

Broadlands Nursing Home Limited

Broadlands Nursing Home Ltd

Inspection report

51 Burdon Lane
Cheam
Sutton
Surrey
SM2 7PP

Tel: 02086611120

Website: www.broadlandsnursinghome.co.uk

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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

This inspection took place on 18 October 2017 and was unannounced. At our last comprehensive inspection of the service in July 2016 we gave the service an overall rating of requires improvement. We found the provider in breach of the regulations. People were at risk of harm from sharp items and falling from height from a large window at the service. Medicines were stored in a hot room and at risk of being damaged. There was no system in place to monitor and analyse accidents and incidents. The provider did not always obtain evidence to reassure themselves of staff's suitability and fitness to work. The provider could not always demonstrate that they had acted lawfully when depriving people of their liberty.

Although not a breach of the regulations we also found staff had not received all the necessary training and support required to help them carry out their work effectively. Audits and quality checks had not been effective in identifying and addressing shortfalls we found at the service. There was no registered manager in post. Policies and procedures to help staff deliver consistent care had not been updated since 2010.

We carried out a focused inspection in January 2017 to check the provider had taken the action they said they would to meet legal requirements in relation to the breaches of regulation. We found some improvements had been made. A cooling device was installed in the room where medicines were stored and sharps bins containing hazardous items were no longer kept in communal bathrooms and toilets. The provider had also introduced an accidents and incidents register to help identify underlying causes or trends which may have contributed to these. We also found the provider was meeting legal requirements where people had been deprived of their liberty as part of their care, to help ensure this was in their best interests and as least restrictive as possible. However we found continued breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to the safe care and treatment of people. The restrictors on the window at the top of a communal staircase were still unsuitable which meant people were still at risk of falling from height. We served a warning notice on the provider and asked them to make the necessary improvements by 17 February 2017. We also found gaps again in recruitment records which meant the provider was still not assuring themselves of staff's suitability and fitness to support people. You can read the reports from our previous inspections, by selecting the 'all reports' link for Broadlands Nursing Home on our website at www.cqc.org.uk

Broadlands Nursing Home provides personal and nursing care for up to 25 people. At the time of our inspection there were 18 people using the service some of whom were living with dementia.

At this inspection we found the provider had taken action to meet legal requirements and had made improvements. The window at the top of the communal staircase was now fitted with a robust restrictor which meant the risk of people falling from height from this window had been reduced. Recruitment records showed the provider was carrying out appropriate checks and obtained the necessary evidence to assure themselves of staff's suitability and fitness to support people.

Since our last inspection the provider had made further improvements to other aspects of the service.

Records maintained about accidents and incidents had been updated to provide better insight into people's behaviours so that appropriate action could be taken to reduce risks to their, and others, health and safety. The provider had improved training and supervision (one to one meeting) arrangements so that staff were better supported to help them meet people's needs more effectively. The provider had also reviewed and updated the service's policies and procedures to bring staff up to date with information and guidance they needed to help them deliver consistent working practices.

A registered manager was now 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. People and relatives spoke positively about them and the management of the service. Staff felt well supported by the registered manager and by the rest of the senior staff team. The registered manager was aware of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of reportable events or incidents at the service.

Arrangements to audit and check the quality of the service had been strengthened. In addition to regular audits and checks of key aspects of the service, weekly audits of medicines had been introduced to pick up any issues or concerns more quickly. The registered manager used improved management information to check and review progress being made to meet required standards across the service. The provider continued to check the quality of the service through monthly provider level visits and monitored that required improvements were actioned.

People were safe. There were enough staff to meet people's needs. Staff knew how to protect people from the risk of abuse or harm and followed appropriate guidance to minimise identified risks to people's health, safety and wellbeing. The premises and equipment were maintained and serviced to ensure these were safe. The provider was taking action at the time of this inspection to improve fire safety at the home. The environment was clean and staff followed good practice to ensure risks to people from poor hygiene and cleanliness were minimised.

People had support plans which set out their care and support needs. These were reviewed regularly by senior staff. Staff knew people well and how they wished to be supported. People were prompted to make choices and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported to eat and drink enough to meet their needs and to access healthcare services when needed. They received the medicines prescribed to them. The provider ensured medicines continued to be stored safely and securely and that the service's policy and procedures in relation medicines reflected current best practice and legal requirements.

