

Panaceon Healthcare Ltd

Field View Care Home

Inspection report

Spark Lane
Mapplewell
Barnsley
South Yorkshire
S75 6BN

Tel: 01226390131

Website: www.chapelandfieldview.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Field View Care Home is a private residential care home providing accommodation and personal care for up to 40 people. There were 31 people living at Field View when we carried out the inspection.

People's experience of using this service:

The provider was taking steps to make necessary improvements following the last inspection and these were beginning to take effect but were not yet fully embedded and some work was still in progress. Audits and quality assurance systems were in place and well organised, although these were not yet sufficiently embedded to identify shortfalls found on inspection.

People felt safe living at Field View. Individual risk assessments were in place although these lacked detail with which to guide staff.

Staff were confident in how to support each person with their medicines. However, recording was not always clear enough to fully demonstrate how people were supported safely.

Recruitment processes were robust and appropriate checks carried out to help ensure staff were suitable to support people using the service. The registered manager had systems in place to recruit staff with the right values and attitudes for their role. There were enough staff to care for people safely and consistently.

Accidents and incidents were recorded and monitored to identify where improvements could be made. Any areas for learning were identified and shared with staff.

A refurbishment plan was in place, although this was not completed at the time of the inspection and the environment was in need of a thorough clean in places. People's own rooms were not always clean or free from odours. There was a clear emergency plan, although the fire risk assessment and some individual emergency evacuation plans needed to be updated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Systems were in place to support people's rights. Staff understood the legislation where people had Deprivation of Liberty Safeguards (DoLS) in place although recording needed to improve around mental capacity and where decisions were made in people's best interests.

People using the service and their relatives spoke highly about Field View Care Home. They told us they enjoyed the food and there were plenty of varied snacks. People's nutritional needs were not always robustly monitored to minimise the risk of malnutrition and dehydration.

Staff treated people with dignity and respect and promoted their independence and confidence. Where

people needed additional services to support their health, referrals were made.

Staff were kind and treated people with patience and care; they knew people well and developed positive relationships with them. Activities were planned and organised, with many ideas for new activities based upon people's expressed choices. Care records were not always detailed, particularly for those people on short stays in the home.

Complaints and compliments were managed and responded to well. People knew who to speak with if they were not happy with any aspect of their care or service delivery.

Staff told us there was an improving culture in the home and said the registered manager was approachable and fair. Staff had clear direction in their work and there was good communication to enable them to be sure of their responsibilities.

There was clear, enthusiastic and confident leadership of the service which promoted team working and supported a person-centred culture.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was requires improvement (report published 28 September 2018) and there were two breaches, regulation 14, meeting nutritional and hydration needs and regulation 17, good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made and the provider was no longer in breach of regulation 14, meeting nutritional and hydration needs. There was work being done to ensure the service was continuously improving. However, improvements in regulation 17 had not yet been sufficiently embedded to ensure there was no breach in good governance, or to make a change to the ratings.

Why we inspected:

This was a planned inspection based on the previous rating.

Enforcement

We have identified a continued breach in relation to the good governance of the service. Please see the action we have told the provider to take at the end of this report.

Since the last inspection we recognised that the provider had failed to ensure a registered manager was in post. This was a breach of regulation and we issued a fixed penalty notice, which the provider accepted and paid in full.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Field View Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors and an assistant inspector.

Service and service type:

Field View Care Home is a care home. People in care homes receive accommodation and nursing or 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced on both days.

What we did:

Prior to the inspection we reviewed information we already held about the service through our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We contacted the local authority for feedback from stakeholders who had involvement with the service.

We also viewed the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection we spoke with the registered manager, five care staff, eight people and four visiting friends and relatives. We also spoke with a visiting social worker. We reviewed seven care plans, two staff personnel files, medicine administration records (MAR) and other records about the management of the service to help inform our inspection judgements.

Is the service safe?

