People who were susceptible to urinary tract infections associated with dehydration were well supported to drink and make informed decisions about this. The manager told us how staff had informal in house training on administering thickener. They told us that they had noticed an improvement in staff's awareness of nutrition and hydration, especially when preparing thickened drinks for people, following training in this area.

Where people needed, they were supported to access healthcare services. People were referred to appropriate specialists such as speech therapists if they had difficulty swallowing. Visitors to the home that we spoke with confirmed that the home had responded very quickly in calling the GP when their relative needed it. A healthcare professional who visited the home regularly told us that people were referred to them appropriately and promptly. There was a visiting physiotherapist who visited the home weekly, as well as a regular chiropodist. When they required support, people were escorted by staff to access healthcare appointments.

Good

# Is the service caring?

## Our findings

People received kind, compassionate support that was delivered in a caring, homely environment. People living at the home and one of the visitors stated that the staff were very caring. One person said, "The staff are always polite and respectful." A visitor said, "The care [person] has had for the last year has been marvellous." The manager said, "This place is about living life, making friends, and making people's lives as pleasurable as possible." A healthcare professional who visited the home regularly said, "They really care about [people's] welfare. They're very kind."

The manager and staff we spoke with stressed how much choice people had in what they did and how, in their daily lives, including details such as having a glass of wine in the bath if people wanted. We observed lunch time which was a happy, relaxed affair where people chatted and laughed with each other, some over a glass of wine. Staff were accommodating and polite at all times.

The staff had built very trusting, strong relationships with people living in the home. A person living in the home told us how much they trusted the staff. We observed positive and caring interactions between staff and people living in the home throughout our visit. One member of staff said, "I'm really passionate about people having a real home. We see everyone as a person with history."

We saw an interaction where someone had been distressed, having fallen earlier in the day, responded immediately in a positive manner when a member of staff came in to see them. Staff knew the people they were looking after well and were able to tell us how they adapted their communication with different people.

People told us that they felt their privacy was well-respected. There were some married couples living in the home, and one couple told us that staff respected their privacy at all times. Another person said, "The staff always knock on the door." People told us that they felt that personal care was supported with dignity and respect. We observed that staff knocked on doors before entering, and if people gave no answer they would call through discreetly before entering anybody's room. We saw that 'do not disturb' signs were used either if people did not wish to be interrupted, or by staff if they were supporting people with personal care. People's room doors were all lockable from the inside.

Staff were able to tell us examples of how they promoted dignity and privacy for people living in the home. One staff member said, "We always talk them through what we're doing", when carrying out any personal care and to reassure people. The home had won an award in care for dignity and respect in everyday life, which the staff were proud of. The focus and training around dignity greater enabled staff to communicate to people in a respectful manner at all times. Staff told us about the importance of retaining dignity towards the end of life. One member of staff was able to explain how they supported a person and the family for them to have a dignified, peaceful death.

People's views were acted upon and their opinions were regularly sought. The manager told us that where people did not want to have others involved in their care planning, this was respected. One person told us

how the staff supported them to administer their own medicines as they wished to keep their independence. Visitors that we spoke with told us that they felt involved with people's care, with the staff communicating regularly with them if anything happened concerning their relative. One said, "The manager is very kind and considerate and always rings [relative] if there is a problem". We saw in care records where people had been consulted about their care in on going reviews, and their relatives where appropriate.

People told us how they maintained and improved their independence, one saying, "I can go walking around the grounds if I want." A visiting relative said, "They help [relative] if they need it but they let them do as much as they can themselves." They stressed how important it was that people were supported to maintain and improve their independence. Staff told us how they promoted independence for people during personal care, encouraging people to do what they could and offering to help.

People were well supported to maintain relationships with their families. Relatives we spoke with confirmed that they were able to visit the home whenever they wanted and always felt very welcome. We observed that staff chatted to visitors openly. Each person living in the home had their own telephone line with their personal number so that people could contact them whenever they wanted. The manager told us how they organised birthday parties in the home for people to invite their families to, and that they were always welcome to come for meals. There was a room available for family members to stay in if they wanted.