Staff were caring and treated people with dignity and respect. They ensured people's privacy was maintained particularly when being supported with their personal care needs. People were encouraged to do as much as they could and wanted to do for themselves to retain their independence. Staff encouraged people to participate in activities and events to meet their social and physical needs and reduce risks to them from social isolation. Staff were warm and welcoming to visitors to the service.

People and relative's feedback indicated a high level of satisfaction with the care and support provided at the service. The provider sought their views and suggestions for how the service could be improved. The provider maintained arrangements to deal with people's complaints appropriately if these should arise.

Some improvements had been made to the environment to make Broadlands Nursing Home a more comfortable place to live. New carpet had been laid in some parts of the home and the ground floor communal bathroom was being refurbished. However some aspects of the environment required more care and attention to detail. We saw some of the information about the service displayed around the environment was not always easy to read. We discussed what we found with the registered manager who welcomed our feedback and said they would review the environment and the way information was displayed to make this more relevant and accessible to people at the service.

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 ●

We found that action had been taken to improve the safety of this service. Staff knew what action to take to protect people from abuse or harm and to minimise identified risks to people's health, safety and wellbeing.

Checks of the premises and equipment were carried out to ensure these were safe and the environment was clean.

There were enough staff deployed to keep people safe. Appropriate checks were now made on their suitability and fitness to work at the service.

People received their medicines as prescribed. These continued to be stored safely and securely.

Is the service effective?

Good ●

The service was now effective. Staff received training and supervision to help them meet people's needs. They understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff ensured people ate and drank sufficient amounts, monitored their general health and wellbeing and ensured they accessed appropriate support for their healthcare needs.

The environment had been updated to make this more comfortable for people. However some aspects of the environment required more care and attention to detail.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service was now well led. Arrangements to audit and check the quality of the service had been strengthened to pick up

concerns more quickly.

A registered manager was now in post. People, relatives and staff said they were approachable and supportive. People and relatives were asked for their views on how the service could be improved.

Policies and procedures to help staff deliver consistent care had been updated.

Broadlands Nursing Home Ltd

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 checked 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 18 October 2017 and was unannounced. The inspection team consisted of an inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us by law about significant events that take place within services.

During our inspection we spoke to eight people using the service, five visiting relatives and one visiting healthcare professional. We spoke to the senior staff team on duty which included the registered manager, two registered nurses and the provider's quality manager. We also spoke to three care support workers and the administrator who had responsibility for managing activities.

We looked at records which included four people's care records, medicines administration records (MAR) for all the people using the service, two staff recruitment records, training and supervision records and other records relating to the management of the service.

We undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last comprehensive inspection of the service in July 2016 when answering the key question 'is the service safe?' we gave the service an overall rating of 'requires improvement'. We found the provider in breach of the regulations because people were at risk of coming to harm through contact with sharp items and through falling from height from a large window at the service. The room where medicines were stored was too hot, which meant there was a risk that people's medicines would be damaged. There was no system in place to monitor and analyse accidents and incidents, meaning any contributing factors would not be picked up. Staff recruitment procedures were not robust because the provider did not always obtain the evidence to reassure themselves of staff's suitability and fitness to work.

We carried out a focused inspection in January 2017 to check the provider had taken the action they said they would to meet legal requirements in relation to these breaches. We found some improvements had been made. A cooling device was installed in the room where medicines were kept to help ensure the room remained at a suitable temperature. Sharps bins containing used razors and other hazardous items were no longer kept in communal bathrooms and toilets. The provider had also introduced an accidents and incidents register to help identify any underlying causes, triggers or trends which may have contributed to these. However we found the restrictors on the window at the top of a communal staircase were still unsuitable which meant people were still at risk of falling from height. We also found gaps again in recruitment records which meant the provider was still not assuring themselves of staff's suitability and fitness to support people.

At this inspection we found the provider had taken action to make further improvements and now met legal requirements.

The window at the top of the communal staircase was now fitted with a robust restrictor that withheld our attempts to force this open. This meant the risk of people falling from height from this window had been reduced. We saw on the second floor of the premises restrictors had not been fitted on the windows in the staff room. The registered manager confirmed this room was not accessed by people and the provider had fitted a key code system to prevent people from accessing this area.

