Clover Residents Ltd

Clover Residents - 6 Harrow View

Inspection report

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Ratings

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

Overall summary

We undertook an unannounced inspection on 22 January 2015 of Clover Residents Limited.

This service is registered to provide accommodation and personal care for up to three people with learning disabilities. At the time of the inspection, two people were using the service. Both had learning disabilities and could not always communicate with us and tell us what they thought about the service. They used specific gestures which staff were able to understand and recognise.

At our last inspection on 18 November 2013 the service met the regulations 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

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.

The provider had taken steps to help ensure people were protected from avoidable harm and abuse because there were safeguarding and whistleblowing policies and procedures in place. Staff undertook training in how to safeguard adults and were able to identify different types of abuse and were aware of what action to take if they suspected abuse.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes which protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. We saw people using the service were not restricted from leaving the home. There was evidence that showed people went out and enjoyed various activities and community outings. In areas where people were identified at being at risk when going out in the community, risk assessments were in place and we saw that if required, they were supported by staff when they went out.

When speaking to the manager, we found they were aware of the recent Supreme Court judgement in respect of DoLS. Records showed the manager had applied for standard authorisations of the deprivation of liberty for the people using the service. We saw that the relevant processes had been followed and a standard authorisation was in place for one person using the service as it was recognised that there were areas of the person's care in which the person's liberties were being deprived.

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home. One care worker told us "I am very comfortable here. I know the people and I have become a better carer here." Another care worker told us "We have a good manager. Very approachable. I am respected, acknowledged and recognised."

Positive caring relationships had developed between people using the service and staff and people were treated with kindness and compassion. People were free to come and go as they pleased in the home. Care workers were patient when supporting people and communicated well and in a way that was understood by them. We saw people being treated with respect and dignity.

Staff encouraged and prompted people's independence. Daily skills such as being involved with household chores were encouraged to enable people to do tasks they were able to do by themselves. People were supported to follow their interests, take part in them and maintain links with the wider community.

Care plans were person-centred, detailed and specific to people and their needs and included details of things which were important to them. People were able to visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members. There were arrangements in place for peoples' needs to be regularly assessed, reviewed and monitored.

There was a clear management structure in place with a consistent team of care workers, the registered manager and provider. Care workers spoke positively about the culture and management within the home.

Systems were in place to monitor and improve the quality of the service. Checks were being carried out by the registered manager and any further action that needed to be taken to make improvements to the service were noted and actioned. There was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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?

Good

The service was safe. Relatives told us "It is absolutely safe here" and "[Person] is very safe. There is rarely anything that goes wrong."

There were safeguarding and whistleblowing policies and procedures in place. Staff undertook training in how to safeguard adults.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual positive behaviour risk management plans were completed for people using the service.

Care workers had been with the home for a number of years which ensured a good level of consistency in the care being provided and familiarity to people using the service.

Is the service effective?

Good

The service was effective. People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

There were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service. People were supported to make decisions in their best interests.

People were supported to maintain good health and have access to healthcare services and receive on going healthcare support.

Is the service caring?

Good

The service was caring. Relatives told us "I am absolutely delighted with them. They have so much dedication and they take care of my [relative] very well. They always have [relative's] best interest at heart. It is the best thing that has happened to [relative]."

Positive caring relationships had developed between people using the service and staff and people were treated with kindness and compassion.

People were being treated with respect and dignity.

Is the service responsive?

Good

The service was responsive. People using the service received personalised care that was responsive to their needs.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The home had clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good

The service was well led. Relatives told us "The registered manager and provider are very very nice people" and "I have every confidence in what's going in the home. The provider wouldn't treat them any less than any other human being should be treated."

Summary of findings

There was a clear management structure in place with a team of care workers, registered manager and the provider.

Systems were in place to monitor and improve the quality of the service.

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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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector. Before we visited the home we checked the information that we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised. The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

There were two people using the service. Both had learning disabilities and could not always

communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day and meal times.

We spoke with two relatives and a healthcare professional from the local learning disabilities team. We also spoke with the registered manager and three care workers. We also reviewed people's care plans, three staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Good

Is the service safe?

Our findings

Relatives told us "[Person] is absolutely safe here" and "[Person] is very safe. There is rarely anything that goes wrong."