Outstanding ☆

# Is the service responsive?

## Our findings

People received exceptionally personalised care which accommodated their preferences, goals and aspirations. People and their families were proactively involved in the planning of their support needs. When people moved into the home, staff thoroughly assessed their support needs and preferences with them, and we saw that these were recorded. Staff discussed each aspect of people's care with them, and any health conditions they had. A visitor confirmed that staff had sensitively discussed their relative's end of life wishes with the person and their family to go in their plan of support. Staff told us these discussions were detailed with aspects of importance such as what music people felt they would prefer to have on if they became unable to communicate their wishes at the time. One member of staff told us how important this was to them in enabling families and people to make choices about their end of life care.

A visiting relative we spoke with stressed that their relative, "Gets individualised care", commenting on how healthy their relative looked since moving into this home. One member of staff said, "We work hard to involve families, we talk about hobbies, interests and get an overview of people's pasts." People's care records covered areas such as emotional support or if someone was at risk of depression. They were kept up to date and reviewed as needed, providing guidance for staff on how best to support each individual with their own needs. We saw that the records had been recently reviewed and were accurate.

People we spoke with told us that the staff's understanding of their needs was excellent. People received personalised care which encompassed their individual health and support needs. There was information available and easily accessible to staff within people's care records about their specific conditions. A person living in the home told us that the knowledge of staff about their needs associated with their condition could be life-saving for them. A visiting health professional told us that staff acted on their recommendations. They said, "If there's anything I just have to mention it and I find it's dealt with", regarding any issues or recommendations. This was also confirmed by another healthcare professional we spoke with. We observed staff being responsive to people's individual needs throughout the inspection.

The service was adaptable and flexible in accommodating people's preferences. People could have a bath whenever they wanted and have meals at times that suited them, one person saying, "I put myself to bed and get up in the morning. When I'm dressed I press my button for my breakfast." Staff told us how they supported people individually according to their preferences. The manager told us that they had recently altered morning shift times to better fit the needs of the people living in the home around the times they were getting up. They said, "We adapt as things change."

The staff had been creative in coming up with ideas for ways of helping people to relax in the bath, as the service had fitted a new spa bath with an integrated audio system. Staff thought about how best to enable people to get the best out of this facility. Staff had gone through musical preferences with each person and developed their own playlist that they could listen to whilst in the bath if they wanted. The manager told us that people who suffered aches and pains had spent longer relaxing in the bath because of the music, and this had improved their wellbeing. Staff had also fed back that people were a lot more relaxed receiving support with bathing as it felt more dignified with the music on, helping to put people at ease, relax and sing

along.

People's wellbeing and comfort were important to all the staff and people were surrounded in their rooms by their chosen personal items and décor. People were supported to follow their personal interests as well as get involved in daily running of the home if they wanted, such as help prepare vegetables or fold laundry. Some people living in the home kept their own cars there and went out when they wished in them. There was a mini-shop in the home where people could get some additional toiletries, drinks and snacks. There was also a library area in the lounge which people could borrow books from.

The service actively sought and accommodated new ideas which people bought forward, as they were encouraged to suggest things to do. One person told us how they had brought up the idea of starting a gardening club in a meeting for people living in the home. The staff then went out with the person to buy equipment needed to start the club. We saw that this had been successful and engaged others, whilst the keen gardeners were also free to do some on their own if they wished. The activities coordinator showed us some recent pictures of the people enjoying the gardening. The manager told us how the activities coordinator had helped one of the people track down, and meet up with an old friend with whom they had lost touch. Another example that a staff member gave us was how they had supported someone with equipment and organisation to go out for a picnic with their family. This showed us that the service supported people's individual's goals and aspirations.

We spoke with the activities coordinator who showed us photographs of activities that they had organised in the home. A visiting healthcare professional said, "They seem to have activities on all the time." These included quizzes, bowls and cake decorating. We observed that the staff were flexible if people changed their minds. An example of this was that on the day of the inspection there was a plan in place for an activity but people wanted to do something else. The staff were happy with the last minute change of plan and people watched the tennis whilst having Pimms and strawberries instead, as this was what they wanted to do.

Some people living in the home were involved with brewing beer, which they did at the home itself, and weekly singing and prayer mornings which were organised by someone living there. There were many other visiting activities throughout the year such as reminiscence, beauty therapy, visiting vintage car shows, and entertainers. They supported outings such as boat trips and the Norfolk Show. The home had occasions such as Christmas shopping mornings where staff from the local supermarket visited the home with lots of merchandise, cheese and wine evenings, a chocolate party and a 1940s day. The activities coordinator told us how they carried out one to one time based on what people wanted to do. These included puzzles and board games.

