

West Bank Residential Home Limited

Woodland Court Residential 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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out this unannounced inspection of Woodland Court Residential Home on 20 May 2017. Woodland Court is a care home that provides residential care for up to 30 people some of whom were living with dementia. On the day of the inspection there were 27 people using the service. This was the first inspection of the service since being registered with the Care Quality Commission (CQC) in 2016.

The service had 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.

On the day of the inspection visit there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. People told us, "I've lived here for a while now and I couldn't ask for more polite, patient and kind staff" and "I choose to stay here in my room but they (staff) are always popping in to make sure I'm OK."

People and relatives told us they thought Woodland Court was a safe place to live and that staff were kind, friendly and treated people well. They told us that the registered manager was always available and approachable. Comments included, "I have every confidence in the manager. I feel I can speak with (the manager) at any time and they listen to what I say" and "When I leave here I know (Person) is safe and well cared for. It gives me piece of mind."

People and visitors described the management of the service as open and approachable and generally thought people received a good service. Relatives told us, "We chose this home because it just felt so homely and welcoming" and "It ticks all the boxes for us."

People told us they were happy with the care they received and believed it was a safe environment. There was a relaxed and friendly atmosphere and we observed people sitting in small groups chatting together and laughing and singing with staff. Some people were unable to tell us verbally about their experiences and we observed they were at ease with staff. Staff sat with people when they had the time and spoke with them in a kind and respectful way.

There were sufficient numbers of suitably qualified staff on duty to meet people's needs in a timely manner. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge for their role. Staff had received safeguarding training and knew how to recognise and report the signs of abuse. They were confident any concerns would be dealt with. The registered manager had taken action to ensure staff had access to contact information for the local authorities safeguarding team.

The registered manager used effective systems to record and report on, accidents and incidents and take action when required. There was a medical emergency during the inspection and the registered

manager and staff managed to situation in a calm and professional manner.

Staff were supported by a system of induction, training, supervision and appraisals. Staff received training relevant for their role and there were good opportunities for on-going training support and development. More specialised training specific to the needs of people using the service was being provided. For example, dementia care and clinical nutrition support.

The service had safe arrangements for the management, storage and administration of medicines. It was clear from the medicine records that people received their medicines as prescribed.

There were safe recruitment procedures to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. The recruitment process identified applicants had the appropriate skills and knowledge needed to provide care to meet people's needs.

People received their medicines on time. Medicines administration records were accurate and consistently completed. Staff supported people to access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians.

People were assessed in line with the Mental Capacity Act (2005) where relevant and the management team followed the legislation to help ensure people's human rights were protected. Best interest meetings were held when people had been assessed as not having capacity to make specific decisions. These involved other professional and family members to help make sure people's voices were heard. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were able to take part in a range of activities of their choice. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. For example arrangements had been put in place to extend the numbers of night staff in order to meet the needs of people using the service. A family member told us, "I visit most days and am always made to feel welcome by staff. The manager is here more often than not. I am more than satisfied with the support (person) gets here".

The environment supported people living with dementia. For example signage was throughout the service with pictorial images to indicate the rooms function. An activity board was pictorial to support people and the daily menu board showed pictures of the food available each day.

People and their families were given information about how to complain. There was evidence the registered manager listened and acted on people's concerns by formally responding to issues raised. There was a management structure in the service which provided clear lines of responsibility and accountability.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Management were visible in the service and regularly observed and talked with people to check if they were happy and safe living at Woodland Court. Overall satisfaction with the service was seen to be positive.

Equipment and supply services including electricity, fire systems and gas were being maintained.

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 safe. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Good ●

Is the service effective?

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good ●

Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Good ●

Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Good ●

People were able to take part in a range of group and individual activities of their choice.

Information about how to complain was readily available.

Is the service well-led?

The service was well led. The service sought the views and experiences of people, their families and the staff in order to continually improve the service.

Staff said they were supported by management and worked together as a team, putting the needs of the people who lived at the service first.

Staff were motivated to develop and provide quality care.