The provider had taken steps to help ensure people were protected from avoidable harm and abuse because there were safeguarding and whistleblowing policies and procedures in place. Training records showed and staff confirmed they undertook training in how to safeguard adults. Care workers we spoke with were able to identify different types of abuse and were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the registered manager, social services, the Police and CQC. One care worker told us "If something was wrong. I would report it straight away." Care workers were also able to explain certain characteristics the person they cared for would display which would enable them to know that something was wrong or the person was not happy. For example one care worker told us "I would notice that [person] would withdraw and notice their reactions to different people."

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual positive behaviour risk management plans were completed for people using the service. Each plan had an identified risk and measures to manage the risk and were individualised to people's needs and requirements. For example, when a person displayed signs of behaviour that presented a challenge, there were guidelines which showed the triggers and signs which would cause them discomfort and the social and emotional support that was to be required by staff to help people to feel at ease. The plans focussed on positive behaviour strategies to ensure people received the right support and aimed to reduce the challenging behaviour through teaching a person a new skill or adjusting their environment to promote positive behaviour changes. For example, one person liked to greet people in a particular manner which could cause potential discomfort to another person. The person was then taught to greet people to touch with both fists referred to as "bounce" which we observed being used during the inspection.

We saw the risk plans also covered personal care and when people went outside the home and use of public transport. For example for one person, staff were advised when using the bus with one of the people using the service to use the top deck and sit at the back where the person feels much safer. We noted this was discussed in the staff meeting held on the day of the inspection and a care worker fed back to the registered manager and care workers that the person "Doesn't like the small buses and can get quite anxious and prefers the big buses. You need to just explain to [person] where we are going and what we are doing to do." This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum restrictions.

There were arrangements in place to continually review behaviour from people that challenged the service. There were monthly Behavioural Assessments and Support Plans in place which documented any behavioural incidents that occurred. The assessments described the behaviour displayed, duration, frequency and what techniques was adopted to calm the person down. They also showed the possible triggers to try and ascertain the reasons why a person may have behaved in a certain way and actions to take help reduce the risk of the incident occurring again.

There were suitable arrangements in place to manage medicines safely and appropriately. We looked a sample of the Medicines Administration Record (MAR) sheets and saw they had been signed with no gaps in recording when medicines were given to a person. There were arrangements in place in relation to obtaining and disposing of medicines appropriately with a local pharmaceutical company. Records were completed which detailed the incoming medication, date, dosage, quantity and were signed off by staff. We saw medication was also checked on a monthly basis by the registerd manager. Records showed and care workers confirmed they had received medicines training and policies and procedures were in place. When speaking about one person using the service, one care worker told us "[Person] understands when they need to take their medicines. If [person] refuses, we are aware that we need to note this and tell the manager straight away."

We asked care workers whether they felt there was enough staff in the home to provide care to people safely. One care worker told us "The rotas are stable. There is good teamwork here. Any changes we talk to each other and work together". Another care worker told us "The routines are set. There is no worries for cover. Even [people using the service] know when we work." Records showed rotas

Good

Is the service safe?

were in place and care workers had been with the home for a number of years which ensured a good level of consistency in the care being provided and familiarity to people using the service.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for three care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

Good

Is the service effective?

Our findings

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home. One care worker told us, "I am very comfortable here. I know the people and I have become a better carer here." Another care worker told us, "We have a good manager. Very approachable. I am respected, acknowledged and recognised."

One relative told us, "The care workers are great. My [relative] couldn't be in better place."

During our inspection we spoke with care workers and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Training records showed that care workers had completed training in areas that helped them when supporting people and these included infection control, safeguarding adults, mental capacity, deprivation of liberties, medication, health and safety and positive behaviour techniques. There was a training plan in place which showed the training care workers had received and were due to receive for the remainder of the year. Care workers told us "There is lots of training here. It is training overload!", "We get regular training and getting all the experience we need to do our job" and "The training is good and relevant. You learn from it and it helps you."

We looked at three staff files and saw care workers received supervision and an annual appraisal to monitor their performance. Records also showed that staff had obtained National Vocational Qualifications (NVQs) in health and adult social care and the registered manager supported staff to develop their level of skills and knowledge.