Our findings

Safe – this means we looked for evidence people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not safe and although improvements had been made since the last inspection, there was still a risk people could be harmed.

Assessing risk, safety monitoring and management

- People had individual risk assessments according to their needs. However, the recording of these was not robust. Details were sometimes lacking about how risks needed to be mitigated and staff did not always follow safe practice. For example, two people were identified as being at high risk of choking, but there was no guidance in their care plan for staff to refer to for how to support them. One member of staff could clearly tell us about the risks, but another member of staff offered a sandwich to one person who was lying down in bed rather than sitting up. The registered manager took immediate action to address this through reflection and discussion with staff.
- Another person's daily notes stated they required a thickening agent, so they could swallow more safely. However, there were no clear guidelines for staff about the amount of thickener prescribed or a record of when it had been given. We discussed this with senior staff and the registered manager, who took immediate action to ensure staff understood safe practice. The registered manager told us they were continuing to review the quality of the care documentation to ensure all relevant details were included and accurate for staff to know. In addition, the registered manager held a meeting with staff to discuss safety. We found no evidence of people being harmed, however systems were not robust enough to demonstrate how safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- In contrast, some individual risk information was clearly recorded, such as the person's falls risk assessment, moving and handling risk assessment, plan and review.
- Staff spoke with people about their safety and they were alert to potential hazards as people moved around. Staff reminded people to use their walking aids and helped to make sure there were clear walkways where people were walking.
- The registered manager monitored people's key risks, such as weight loss, falls and skin integrity. Where people needed specialist pressure relieving equipment this was in use.

Using medicines safely

- There were processes in place to ensure the ordering, supply, booking in, storage and disposal of medicines. People were supported with their medicines and staff were patient, checking whether pain relief was needed and giving explanations about what medicines were for. However, there were issues identified in the recording of prescribed nutritional supplements and thickening agents.
- Where people needed medicines 'as required' (PRN), such as for pain relief, records were not always clear as to the dosage or administration and there were some medicines without PRN protocols in place. Where PRN protocols were in place for inhalers, there was no information about any maximum doses or possible side effects. This meant staff did not have sufficient guidance to be able to support individuals safely. We discussed this with the registered manager who said staff knew each person very well, so they

communicated with them and knew the non-verbal signs to look for, to assess whether PRN medicine may be needed.

- Topical creams were available in people's individual rooms and there were details of where to apply the cream, although the daily recording sheets did not include the any directions. Staff said they knew each person and how to support them with topical creams.

Preventing and controlling infection

- Staff used personal protective equipment, such as disposable gloves and aprons where necessary, to help protect people from the risk of infection. Cleaning staff were confident to explain infection prevention and control measures. However, the environment was not always clean enough or free from odours and some areas were in need of thorough cleaning. Cleaning checklists had not been completed. The registered manager had identified the need to make improvements through an improvement programme and acknowledged documentation needed to be more robust.

- The provider was implementing a refurbishment programme which would help to eliminate some of the long-standing odours in fixture and fittings.

Systems and processes to safeguard people from the risk of abuse

- Staff confirmed, and records supported, they received training in safeguarding and they knew the signs of possible abuse and how to report concerns.

- The registered manager was aware of ensuring safeguarding incidents were identified, recorded and reported in line with local safeguarding protocols. A safeguarding log was in place and there were no current safeguarding concerns at the time of the inspection.

- People and relatives said they trusted the staff to care for them and they felt safe living at Field View.

Staffing and recruitment

- There were enough staff working within the service to care for people safely, and we saw people did not have to wait for support.

- Some staff expressed the need to have more staff, particularly at busy times, such as meal times. A system was used to work out the number of staff based on people's dependency needs, although these were not always individually accurate. The registered manager agreed to review this system and apply closer auditing and observation to busy times of the day.

- People said staff answered their call bells quickly and they did not have to wait for very long before staff supported them.

- Staff were recruited safely, and all relevant checks had been carried out prior to them working with people who used the service.

