

# Voyage 1 Limited Belchford

## 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

This inspection took place on 29 September 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting.

Belchford is a detached, two storey building set in its own grounds. The home comprised of seven single bedrooms, none of which were en-suite. Four bedrooms were located on the ground floor and three bedrooms were located on the first floor. The accommodation included a lounge, a kitchen, a dining room, several bathrooms/communal toilets and the property was surrounded by a large, enclosed, well maintained garden.

The home was clean, spacious and suitable for the people who used the service.

Belchford provides care and accommodation for up to seven people with a learning disability and complex needs. On the day of our inspection there were seven people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Belchford was last inspected by CQC on 13 January 2013 and was compliant with the regulations in force at the time.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Incidents and accidents were appropriately recorded and included details of any follow up action taken.

Medicines were administered safely and there was an effective medicines ordering system in place.

Staff training was up to date and staff received regular supervisions and appraisals.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the

Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We looked at records and discussed DoLS with the registered manager who told us that there were DoLS in place and in the process of being applied for.

People who used the service and their relatives were complimentary about the standard of care at Belchford.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People who used the service had access to a range of activities in the home and within the local community.

Care records were person-centred and reflective of people's needs.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

# 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?

The service was safe.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service and the provider had an effective recruitment and selection procedure in place.

Incidents and accidents were appropriately recorded and included details of any follow up action.

Medicines were administered safely and there was an effective medicines ordering system in place.

Good



### Is the service effective?

The service was effective.

Staff were properly supported to provide care to people who used the service through a range of mandatory and specialised training and supervision and appraisal.

Staff had knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

People who used the service had access to healthcare services and received ongoing healthcare support.

Good



### Is the service caring?

The service was caring.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

People were encouraged to be independent and care for themselves where possible.

Staff treated people with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

Care records were person-centred and reflective of people's needs.

People had access to a range of activities in the home and within the local community.

The provider had a complaints policy and complaints were fully investigated.

Good



### Is the service well-led?

The service was well led.

The home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us they were supported in their role and felt able to approach the manager or to report concerns.

Good



# Belchford

## 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 inspection took place on 29 September 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also

contacted professionals involved in caring for people who used the service, including commissioners, infection control and safeguarding staff. No concerns were raised by any of these professionals.

During our inspection we spoke with five people who used the service. However because of their complex needs some people were limited in what they could tell us verbally about their experiences so we spent time with them to see what their daily lives were like. We also spoke with four relatives, the registered manager and five care staff.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the registered manager about what was good about their service and any improvements they intended to make.

# Is the service safe?

## Our findings

Family members we spoke with told us they thought their relatives were safe at Belchford. They told us, "Yes they are definitely safe. They have plenty of staff", "Yes, I am very happy. As far as I can see they always have enough staff for them. They always have their 1:1 and there aren't many changes. The staff have known them for a long time so that helps to keep them safe", "Yes, they are safe. It's amazing, a brilliant place. I think there are enough staff. People are always well supervised and it's a very safe environment" and "I am very happy with the service and staffing numbers are large enough".

We saw that entry to the premises was via a locked gate and a locked door. All visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

The home was clean, tidy and well maintained, with no unpleasant odours. Communal bathrooms, shower rooms and toilets were clean and suitable for the people who used the service. We looked at staff training and saw all staff had completed infection prevention and control training. Relatives told us, "The house is really nice, well decorated", "It's a lovely place. I feel like my relative is living like the Lord of the Manor" and "The grounds and building are gorgeous".

Equipment was in place to meet people's needs including a hoist, bath lift and a wheelchair. We saw the sling and hoist had been inspected in accordance with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) in 2015. Windows we checked were fitted with window restrictors that appeared to be in good working order to reduce the risk of falls. We looked at the records for portable appliance testing, gas safety and the electrical installation certificate. All of these were up to date. This meant the provider had arrangements in place for managing the maintenance of the premises.

We looked at the provider's accident and incident reporting policy, which provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the procedures for notifying CQC. Accidents and incidents were recorded and the registered manager reviewed the information in order to establish if there were any trends.