The service actively encouraged people to have a meaningful role in the local community, supporting them to visit the local day centre or the Women's Institute meetings. The service also encouraged other visitors to visit the home from local centres, to maximise social inclusion for people living there. Where people had friends and relatives, the staff welcomed them at all times and supported people to go out with family.

The manager and staff had come up with an innovative idea of having nest boxes for birds outside and put cameras in them, to come through to the television in the dining room so people could watch any activity. The activities coordinator told us how they watched some duck eggs hatching and people enjoyed this. It provided a project, topic of regular conversation and people found it rewarding to see the activity. The people living in the home had talked about getting a pet in one of their meetings and they felt that they would like to have an animal around. This was then acted upon with the manager getting a kitten for the home, and followed by an opportunity for more fun in a competition between people to come up with its

name.

There was a physiotherapist who visited the home weekly and this had made a significant impact on people's lives. One person said, "I am getting very promising results from the new physiotherapist. I am walking just a little for the first time in four years." Another said, "The new physiotherapist is very good and very enthusiastic. She is making a hell of a difference. I am now hoping to take up my old hobbies of knitting and needlework again." The physiotherapy provided at the home had enabled people to improve to a standard they had not expected, and they had been able to take up their previous hobbies and walk as a result. This enhanced people's quality of life a great deal, and enabled them to work towards their physical goals.

On-going improvement in responsiveness to individual choices and needs was important in the ethos of the home. People told us that they were asked for feedback, and we could see from the records that their opinions and ideas were regularly sought. A person living in the home told us, "I haven't had any concerns but I would have no problem in raising anything with the manager." Other people confirmed this. There had been no complaints but there was a complaints procedure in place and people told us that they knew how to complain. Where there had been 'grumbles' noted, they had been resolved by discussing any problems with the people in question. There had been no formal complaints within the last year, however we were confident that the manager knew how to follow the process of responding appropriately to complaints.

Good

# Is the service well-led?

## Our findings

A person living in the home confirmed this by saying, "There seems to be a great spirit amongst the people who work here." All staff we spoke with said they were a good team and worked well together. A member of staff told us, "This is a lovely place to work. We all get on really well." A member of staff said, "When you walk in, you just feel calm." When asked what people would do to improve the home, one person replied, "I'm so happy here; I can't think of anything to improve it." This was strongly echoed by three more people we spoke with. The ethos of the home around giving people choice and maintaining high quality care was evident in all of the conversations that we had with staff.

The information that was given to us in the PIR, prior to our visit, had outlined areas that the home were working on and had made improvements on. The pack included information about the developments of surveys and the involvement of people in meetings for those living in the home. We could see evidence of these areas, and how they had improved the service by gaining many people's feedback. The PIR also told us about the availability of the shop in the home, which we found people used, as well as the development of people's life history books. We could see that the activities coordinator was still working through these with people to complete them. The information we had been given in the PIR was accurate and reflected the service's commitment to on-going improvement.

People told us about the meetings held every three months where they would have an opportunity to discuss different aspects of life in the home and share any ideas for activities and outings. People's families were also encouraged to attend these and we saw evidence that feedback had been acted upon.

The manager was visible throughout the home, one person telling us, "I see the manager around and about when I'm sitting in the lounge." People and staff told us that the manager was approachable and supportive, and they felt that any issues were resolved. Staff meetings were held every three months for the full team, as well as for individual job roles.

There were many systems in place to monitor and improve the quality of the service, which confirmed what the manager had told us in the PIR. These included surveys for people living in the home, relatives, staff and healthcare professionals who visited the service. These were analysed and results displayed in a communal area. Audits carried out included medicines, infection control, catering and care plans. Audits in infection control showed that any actions had been followed and led to improvements. They covered areas such as catheter care and personal protective equipment.

Where audits had picked up errors that had been made, the manager stressed the importance of a 'no blame' policy. They told us how mistakes were addressed by discussing them in supervision followed by close monitoring. The staff confirmed that they felt confident to go to the manager if they had made any mistakes and felt that they were well-supported in their roles. The manager also told us that they felt well-supported by the providers. We saw a record confirming regular visits from the directors of the company.

A recent infection control audit had found that the laundry area needed improvement, which had since

been made to better separate dirty and clean laundry and make the area more hygienic. The manager confirmed that a member of staff led infection control and that they attended the champion meetings to remain up to date on any new information. A monthly audit on accidents identified falls within the home, which helped to identify triggers or themes and look at ways of improving and preventing them.