Good ●

Woodland Court Residential 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.

This unannounced inspection took place on 20 May 2017. The inspection team consisted of one Adult Social Care inspector.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with three people who were able to express their views about living at Woodland Court and four visiting relatives. We looked around the premises and observed care practices on the day of our visit. We spoke with the registered manager and seven members of care staff.

We looked at three records relating to people's individual care. We also looked at three staff recruitment files, staff duty rotas, staff training records and other records relating to the running of the service.

Is the service safe?

Our findings

People said there were enough staff to meet their needs, and the staff we spoke with said staffing levels were good. One person said: "There is always someone around and they keep a check on me to see that I am okay or if I need anything". Visitors commented positively regarding the staffing levels, competency and general helpfulness of all the staff. Relatives said: "Whenever I come and that's quite often they (staff) are always around" and "I have never been concerned there were not enough staff. Whenever I visit there are plenty of staff and the manager is always here".

Staffing levels were based upon the level of needs for people living at Woodland Court. Rotas showed there was a skills mix of staff on each shift being supported by the registered manager. In addition to care staff, there were ancillary and kitchen staff. Staffing levels were continuously reviewed in order to meet the dependency levels of people using the service. For example an additional night carer was being recruited in order to ensure people's needs were safely met during the night-time period. Recruitment records showed staff had been recruited safely. All necessary checks were in place to ensure people were safe to work with those who may be vulnerable.

People received care and support in a timely manner and staff were not rushed. There were three floors and a few people chose to remain in their rooms on the upper floors. Staff regularly checked on those people to ensure they were safe and to reduce social isolation. There were call bells available to people to call upon staff, if required. Staff told us, "We are busy making sure everyone is well cared for and always make time to have a chat with (Peoples names) so they don't feel isolated" and "I love working with the residents and I think we all work well as a team. We certainly make sure everyone is safe."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial training programme and this was updated as required, so staff had the current knowledge and skills to protect people. Staff told us if they had any concerns they would report them to the registered manager and were confident they would be followed up appropriately.

Care files included risk assessments which identified risks and the control measures in place to minimise risk. These covered issues such as risk of falls, poor nutrition and hydration, skin integrity and pressure sores. The assessments were specific to the care needs of the person. For example, there was clear guidance that directed staff to know which equipment was needed to move a person safely. Risk assessments were being reviewed monthly or where required should there be a change of risk level. A needs assessment was completed before people moved into the service to establish whether their needs could be met there.

Incidents and accidents were recorded in the service. Records demonstrated that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the registered manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks. For example night staffing levels were increasing in response to the increased level of need for some people during the night which would ensure care practices were safe and there were enough

staff to support people.

We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. Medicines had been checked on receipt into the service, administered as prescribed and stored and disposed of correctly. The medicine administration records for two people had been accurately recorded as seen following the morning administration round. This meant people had received their medicine as prescribed and at the right time. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. The registered manager had audits in place to monitor medicines procedures. There had also been a recent audit from the supplying pharmacy which had not highlighted any concerns other than some good practice guidance.

The service held medicines that required stricter controls by law. We checked the stock held against the records and they were correct. Regular audits of all aspects of medicines management were carried out to check medicines were managed safely.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use. There were hand sanitising gel and hand washing facilities available around the service.

There was documentation to record maintenance and service of equipment as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

People were cared for by staff who had a good understanding of their needs and were skilled in delivering care. A relative told us; "I have every confidence in the staff here. They always seem to know what they are doing." Newly employed Staff were required to complete an induction before starting work. This included familiarising themselves with the organisation's policies and procedures as well as working alongside more experienced staff.

Training in areas identified as necessary for the service was updated and refreshed regularly. Staff told us they were soon to attend the 'Dementia Tour Bus' training session. This was designed for staff to experience the loss of some senses. By using gloves and glasses to rob people of their senses it recreated some of the fear people living with dementia might feel. Staff told us it would help them to understand the effects of dementia and so they could relate the impact of this on people they cared for. There was information on the staff notice board about training dates for Infection control, Diabetes and Nutrition and Hydration. Staff described training as "Very good and we are always kept up to date." Staff told us they felt the training they received supported them in their roles. This demonstrated the service was committed to ensure its staff had the knowledge and skills to support people in their care.