Learning lessons when things go wrong

- Systems were in place for when things went wrong. Accidents and incidents were analysed and monitored closely, with action plans identified to prevent re-occurrences and ensure people were safely cared for. The registered manager had devised a falls awareness guide to help staff to identify factors contributing to the risk of falls, such as health conditions and aspects of the environment. This was being introduced on the first day of the inspection and the registered manager said she would use this to assess its impact on falls.

- Where learning was identified, such as through a medicines error, an assessment of competency was carried out and a review of staff training to reduce the likelihood of a future incident. During the inspection, the registered manager used an incident as an opportunity to develop staff's understanding of safe working practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection the provider was not meeting people's nutritional and hydration needs and there was a breach in regulation 14. We found enough improvement had been made so there was no longer a breach in regulation 14, but the recording of nutrition and hydration was inconsistent and not robustly monitored.

- Food and fluid records did not demonstrate people's needs were being met, and did not always show people were receiving prescribed nutritional supplements and fortified milkshakes. This was raised as an issue at the last inspection. The registered manager told us they felt this was more a lack of recording than people not having the support.
- One person's fluid balance chart showed their recommended daily intake and stated if their daily target was not met, this should be recorded in their care plan. We saw two dates when records showed the person had not had the recommended amount to drink, yet there was no record of any action taken.
- Care records showed where people were at risk of malnutrition. Not all care records we saw had a malnutrition universal screening tool (MUST) in place, the risks were not always assessed accurately as all factors had not been calculated properly. The registered manager had identified Malnutrition Universal Screening Tool (MUST) training was needed for staff.
- Staff offered regular drinks and snacks and they continuously reminded people to eat and drink. Records showed people's weight was consistent and concerns were referred appropriately to dieticians and GPs as necessary.
- People said they enjoyed the meals. Comments included, "The meals are lovely", "It's not bad food, I'm never hungry here" and "Anything I want I can have."
- Mealtimes were pleasant and calm with people sitting together according to their choice. Tables were set with cloths and place settings. Staff responded calmly to people's requests for support. People had plenty of choice and additional helpings. There was a range of different cups, plates and utensils to support people's varying needs. Staff read the menu out for some people who could not read it on the chalk board.
- The cook had a good understanding of people's needs and preferences and there was effective communication between themselves and the care staff.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff had training in MCA and understood how to ensure people's rights and how to work in people's best interests if they lacked capacity. Some best interest decisions were recorded and the information was clear, with details of all relevant parties involved.
- People were consulted about aspects of their care and encouraged to make their own choices and decisions. One person told us, "It's up to me what I do and the staff know this. They don't try to take over. I decide what's right for me and staff respect that."

Staff support: induction, training, skills and experience

- Staff engaged in an induction programme when they joined the service to ensure they had a thorough understanding of what was required within their role. Staff new to care had the opportunity to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed regular training and were confident the training helped them be prepared for their work. Some staff told us they would like more training, whilst other staff said they had plenty. The registered manager identified where staff needed further training, such as in the use of the MUST and arranged for this to take place.
- The registered manager carried out regular competency checks of staff practice to make sure they were working safely and effectively. Spot checks and observations of staff were undertaken to ensure staff were able to meet people's needs properly. The registered manager was actively involved in people's care, which helped them to understand people's needs and the skills staff needed to support them.
- Staff engaged in regular supervisions and had continuous opportunities to discuss their work with the registered manager. Staff communicated well with each other to meet people's needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed as part of the pre-admission process, so the provider could be sure they could meet them properly. These included known allergies, medical history and diagnosis, current medication, religion, routines and personal preferences.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff understood people's needs and how to ensure the involvement of other healthcare professionals as required. Referrals to community nutrition and dietetic service, district nurses, chiropodists, GPs and speech and language therapy teams were evident in people's care records.
- Where people were staying in the home for respite care, the registered manager contacted their own GP to inform them of the person's temporary location.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Field View offered a friendly, welcoming environment and people said it felt like home. One person said, "The staff are always lovely, so kind to me" and another person said "They're wonderful."
- Staff demonstrated a kind and caring approach to their work. Staff knew each person they supported and had established good relationships with them and their relatives. Staff were able to use information they knew about people and their families to have meaningful conversations with people. For example, staff knew the names of people's visitors and who might be visiting that day.
- People were supported at a pace to suit them; when moving around, staff gave people plenty of time and reassurance. Staff reminded people not to rush and encouraged people to take their time.
- Staff noticed when people looked unhappy or uncomfortable and they made every effort to find out how they could help. For example, we heard staff say to one person, "You look unhappy, what's wrong? Do you feel tired?" and another member of staff brought a cushion so a person could sit more comfortably.
- Personalised information about what was important to people was available for staff to understand them as individuals .