There were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans contained information about the person's mental state and levels of comprehension. A mental capacity assessment had been completed which outlined where people were able to make their choices and decisions about their care. Areas in which a person was unable to give verbal consent, records showed the person's next of kin and healthcare professionals were involved to get information about the person's preferences, care and support and decisions were made in the person's best interests. For example, records showed best interest meetings had taken place for a person using the service so they could receive the appropriate treatment they needed as they were unable to give verbal consent themselves. This was also reflected in the person's care plan.

Records showed appropriate arrangements were in place to manage the finances of people using the service as they did not have the capacity to do so themselves. Relatives told us "I trust them implicitly. I have looked at the books and have had no concerns" and "We have our trust in them." On the day of the inspection, having come back from shopping with one of the people using the service, we observed a care worker updating the finance book on their return to reflect the purchases made for the person on that day.

The registered manager and care workers showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Training records showed that all the care workers had received MCA training. One care worker told us, "They understand what you say to them. You need to ask them. Every person is individual, different and unique."

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes which protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. We saw people using the service were not restricted from leaving the home. There was evidence that showed people went out and enjoyed various activities and community outings. In areas where the person was identified at being at risk when going out in the community, risk assessments were in place and we saw that if required, they were supported by staff when they went out.

The registered manager was aware of the Supreme Court judgement in respect of DoLS. Records showed the manager had applied for DoLS authorisations for the people using the service. We saw the relevant processes had been followed and a standard authorisation was in place for one person using the service as it was recognised that there were areas of the person's care in which the person's liberties were being deprived.

People were supported to maintain good health and have access to healthcare services and receive on going

Good

Is the service effective?

healthcare support. Care plans detailed records of appointments and medicines prescribed by healthcare professionals including GPs, psychiatrist, chiropodist, dentists and opticians. Information showed the date and type of appointment, reason for the visit, the outcome and any medicine prescribed or change in medicine . We also heard people's healthcare needs being discussed during a team meeting. The registered manager provided an update on people's needs and for one person, their annual health check was due and this was to be arranged. The care workers also fed back about people's medicines, appointments and discussed which care worker would be taking them to doctors and anything they needed to know beforehand that needed to be relayed to the doctors at that time. One relative told us "[Person's] medicines have reduced since they have been at this home and they encourage [person] to do as much as they can."

We spoke to a healthcare professional from the local learning disabilities team who told us they had no concerns and have regular reviews involving people using the service. They also told us the registered manager always kept them informed if there were any issues.

People were supported to get involved in decisions about their nutrition and hydration needs. People's eating and drinking needs and preferences were recorded and their weight monitored on a monthly basis. For example in one person's care plan, it stated they liked "Fish and chips every Friday" and "Does not like parsnips." One person using the service preferred to have their tea at a certain temperature and we observed all the care workers were aware of this and when the person made their tea, care workers ensured the tea was at the temperature the person preferred. One care worker told us "We have to make sure it is at the right temperature. [Person] wont drink it otherwise."

We saw the service had also identified risks to people with particular needs with their eating and drinking such as the risk of choking as one person using the service had a tendency to rush their food and did not chew. There were guidelines for staff to ensure the food for this person was moist, soft and cut into smaller pieces and to sit with them to ensure the person chewed their food and ate safely. During the evening meal, we observed this being followed by staff, the person was left to eat their meal independently and a care worker sat nearby to ensure the person ate safely and was not at any risk of choking.

We observed care workers respected and adhered to people's choices and wishes. Before evening dinner, we observed a care worker asking a person what they would like to have a dinner. The care worker then prompted the person towards the fridge and said "Show me what would you like". The person then went onto choose lasagne and the care worker acknowledged their choice and told the person "That's a good choice. We will make it for dinner." The care worker supported and encouraged the person to be involved and asked whether the person would like to help with the vegetables.

During the evening meal, we observed people were not rushed and care workers let people eat at their own pace and prompted them if needed. The people using the service ate independently and appeared to enjoy their food and ate everything on their plates. One care worker told us "Whenever [person] eats they are happy but [person] likes their space to do so."

We asked the care workers how they monitored what people ate to ensure they had a healthy and balanced diet. One care worker told us "We have diet sheets. We write down what they have eaten so we know what to give them". The care worker showed us a weekly sheet which had been completed on a daily basis outlining what people had eaten and drank throughout each day and evening.

Good

Is the service caring?

Our findings

When asked about the home, relatives told us "I am absolutely delighted with them. They have so much dedication and they take of my [relative] very well. They always have [relatives] best interest at heart. It is the best thing that has happened to [relative]." And "They look after [relative] very well. We are very pleased with the care."

Positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion. We observed that people were relaxed and at ease. People were free to come and go as they pleased in the home. Care workers were patient when supporting people and communicated well with people in a way that was understood by them. We observed care workers were patient and waited for people to respond and treated people with a kind manner. One care worker told us "We make them feel like its their home."

We observed the relationships between people and staff were caring and people were comfortable with each other. We saw people being treated with respect and dignity. One care worker told us "We care for them. Its just about them". When speaking to care workers, they had a good understanding and were aware of the importance of treating people with respect and dignity. Staff also understood what privacy and dignity meant in relation to supporting people with personal care. When speaking about one person and providing their personal care, one care worker told us "When it comes to [person's] personal care, I will ask, is it okay to apply the cream When [person] wants something done, [person] does it automatically. [Person] puts the item in my hand for example [person] loves the body spray. [Person] will hand me the spray and I will spray [person] where they want it".

Care plans set out how people should be supported to promote their independence. During the inspection, we observed care workers provided prompt assistance but also encouraged and promoted people to build and retain their independent living. When speaking to care workers they had good knowledge of what people liked to do and how they encouraged people to be independent. One care worker told us "[Person] can dress himself. You just have to prompt them" and another care worker told us "[Person] loves doing the hovering so we involve [person] with that and support [person] with their daily skills."

One person using the service was unable to communicate verbally. The person's care plan detailed specific gestures the person would use to communicate. For example the person will tap their lips to respond with. The care plan also explained how care workers should speak with the person and give the person information in a way that would help them to understand and express themselves effectively. One care worker told us "[Person] understands and communicates in their own way." When speaking with care workers, they were very knowledgeable about how the person was able to express themselves for example one care worker told us "Through gestures [person] can tell you want they want" and "[Person] makes a certain noise when they are not well or [person] doesn't have breakfast. If [person] doesn't have their tea that is a good indictor that something is wrong." We asked how the person could you tell you that they were in pain, one care worker told us "[Person] touches where the pain is."

The service supported people to express their views and be involved in making decisions about their care, treatment and support where possible. Records showed there were meetings between people using the service, social workers, family members, care workers and the registered manager where all aspects of people's care were discussed and any changes actioned if required. When speaking to relatives, they confirmed this and told us they attended these meetings and the social workers would also be present. One relative told us "We have had a review with the social worker where we ran through the care plan. I am also aware they also review things internally." And "They always keep me updated, if there is a problem."

Good

Is the service responsive?

Our findings

People using the service received personalised care that was responsive to their needs. People's care plans contained an introductory section "All about me" which provided information about people's life history and medical background and a detailed support plan outlining the support people needed with various aspects of their daily life such as medicines, healthcare, daily living skills and self-care, eating and drinking, communication and mobility.

Care plans were person-centred, detailed and specific to the person and their needs and included details of things which were important to them. For example it was important for one person to have their tea at specific times and times to be set for them as they would become agitated and anxious. Particular dates and anniversaries were also important to this person but caused the person distress when remembering them. In response to this, the person's care plan detailed guidelines for staff to follow to ensure the persons needs were adhered to and the person was supported in the appropriate way to avoid the person becoming distressed in any way. This demonstrated that the registered manager were aware of people's specific needs and provided appropriate information for all care workers supporting them. One care worker also told us "I learnt from the [persons] family, read the care plans and observed the person and their reactions to different circumstances to get to know the person and what's important to them." People's care preferences were also reflected in their care plan and information such as their habits and daily routines were detailed. One care worker told us "[Person] knows their routine very well."

The home encouraged and prompted people's independence. Daily skills such as being involved with household chores were encouraged to enable people to do tasks they were able to do by themselves. Records showed and the registered manager told us that they had been liaising with the local Challenging Needs Team and worked with them to encourage one person to out go to places independently. The person was shown particular routes in the community and now knows the local area. During the inspection, we observed the person had come back from the day centre themselves. After relaxing for a while, the person got ready and told us "I am off to Morrisons for my tea." The person went there independently and the registered manager told us "[Person] knows the way and knows the area well now." The person also used the train independently to go and visit their relative every Friday. Care workers told us "It is amazing that [person] can do this. We have seen such a positive difference in [person]. By gaining this independence, [person] is a new person."