Staff completely new to care were required to complete the Care Certificate. This replaces the Common Induction Standards and is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. Staff who had worked in care previously were assessed to establish if they would benefit from completing the Care Certificate.

Staff told us they received regular support and supervision and had access to the registered manager or senior staff if they needed additional support in a less formal way. Staff told us, "We get the opportunity to have formal and informal meetings with (registered manager). I feel very supported by the manager and other senior staff."

People told us that staff respected their rights to make their own decisions. Where possible people had been involved with planning their care and making decisions about how it should be delivered. Some records showed relatives had also been involved in this. Where possible, people had given written and verbal consent to their care and support. Two relatives said they had been closely involved in the care planning and review process. One said, "(Registered manager) always lets me know when (Person) is having a review. It's good that I can contribute and comment in it."

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and their choice of food. Some people made their own choices about whether to stay in their rooms use the lounge areas or both. There were no restrictions on how people chose to spend their time. We observed people using all areas of the service. Two people told us they chose to stay in their rooms but that staff regularly came and checked on their welfare. One said, "I only have to press that buzzer and someone is with me very quickly."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible. The policies' and systems in the service supported this practice.

The registered manager understood the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection.

People had access to healthcare professionals including doctors', dentists, chiropodists and opticians. Health checks were seen as important and were recorded on people's individual records. One staff member told us, "We have a good relationship with the doctors and district nurses". Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. A person required emergency support during the inspection visit and this was directed by the registered manager. Emergency treatment was provided and family were informed of the issue with immediately. A relative said, "They [staff] keep us informed of any changes in (person's name) health."

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. People told us, "I like to eat here in my room. It's always a nice meal" and "If I don't like something I always get a choice."

The premises had been adapted to meet people's needs. Bedrooms were arranged over three floors and there was an operational passenger lift in place. There were a range of bathrooms and showers and toilets available to people with limited mobility. One toilet was accessible from the sun lounge. This toilet was adapted with hand rails for people with limited mobility. However the position of the door leading out on the lounge and seating, meant there was potential for privacy and dignity to be compromised. We discussed this with the registered manager who agreed the position of the toilet was not suitable and would share this feedback with the registered provider in order to take some action to address the issue.

There was a rear enclosed garden area which people could use but was to be redeveloped to improve the area in the coming months. A fenced garden area with seating was available to use at the front of the service, but staff were needed to support people due to the close proximity to a major road outside the service.

People's bedrooms had their names on and a photo of the person. This helped some people to find their own rooms without support from staff. However the person date of birth was also included. When asked about why this was the case there was no justification in it. The registered manager agreed to remove this information as it may compromise a person's right not to have personal information available to others. Bedrooms were decorated to reflect people's personal tastes and preferences. One person showed us their collection of framed embroideries which they had made themselves and used to decorate the walls of their

room.

Is the service caring?

Our findings

People and families told us they or their relatives were happy living at Woodland Court. They said it was a good place to live, where staff knew what people's needs were and responded to them in a kind and caring way. They told us, "Have been here a long time now. It really is a nice place to live. I miss my wife but the staff have been very caring and supported me through the loss," "The girls are always there for me. (Staff names) come and see me and we have a good chat about all sorts of things." A relative told us, "(Persons name) has everything they need living here. Staff couldn't be kinder. All the staff make the time and are patient and considerate."

People's choices were respected and staff were sensitive and caring. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with them as they provided supported and we observed many positive interactions that supported people's wellbeing. For example, one person became upset about another person singing loudly. A staff member sat with the person to explain the other person was not able to communicate in a way they understood. Another staff member also sat with the person singing loudly to try and divert their focus onto something else as it was recognised most people were disturbed by the action. This showed staff understood how to support people in a kind and caring manner.