We saw a fire emergency plan which displayed the fire zones in the building and a fire risk assessment was in place. Fire alarms were tested each week, fire drills were undertaken on a regular basis and monthly checks for fire extinguishers and first aid kits were up to date.

We looked at a copy of the provider's business continuity management plan. This provided emergency contact details and identified the support people who used the service would require in the event of an evacuation of the premises. The service had Personal Emergency Evacuation Plans (PEEPs) in place for people who used the service. These included the person's name, assessed needs, details of how much assistance the person would need to safely evacuate the premises and any assistive equipment they required. This meant the provider had arrangements in place for keeping people safe.

The provider had a safeguarding adult's policy which was dated March 2015 and provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We discussed with the registered manager, and saw from the records, there had not been any safeguarding incidents at Belchford since 2014. We looked at three staff files and saw that all of them had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out on appointment. Two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us that the levels of staff provided were based on the

## Is the service safe?

dependency needs of the people who used the service and any staff absences were covered by existing home staff. We saw there were a minimum of four care staff on a day shift which increased to six to support people in the community. The late shift comprised of a minimum of four staff and the night shift comprised of two staff. We observed plenty of staff on duty during our visit.

Staff we spoke with told us, “There are always enough staff to keep people safe. We cover support into the community on an individual basis so staff work flexibly. We manage holidays and sickness by using our own staff” and “There is definitely enough staff. I never feel worried or concerned that something might happen because we don’t have enough staff. We have enough staff to support people to go into the community. We can usually get cover quickly if someone phones in sick or is ill on shift. We use our own staff”. This meant people were being cared for by staff that were familiar to them and knew their individual needs and the provider ensured there were adequate numbers of staff on duty at all times.

We looked at the provider’s medicines policy dated June 2015 which covered all key aspects of medicines management. We discussed the medicines procedures with the registered manager and looked at records. We saw medicines were stored appropriately. Records were kept for medicines received and disposed of. We looked at the medicines administration charts (MAR) for three people and found no omissions. All had been completed accurately and signed appropriately. Sample staff signatures were held in the MAR file. Appropriate arrangements were in place for the administration and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse.

We saw that medicines audits were up to date. We also saw that temperature checks for refrigerators and the medicines storage room were recorded on a daily basis and were within recommended levels. Staff who administered medicines were trained and their competency was reviewed and recorded by the registered manager. This meant that the provider stored, administered, managed and disposed of medicines safely.

# Is the service effective?

## Our findings

People who lived at Belchford received effective care and support from well trained and well supported staff. Relatives told us, “The staff are all very well trained” and “The staff have the right ideas of how to help (Name). They have a lot to deal with and they do it well”.

We discussed staff training with the registered manager and we looked at the training records for three members of staff. We saw that all new members of staff received a thorough induction to Belchford, which included information on the provider, a tour of the home and an introduction to the people who used the service, health and safety and policies and procedures.

The staff training records showed that mandatory training was up to date. Mandatory training included moving and handling, first aid, fire safety at work, medicines administration for care, safeguarding, infection control, health and safety, equality and diversity, allergen awareness and food safety awareness. Records showed that most staff had completed either a Level 2 or 3 National Vocational Qualification in Care or a Level 2 in Health and Social Care. In addition staff had completed more specialised training in, for example, promoting wellbeing, epilepsy awareness, person centred support, equality and inclusion, communicating effectively and nutrition awareness. Staff records showed when training was completed and when renewals were due.

We saw staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor. Supervisions included a discussion about the individual’s practice, attendance, training, whistleblowing, safeguarding, health and safety, the mental capacity act, keyworker responsibilities and support plans. A member of staff told us, “I have regular supervisions and annual appraisals which I find useful”. This meant that staff were properly supported to provide care to people who used the service.

We saw detailed communication care plans were in place, which provided guidance for staff on communicating with the people who used the service. For example, observations suggested for staff included; ‘(Name) is able to communicate the majority of their wants, needs and feelings by using hand signs’, ‘If (Name) takes staff by the arm they want something’ and ‘(Name) is able to

communicate through facial expressions, gestures, some signs and behaviour’, ‘If (Name) becomes quiet this means they are tired’, “When (Name) puts the plug in the bath and runs the water, this means they want a bath” and ‘(Name) is able to request a biscuit, dinner and a drink through the use of Makaton’. Makaton is a language programme using signs and symbols to help people communicate.