People were supported to follow their interests, take part in them and maintain links with the wider

community. During the inspection, one person had come back from the day centre and then went to Morrisons to have tea in the afternoon and one person had come back from shopping for a pair of jeans with a care worker. Each person had a weekly activity chart in place which included attending the day centre, music recitals at the local church, shopping and going to the gym. One person enjoyed letter writing and time was made to ensure the person was able to do so and a desk had been placed in their bedroom for the person to write. Records showed people using the service had also gone on trips to places such as Butlins and Bognor Regis.

People were able to visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members. Both people using the service visited their families on a weekly basis. Relatives told us "[Relative] comes to us every week and sometimes, the manager brings [relative] round herself. If there is anything that we need to discuss at that time, we do. Any holidays that are booked for [relative], they will tell us in advance." Another relative told us "Whenever my [relative] comes round, [relative] is spotless and clean. The staff always makes sure [relative] has a packed lunch and drink as [relative] travels by train to come and see me."

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed the registered manager conducted monthly and three monthly reviews of the people's care plans and care provided. This included reviewing areas such as the weight, diet and nutrition, healthcare appointments and accidents and incidents. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required. Care workers also told us there was a handover after each of their shifts and daily support records were completed by care workers. We saw daily

Good

Is the service responsive?

support records had been completed which detailed the care which had been provided, people's health and wellbeing, medication, appointments attended and community outings.

The home had clear procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman and CQC if people felt their complaints had not been handled appropriately. Care workers showed awareness of the policies and said they were confident to approach the registered manager. They felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly. There were no complaints received about this service.

Good

Is the service well-led?

Our findings

There was a clear management structure in place with a team of care workers, registered manager and the provider. Care workers spoke positively about the registered manager and told us “The manager is one of the most flexible people I have ever known. Very approachable. I can talk to her about anything. Very very understanding”, “She is very caring and sharing” and “The manager listens, always listens to anything good or bad.”

Relatives told us “The registered manager and provider are very very nice people” and “I have every confidence in what's going in the home. The provider wouldn’t treat them any less than any other human being should be treated” and “I can’t add anything to what they are already doing for [person].”

A care worker also spoke positively about the culture within the home and told us “I like the relationship between the manager, staff and residents. The atmosphere is inclusive. You always feel involved”, “We communicate very well here. We share everything here if we have a problem we can share it with her.” “The manager is understanding and approachable. It is like family here and there is good teamwork. We have all exchanged numbers and always get in touch with each other if anything happens” and “What you see is what you get here.”

Records showed staff meetings were being held and minutes of these meetings showed aspects of care were being discussed and that the staff had the opportunity to share good practice and any concerns they had. One care worker told us “We have very open team meetings. You can always contribute and it always feels like that. It is the care worker that takes the minutes and types them up. I really like that so if anything is missing or left out, we can add it in” and “It is very open here. You know everything that goes on. The manager always updates you and encourages you for the monthly updates. You are very much involved and the manager pushes you.”

During the inspection, a team meeting was held in the afternoon. We observed care workers were happy, engaging and free to air their views. The registered manager asked care workers their opinions and sought their input and discussed areas such as housekeeping, people’s care, medicines and appointments. The registered manager fed back that the care plans had been updated and for care workers to have a read through them. One care worker commented “We have read the care plan. It was much better and more detailed.” We observed the registered manager also covered areas such as the Care Act 2014, the seven principles for dignity in care and the new care certificate. Time was also given to a care worker who had attended a safeguarding workshop and provided a presentation on this area for other care workers. The care worker was to become a safeguarding training lead for the home.

During the team meeting, there was one person in the home. We observed the registered manager explain to the person what was happening and invited them to attend the meeting and be involved. The registered manager also ensured the person did not feel any discomfort and asked the person “We are going to speak about you now, is that okay?.” We observed the person was at ease and acknowledged the registered manager and smiled.

Systems were in place to monitor and improve the quality of the service. We saw evidence which showed monthly checks were being carried out by the registered manager and any further action that needed to be taken to make improvements to the service were noted and actioned. We found checks were extensive and covered all aspects of the home and care being provided such as premises, health and safety, medication, records, finances, review of care plans, policies and procedures, staff records and supervisions.

We found the home had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment and maintenance checks. Accidents and incidents were recorded and fire drills and testing of the fire alarm completed.