The provider was taking action to ensure the rest of the environment did not pose unnecessary risks to people's safety. At the time of this inspection the provider was completing actions advised by London Fire Brigade (LFB) to improve fire safety at the home. These were due to be completed by the end of October 2017. Records confirmed regular maintenance and servicing was undertaken of the premises and of equipment used at the service. Staff followed appropriate procedures for minimising risks to people that could arise from poor hygiene and cleanliness. We saw the environment, including communal areas such as toilets and bathrooms, was clean. Staff wore personal protective equipment (PPE), particularly when supporting people with their personal care, to reduce the risk of spreading and contaminating people with infectious diseases.

Appropriate checks were now undertaken by the provider to ensure staff were suitable and fit to support

people. We looked at the recruitment records of two staff employed by the provider since our focused inspection in January 2017. Checks had been undertaken of their identity, right to work in the UK, their previous employment history, their qualifications and experience and criminal records. References had been obtained in support of their previous work history and character. We also saw criminal records checks had been undertaken on all existing staff so that the provider could be assured of their continuing suitability to work at the service.

There were enough staff to support people. We observed during our inspection staff were present and providing appropriate assistance to people when this was needed. The registered manager told us they reviewed staff numbers as the level of dependency at the service changed to ensure there were enough staff to meet people's needs safely. We checked staffing rotas for the previous month and saw levels had been maintained consistently. The registered manager told us the provider was currently recruiting to fill two staff vacancies at the service. In the interim they were using temporary agency staff to fill any gaps in shifts that could not be covered by permanent staff. The registered manager said they tried to use the same temporary staff to help maintain consistency and continuity in the support people received.

The provider had made further improvements to the way they investigated accidents and incidents involving people. At our focused inspection in January 2017 we saw some information about people was not routinely recorded that could have helped to identify specific patterns of behaviour that maybe contributing to accidents and incidents that had occurred. The registered manager had updated the register so that this information could now be recorded. This provided better insight into patterns in people's behaviours so that appropriate action could be taken to reduce risks to their, and others, health and safety.

Medicines management arrangements had also been reviewed and updated to ensure people were protected against risks associated with medicines. The provider had updated their procedures for the administration of covert medicines so that best practice was followed and legal requirements set out in the Mental Capacity Act (MCA) 2005 were met. Weekly audits of medicines had been introduced to ensure the arrangements in place remained appropriate and safe. We checked stocks and balances of medicines and people's individual medicines administration record (MAR) which showed no gaps or omissions. This indicated people received the medicines prescribed to them. Medicines were stored at safe temperatures and securely.

People said they were safe. The provider continued to support staff to keep people safe from abuse or harm. Staff were trained in how to safeguard adults at risk and understood their duty to report any concerns they had about people if they thought they were at risk of abuse or harm. Processes were in place for staff to follow should they have a concern about a person so that these could be reported promptly to the provider. Records showed when concerns about a person had been raised the provider cooperated with the investigating local authority and took appropriate action when required.

The provider continued to assess and routinely review risks to people due to their specific healthcare needs. People's support plans and risk assessments were updated when any changes to how they were supported was identified. This meant staff had up to date guidance on how to reduce identified risks to keep people safe.

Is the service effective?

Our findings

At our last comprehensive inspection of the service in July 2016 when answering the key question 'is the service effective?' we gave the service an overall rating of 'requires improvement'. We found the provider in breach of the regulations because they could not always demonstrate that they had acted lawfully when depriving people of their liberty.

We carried out a focused inspection in January 2017 to check the provider had taken the action they said they would to meet legal requirements in relation to this breach. We found improvement had been made and the provider was meeting legal requirements where people had been deprived of their liberty as part of their care, to help ensure this was in their best interests and as least restrictive as possible.

At this inspection we saw the provider had continued to maintain this improvement. We checked that the service was continuing to work within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records we looked at showed the provider was complying with the conditions applied to the authorisations. Each month senior staff continued to review people's capacity to make and consent to decisions about their care and support needs. Meetings took place with the relevant healthcare professionals and people's representatives where people lacked capacity to make specific decisions about their care and treatment to ensure any decisions were made in people's best interests. We saw during this inspection staff encouraging people to make decisions and choices and seeking consent before providing people with support. This helped to ensure that people's rights, where they had capacity to consent, were being upheld.