People moved freely around the service without restriction where they were able to. Staff were available to support people when they needed it. For example throughout the morning period staff were frequently moving between areas of the service and took time to speak with people and sit down with them. A staff member said, "We like to make the time to sit down with residents and have a chat with them. It's important for us to do that."

Staff were respectful and protected people's privacy and dignity. For example when people were being supported to move around the service staff spoke with people in a low voice and assisted them with the minimum of fuss, reassuring them throughout. People responded positively to this support. Staff knocked on people's doors and waited to be invited in before they entered. People's bedroom doors were closed when care was being delivered. Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. People were dressed in clean and coordinating clothes and looked well cared for. As discussed in the effective domain of this report there was potential for people's privacy and dignity to be compromised due to the position of a toilet in the rear lounge of the service.

Care plans contained details about people's life histories and family background in 'Life Story Books'. This is important as it helps staff to understand who people are and supports meaningful engagement and conversations with them. There was also information regarding people's likes and dislikes across a range of areas including music, sports and any other interests. For example, one person's care plan read; "He loves to look smart" and "Likes to talk about his wife and family." Another person loved watching snooker as they had spent most of their leisure time playing the game in the past. Staff made sure the person's trophies were on display and it made a topic of conversation. We spoke with the person who was animated about the trophies and it was clear this brought great satisfaction and pleasure to them. This demonstrated the service was caring and sensitive in how it identified individual interests which were important to people.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounge or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable. Visitors told us, "Always made to feel welcome and feel comfortable to visit at any time" and "I know I can pop in whenever I want to. No restrictions. Offered a drink every time. Lovely."

Is the service responsive?

Our findings

People told us they felt their needs were being well met at Woodland Court. People told us, "I have no complaints, they (staff) are here for me whenever I need them (staff)," "They (staff) talk with me about my care. Yes, I feel involved in what care I get." Relatives comments included, "Everything is going well with the care plan. If they (staff) have any issues with health, they ring me or tell me about it when I come in to discuss it."

People who chose to live at the service had their needs assessed prior to moving in. This helped ensure the service was able to meet people's needs and expectations. The registered manager and deputy manager were knowledgeable about the level of support people required. Their decisions about any new admissions were made by balancing the needs of any new person with the needs of the people already living at Woodland Court.

Everyone had a care plan in place. The care plans covered people's care needs as well as their social support needs and wishes. Examples of records completed regularly included daily notes and various care interventions which took place to monitor individual needs. Reviews were held monthly or where required should there be a change of risk level. For example one person's health needs had recently changed. Staff were being supported with advice from health professionals to ensure the persons medical and care needs were being managed. Reviews to check that the care plan was still accurate took place. This was important to make sure important information about the person that might have impacted upon the delivery of care, remained up to date.

Risks were being responded to and there were measures in place to minimise risk. For example, where additional support was put in place to support a person with swallowing difficulties. This included referring for specialist support. There were guidance sheets available to support staff. For example, prompts to look for when providing care for people living with dementia. This included, allowing time, entering the person's world. Also, prompts to look for signs of urinary infections which might result in further confusion. Staff told us these prompts were very useful and had helped them to identify issues quickly so they could be responded to.

Handovers took place between shifts to help keep staff informed if people's needs changed. Staff kept daily records detailing the care and support provided each day and how people had spent their time. These were completed consistently at various points throughout the day and were detailed, providing a good overview of people's health and emotional well-being. Staff told us the daily records were informative and gave them the guidance they needed to respond to people's needs. A staff member said, "The daily records are really important because that tells us what's happening every day. We had an issue today and it's been recorded, so staff coming on duty, know about it."

People told us they felt their needs were being well met at Woodland Court. One person told us, "They (staff) make sure I have everything I need" and "If I don't feel well which I didn't recently they (staff) get the doctor for me. They always do that you never have to worry". A relative told us, "(Persons name) needs to see the

doctor or specialist quite often but they (staff) keep on top of things and always act on what they say has to happen."