Supporting people to express their views and be involved in making decisions about their care

- Staff listened carefully to what people said and allowed plenty of time for people to express their wishes. Staff positioned themselves at face level with people when they were speaking and patiently repeated words or sentences for people if necessary.
- People were offered choices in how and where they wanted to spend their time. Staff involved people in what was taking place in the home and invited them to join in with meal times and activities.
- People had been consulted and involved in the planning of their care and support. Reviews of individual care needs were being developed and carried out with people, alongside the support of their designated key worker.

Respecting and promoting people's privacy, dignity, independence and equality and diversity

- People's privacy and dignity was respected and staff were mindful to support people in this regard.
- People were encouraged to do as much for themselves as they were able and staff gave support if it was asked for or when necessary. One person told us their age and said they had a long life because they could do things for themselves. They said, "They [staff] know I like to try to get on and do for myself. If I can then I will and it makes me feel I'm still me."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A key worker system was being used to ensure regular care plan reviews took place.
- Some care records lacked information and did not always guide staff to respond to people's needs, particularly when people were staying in the home on a temporary basis for respite care. We spoke with one person who said they had been without their hearing aids since March 2019 and there was no evidence in their care records this had been chased up. They told us "I'm fed up because I can't hear. I'm missing out." The registered manager agreed to look into this matter without further delay.
- Care plans for some aspects of care, such as people's personal care were detailed and stated where individual preferences affected their care, such as a preference for male or female care staff. There were detailed oral hygiene care plans and clear staff guidance on how to care for individuals' teeth, gums and dentures.
- People were smartly dressed and they had appropriate support for their personal care. One person's visitor commented their friend had not always had a shave and thought there was some room for improvement with this. However, they added the person was 'Happy, warm and fed. I am happy'. One person said, "Oh if I want to go in the bath or wash my hair, they just help me when I want."
- Many people's care plans contained person-centred information about their life story and included details about what was important to them, for staff to understand them as individuals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider understood their responsibilities to meet the requirements of the accessible information standard (AIS). People's individual communication needs were discussed and assessed during the initial visit before care was agreed.
- Staff understood people's individual communication needs, although information in care plans was lacking on occasion.

Supporting people to follow interests, maintain relationships and take part in activities to avoid social isolation.

- The majority of people enjoyed the activities arranged and there were opportunities for them to express

their views about what they would like to do. One visitor told us the activities coordinator supported them to take their friend out. People and their relatives said they attended relatives' and residents' meetings to contribute their ideas and we saw where these had informed activity plans. A beer garden had been developed in memory of a person who had lived at the home.

- The provider was developing the use of technology through having internet connection established in the home, which gave people had more choice, for example over what they could watch on television. People enjoyed watching a 1970's sit-com and conversations about their favourite movies; these could be selected according to people's preferences.
- People accessed the local community with support from staff and there were connections being established with local groups and businesses, such as a local art club and supermarket. People visited other people in other homes to promote their social connections. There were open days and themed lunches arranged for people to meet with others socially.
- The registered manager supported people if they decided not to live at Field View and wanted to make alternative living arrangements.