There were robust handover arrangements in place for staff to communicate resident’s needs, daily care, treatment, professional interventions, appointments, incidents and relatives visits between shifts both orally and in writing.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed this with the registered manager, who understood their responsibility with regard to DoLS and told us authorisation applications were in place or in the process of being applied for. We also saw evidence that notifications of the authorisations had been submitted to CQC.

Mental capacity assessments had been completed where required and a best interest decision was in place following this for finances and medicines. We saw that a relative and the person’s care manager had been involved in the decision making. Consent forms had been completed in the care records we looked at for medicines and these had been signed by relatives of people who used the service. We also saw staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

We spoke with the registered manager and staff about the home’s policy on restraint. We saw staff had completed training in MAPA (Management of Actual or Potential Aggression), which enabled staff to safely disengage from situations that presented risks to themselves, the person receiving care or others. A member of staff told us, “We try to distract people if they are becoming agitated and we employ 1:1 tactics to avoid escalation to keep people safe. People have clearly written support plans to keep themselves and others safe”.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of Health Action

## Is the service effective?

Plans, which assist people with communication difficulties and challenging behaviour to access external services and involvement from external specialists. A relative told us, “They usually let me know if they are not well”. This meant the service ensured people’s wider healthcare needs were looked after.

People had access to a choice of food and drink. We observed people asking for drinks and being assisted to make them throughout the day. At lunchtime the food was freshly cooked and a halal diet was strictly observed for one person who used the service. We saw staff ate with the people who used the service and supported them at meal times when required. We observed staff chatting with people who used the service helping to make it a pleasant experience. The atmosphere was relaxed and happy.

The dining room was light and airy with various arrangements of tables which allowed people to choose where they sat and how close they wanted to be. One person came and chose their meal but took it back to their room where a table and chair had been provided as this was their preference. A choice of fruit was shown to people so they could choose their pudding. Staff told us the evening meal always had a choice of hot pudding. Snacks were available and offered during the day. We heard a person request a bottle of iron brew from the shop and a member of staff walked there with them to purchase it. We looked at the provider’s nutrition policy and we saw nutrition care plans were in place which recorded people’s food and drink preferences and specialist dietary requirements. Relatives told us, “We are quite happy with the standard of food” and “The food is excellent”.

# Is the service caring?

## Our findings

People who used the service and their relatives were complimentary about the standard of care at Belchford. Relatives told us, "Staff listen carefully to what they are saying, that is very important. "I feel reassured; there are lots of male staff. It's good for them, they need male company. They talk a lot, that's because the staff treat them properly. At some places people didn't think they could talk. I think they are good", "We are really happy. The staff have always been nice" and "They are outstanding. I know my relative, they are not easy but they don't have any problems with them. I trust them with my relatives care".

People we saw were clean and appropriately dressed. We saw staff talking to people in a polite and respectful manner and they were attentive to people's needs. Staff interacted with people at every opportunity for example encouraging them to engage in conversation or asking people if they wanted help. A member of staff told us, "We all know the people really well so we can support them individually. Staff will go out of their way to help them".

Staff we spoke with were knowledgeable about the people they cared for. Most of the people who used the service were echolalic and repeated noises or phrases they heard. Staff patiently answered the same questions repeatedly. A member of staff told us, "One person becomes very anxious if answered negatively. When they ask about going home we know to answer 'yes in lots of tomorrows' and they accept this but they still ask constantly looking for reassurance".

The staff showed us evidence of attempts to introduce Makaton and picture cues but said that people were very esoteric which meant they made up their own signs or verbal cues. Staff told us, for example, "One person asks for things in the negative but we know it actually means he wants something. Rather than try and make the person use positive statements which would annoy and frustrate him we accept and work with his chosen mode of communication" and "One person signs the letter C and says 'kuh, kuh, kuh' and we know this means he wants to go to the cinema". This meant that staff were working closely with individuals to find out what they actually wanted.