In house activities were arranged including craft groups and exercise sessions. The service engaged with a local group visiting with pets and animals. Photos of this showed people enjoying holding small pets. One person told us; "Always something going on never get bored." On the day of the inspection we observed staff encouraging people to take part in an exercise and music session. The event sounded lively and staff and people approached it with enthusiasm. In addition to in- house activities the service had engaged with a local memory group held at a library close by. This meant the service provided a range of activities that met people's needs, including those living with dementia.

Many people living at Woodland Court were living with dementia or limited memory and their ability to make daily decisions could vary. Staff had a good understanding of people's needs and used this knowledge to help people to make their own decisions about their daily lives wherever possible. For example, one person liked to stay in their room and did not want to be involved in activities. Staff respected this but always gave them the choice. Another person liked to listen to the television as they were sight impaired. Staff made sure they had suitable headphones and that the right channel was on for them.

People and their families were provided with information about how to make a complaint. Details of the complaints procedure were displayed at the service. People told us they would speak with the manager or staff if they had any concerns. The service responded to concerns and complaints in accordance with their own policy and procedure. There were no outstanding concerns or complaints at the time of the inspection. A relative told us they felt confident the manager would act on any issues they might raise with the service. They said, "I have no complaints but I know (registered manager) would listen to me and take action if needed."

Is the service well-led?

Our findings

There were clear lines of accountability and responsibility within the service. The registered manager and deputy manager were actively involved in the day to day operation of Woodland Court. Staff were effectively deployed throughout the service and had clearly defined duties and areas of responsibility. Comments received from staff members, relatives and people who lived at the service were positive about the registered manager's organisation and leadership. People told us they had no issues or worries about how the service was run. Relatives said, "They (registered manager and staff) are very supportive. I am very pleased with this home and the way its run. No issues at all." On more than one occasion we were told, "It's just a very homely place to live" and "Well organised. I don't have to worry about a thing."

There were systems in place for the registered manager to monitor the quality of the service provided to people. This included quality assurance surveys. The most recent survey results were displayed at the entrance hall. They showed people were very satisfied living at Woodland Court. For example the averages showed people were satisfied with the food. All other areas were either good or excellent. This supported the positive comments we observed. They included, "So happy living at Woodland Court," "Thank you for providing outstanding care for (Person). It's a testament to you (manager) and your team (staff) and the environment you collectively create."

The service had received an award for their overall 'Compassion and Care' and was the winner of a local care and nursing home award. Nominations had been made from families and friends. In addition a member of the staff team had been nominated and short listed for a care sector award. This had raised motivation in the staff team and the registered manager had made sure all media coverage was on display in the service. It demonstrated the services commitment to provide quality in the level of care it delivered.

Staff told us the philosophy of the service was to make it as homely for people as possible. One staff member said, "It's just about making residents feel comfortable and letting them do the things they want to do. We do what we can to support residents but it's a team effort." It was important to all the staff and management at the service that people who lived there were supported to be as independent as possible and live their life as they chose.

There were systems in place to support all staff. Staff meetings took place and were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. The registered manager took time to see night staff to ensure they were updated about operational issues. For example a recent decision to increase the level of staffing at night. This demonstrated the service ensured information was available to all staff, it was current and staff had the opportunity to share information with the management team.

Staff told us that as well as formal staff meetings, day to day communication was good and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. They felt confident the registered manager respected and acted on their views. Comments included, "We all work well together and feel confident to raise anything with the

manager" and "It's quite a small team. Any changes can affect people so we talk things through with everyone to make sure it's the right thing to do."

The registered manager oversaw quality assurance systems to drive continuous improvement within the service. Some of the audits included medicines, accidents and incidents and maintenance of the home. Further audits were carried out in line with policies and procedures. For example fire system tests were carried out regularly.

The maintenance of the building was being kept under review. General decoration and upgrading of the service was reviewed as part of the business plan to focus on areas which required more immediate attention. Any defects were reported and addressed where required by individual contractors. There were regular checks of equipment used at the service including wheelchairs and hoists to ensure they were safe.