Improving care quality in response to complaints or concerns

- A record of complaints was maintained, along with information about how each one had been responded to. Complaints and compliments were used to consider what the service did well and what could be improved.
- People knew how to complain if they needed to and staff told us they would support people to do this if necessary.

End of life care and support

- There was mixed quality of recording around end of life care. One person's care record showed preferred priorities of care and their preferences for how care should be delivered, health and issues which may be faced, and power of attorney. Another care plan showed end of life care had not been fully recorded to reflect people's wishes.
- Staff were sensitive to the needs of people at the end stage of their life and had received training from the end of life care team.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant although some noticeable improvements had been made since the last inspection, there were still some shortfalls in delivering high quality, person-centred care.

Managers and staff being clear about their roles, understanding quality performance, risks, regulatory requirements, continuous learning and improving care

At the last inspection, there were two regulatory breaches, governance was not always effective and records were not always detailed, accurate or complete. At this inspection there had been improvements made, although these had yet to be established securely in practice and some weaknesses in these areas were still being addressed.

- Systems were in place to monitor the quality of service provided through regular audits and checks of practice. The registered manager had devised a daily management tasks check-sheet to assess and review areas of practice and documentation, and identify actions with timescales as well as management priorities for the day.

However, these were not robustly embedded to identify and address some shortfalls in the service. For example, the audit systems had not identified issues such as prescribed nutrition drinks not being consistently recorded, some gaps in fluid monitoring, some incomplete documentation and infection control issues highlighted inspection. The registered manager was confident that moving forward the changes they had introduced would become more rigorously integrated.

- A more defined management structure had been developed since the last inspection. The registered manager had responsibility for the running of Field View and the provider's neighbouring sister home and there was a care manager in place to support the running of the service. Staff understood how the management team worked together to support them and the delivery of people's care. Weekly visits from the director effectively helped to support the management team through oversight of the service delivery. We found no evidence of people being harmed, however systems were not robust enough to demonstrate how safety was effectively managed and recorded. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager understood their responsibility to ensure statutory notifications were submitted as required to CQC when any notifiable incidents had occurred within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an improving culture within the home; one of the registered manager's main priorities for change upon taking up their post.

- The registered manager promoted open-ness and transparency by leading through example. There was an open-door policy, which all staff knew and used. People who used the service also freely approached the

registered manager if they were in their office.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager was aware of the principles of the Equality Act and worked to ensure all people, staff and visitors were included and involved equally and fairly. Residents', relatives' and staff meetings took place regularly and minutes were available after the meetings, recording what had been discussed and agreed.
- Surveys were sent out to people, relatives and visitors and showed positive results about the quality of care. Newsletters were available for people to know what was taking place, and regular meetings with groups of people invited them to express their views and ideas on matters affecting them.
- Issues identified by the provider for improvement, such as the refurbishment of the home, were in progress and this was being completed in phases with the input of people who lived at Field View.
- There was evidence of partnership working. The registered manager told us good practice ideas were shared with other homes. The registered manager and staff team liaised with a range of visiting professionals. We spoke with a visiting social worker. They told us, "The registered manager is very good, very caring and accommodating. In honesty, Field View is the first place I call when I need a placement; the registered manager is always honest, she will tell you if she is able to meet people's needs. Field View has definitely got a better reputation. I would have no qualms ringing here for a placement."
- The registered manager was enthusiastic about driving improvements and considered ways in which staff could be empowered to deliver a high standard of care. The registered manager said they trusted the staff team and aimed to ensure effective delegation of responsibilities, such as champions for aspects of people's care.
- The registered manager told us the service was aligned to a dementia group in the community and they were forging links with local business to support people's social needs.
- The registered manager welcomed input from the local authority, whose feedback showed there was positive work underway towards making improvements in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not robustly embedded to demonstrate how people's safety was effectively monitored, managed and recorded.