We saw how the service respected the cultural and religious needs of people. For example one person was

encouraged and supported to participate in their Muslim beliefs and customs by attending the mosque in Hartlepool and Aapna services in Middlesbrough, which works closely with people from the black minority ethnic communities to access culturally suitable services within the community.

A member of staff was available at all times throughout the day in most areas of the home. Staff focussed on people's needs and treated people with respect. We observed staff interacting with people in a caring manner and supporting people to maintain their independence. We observed the people who used the service coming and going throughout the day. Staff had good knowledge of the people and knew them well. They spoke in normal voices and constantly moved around the spaces keeping an eye out for possible triggers and responding to their needs. Staff supported people to go into the community, make their own choices and be as independent as possible. They provided people with space so that they didn't feel oppressed or guarded. A member of staff told us, "We know the individuals really well so we can support them to be as independent as possible and we think of lots of ways to help them make choices". This demonstrated that staff treated people with dignity and respect.

We saw the bedrooms were individualised, some with people's own furniture and personal possessions. Staff supported people to maintain links with family and friends and we saw in people's bedrooms there were many photographs of relatives and occasions. A relative told us, "We are always informed about everything so it's marvellous really" and "They make us very welcome when we visit, they always offer us coffee".

We saw that support plans were in place. Each care plan contained evidence that the relatives of people who used the service had been involved in writing the plan; for example, we saw the care records included people's bathing and activity preferences. Relatives told us, "I have seen his care plans and they are quite good" and "We come in now and again for meetings about his care".

We saw people and their relatives were provided with information about the service in an easy read 'service user handbook' which contained details about the home, personalising rooms, choices, keeping in touch with family and culture. It referred to people's rights, to being involved in the service, decision making, confidentiality and being safe. It outlined ways for people to contribute their views to the development of the service through house meetings

## Is the service caring?

and complaints. It also provided useful contact details for the registered provider and CQC, in addition to information about the local area including health, library and advocacy services.

# Is the service responsive?

## Our findings

We found care records were person-centred and reflective of people's needs. We looked at care records for three people who used the service.

We saw that the home operated a keyworker system. A keyworker is a member of staff, who with a person's consent and agreement, takes a key role in co-ordinating a person's care and promoting continuity, ensuring a person knows who to access for information and advice.

We saw that pre-admission assessments had been carried out which included personal information, next of kin, GP and social worker details, medical history, communication needs, medicines, dietary requirements, dependency assessment and any mobility issues.

Each person's care record was very personalised and began with a 'one page profile' which had been developed with the person or their relative. A one page profile is a short introduction to a person, which captures key information on a single page. It details what is important to that person including their individual needs, interests, preferences, likes and dislikes and how best to support them. For example, what was important to one person was 'seeing my family regularly'. This meant the service enabled staff and health and social care professionals to see the person as an individual and deliver person-centred care that was tailored specifically to their individual needs.

Care records contained information on what constituted a typical good day and a good night for a person, for example, "I am an early riser and I can wake up any time from 4am", "I prefer my breakfast before I get washed and dressed for the day", "I usually have a couple of slices of toast with sandwich spread on top and a cup of tea or coffee", "I like to eat my meals in the dining room with everyone else" and "I enjoy drawing and colouring in". We saw these had been written in consultation with the person's relatives.

Support plans were in place and contained a clear, detailed assessment of needs which included taking medicines, communication, managing incontinence, personal hygiene, maintaining a healthy diet, mobility and physical assistance, culture and customs, emotional and behavioural support and support to access the community. Each support plan outlined the support needed, how the person was involved in the development of the plan, the

skills the person had and how they could contribute to the support, why the person needed support and how best to meet the person's support needs including the consideration of any risks. Each support plan and risk consideration record was reviewed and evaluated regularly.

Each person's care record contained a decision making profile and agreement. This detailed the decision to be made, described how the person must be involved, who could help with the decision and who makes the final decision. For example, one person's profile recorded the best way to present choices to the person was 'simply and clearly', a way that you could help the person understand would be to 'speak to me clearly' and the best time for the person to make a decision would be 'when I am relaxed and settled'.

We saw staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered, for example, food intake, supporting people with personal care, body maps, blood pressure and sleep patterns. Entries in daily records were made regularly during the day and provided a detailed account of people's day. Entries were signed and dated.

There were clearly identified plans for community access and participation, taking into account any potential issues related to DoLS. These plans also took into account staff resource requirements. Risk plans were detailed and indicated a positive risk taking attitude and environment, with clearly identified organisational actions to manage these risks.

Each person's care records included details of activities the person liked to do. This included arts and crafts, shopping, discos, visiting the café, walks out to Seaton and around the marina, DVD nights, listening to music, visiting the mosque and community outings to Redcar, Horden and Billingham. We saw people could choose whether to take part in an activity. The home had its own transport. Relatives told us, "Staff take them on holidays which is important to them. They love holidays", "I feel comfortable about speaking to staff about anything they need" and "Staff take them out a lot and use the minibus a lot. They have a good life. You can tell they are happy and when I take them back they are always happy to get there". A member of staff told us, "People go all over. They go to discos, pubs, the cinema, the beach, the mosque and out for walks. It's all very individual".

## Is the service responsive?

We saw a copy of the provider's complaints policy and procedure and discussed complaints with the registered manager. We saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. Relatives, we spoke with were aware of the complaints policy. Relatives

told us, "(Name) has been there 17 years with no problems or complaints", "I've never had a complaint" and "I have no complaints. I always have good conversations with the staff about their care". This demonstrated that comments and complaints were listened to and acted on effectively.

# Is the service well-led?

## Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time.

Relatives we spoke with told us, "The manager is very good. Approachable", "The manager is really lovely. Nice, pleasant and friendly. It all looks well run. There is no turnover of staff which is always a good sign", "The manager is very good, the assistant manager too" and "The manager always has a good chat".

We looked at what the registered manager did to check the quality of the service. We saw that the home had been awarded a "4 Good" Food Hygiene Rating by the Food Standards Agency on 26 February 2015. We looked at the provider's audit files, which included audits of care plans, medicines, infection control and fire safety. All of these were up to date and included action plans for any identified issues. We also saw a copy of the service's Internal Quality and Compliance Audit 2014 which assessed the service against the fundamental standards. The service had achieved an overall rating of 93%.

We discussed processes for obtaining the views of people who used the service, their relatives, staff and stakeholders with the registered manager. The registered manager had implemented monthly 'house meetings' which gave people who used the service a chance to make requests and detail the action taken. We saw a record of a meeting dated 26 February 2015. Discussion items included cleaning chores, activities, décor and staff changes. We also looked at the monthly keyworker discussions notes for three people

which detailed their views in an easy read format about what was working or not working in the service, any items they had purchased, things of importance to them, activities and ideas.

We saw the responses from the 2014 annual service review. The majority of responses were positive. A relative told us, "Sometimes they send us forms asking for comments". We asked relatives what they thought about the quality of the service. They told us, "I think it is good but there is always room for improvement", "Outstanding, I am really pleased with it", "Outstanding, the best it can be in every area" and "Outstanding, not one thing could improve the place".

We saw staff meetings took place regularly. We saw a record of a meeting dated 30 July 2015. Discussion items included infection control, health and safety, dignity in care, nutrition, for example, halal food, training, safeguarding and the atmosphere in the service. Staff we spoke with were clear about their role and responsibilities. They told us they were supported in their roles and felt able to approach the manager or to report concerns. Staff told us "This is the best manager we have ever had, he's always available and supportive" and "The management are very supportive, very approachable, they help me feel confident". This demonstrated that the provider gathered information about the quality of their service from a variety of sources.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. For example, the provider's medicines policy referred to the NICE (National Institute for Health and Care Excellence) Guidance: Managing Medicines in Care Homes 2014 and the record keeping policy referred to the Data Protection Act 1998. The registered manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice". The staff we spoke with and the records we saw supported this.