The provider had ensured staff received relevant training and support to help them meet people's needs. At our inspection in July 2016 we found some staff had not received all the necessary training required to help them carry out their work effectively. We also found some staff had not received regular supervision (one to one meeting) from senior staff to support them in their roles. At this inspection the registered manager showed us the training matrix for the service which they used to monitor that staff were attending all the necessary training required in topics and areas relevant to their work. This included refresher training to ensure staff's skills and knowledge was up to date with current guidance and best practice. Training planned for staff over the coming months would ensure all staff would be up to date with their training needs and requirements by the end of the year.

We were also shown the service's supervision matrix which indicated the majority of staff had received formal supervision and support in the last two months from a senior member of staff as well as an annual appraisal of their work performance. Records of these meeting showed staff were provided opportunities to discuss their performance at work and any areas where they could further develop their skills and knowledge to improve the effectiveness of the support provided to people.

People were encouraged to eat and drink sufficient amounts to meet their needs. People and relatives described the meals provided at the service as "very good" and of "good quality". A relative told us they felt

their family member "ate well" at the service. We observed lunch being served to people and saw staff encouraged and prompted people to eat their meals. Throughout the day staff also made sure people had access to drinks such as juices, water, teas and coffee to help them to stay well hydrated. People with food allergies or special diets due to their cultural or healthcare needs were catered for. Staff monitored people's food and fluid intake to check that people were eating and drinking enough to meet their needs.

Staff ensured people could access healthcare services when they required support with their healthcare needs. For example people were supported to see the GP, dentist or chiropodist when needed. Staff maintained daily records of the care and support provided to people which contained their observations and notes about people's general health. This helped them identify any underlying issues or concerns about people's wellbeing. When staff became concerned about a person's health they took prompt action to ensure they received appropriate support from the relevant healthcare professional such as the GP.

Since our last inspection, some improvements had been made to the environment to make Broadlands Nursing Home a more comfortable place to live. For example new carpet had been laid in some parts of the home which was easier to clean and maintain reducing the risk of unpleasant malodours. At the time of this inspection the ground floor communal bathroom was being refurbished and updated. Clear signage helped people orientate around the environment. Each person's bedroom door had their photo or a picture as well as their name displayed to help people locate their room more easily.

However we noted some aspects of the environment required more care and attention to detail. For example, some of the flower beds at the front of the building had not been well looked after and paint on external walls was flaking. In the rear garden bird feeders were empty and the bird bath had a leak. This was an issue raised with senior staff at a recent relatives meeting and relatives were eager to see this fixed to encourage more birds to use the garden for the enjoyment of people using the service. We discussed what we found with the registered manager who welcomed our feedback and said they would review the environment for how this could be improved to make this more appealing and relevant to the needs of people.

Is the service caring?

Our findings

People and their relatives praised the caring nature and approach of staff working at the service. A relative told us, "It's just so caring. I can't praise them enough." This was also evident in the feedback obtained by the provider through their recent quality survey with people's relatives and representatives. One person had commented, "They treat [family member] as an individual, make [them] feel safe and well cared for and looked after." Another person had stated, "They seem very caring, gentle, and make sure [family member] is comfortable."

We observed a range of interactions between people and staff during our inspection. Staff greeted people warmly and by their preferred name. It was clear from speaking with staff that they knew people well and could explain in detail what was important to each person in terms of how they wished to be supported. For example a staff member told us one person had a specific routine for how they liked things done and the staff member said they ensured this need was met as they understood how important this was to the person and their wellbeing. Staff spoke kindly to people, continually checked how they were, whether they needed anything and respected their choices and decisions about what they wanted. They made sure people could see and hear them clearly and responded in an appropriate way when people became disorientated using a calm and reassuring manner to gently support people to reorientate.

Visitors such as relatives were made to feel welcome at the service. It was clear from their feedback and comments made in the quality survey they were actively encouraged to be involved in their family member's life and visit when they wished. We saw examples where relatives had helped staff plan social events and occasions at the service such as summer garden parties and festive events. On the day of our inspection visiting relatives were encouraged to take part in activities with people, for example during the karaoke sing a long activity, one relative led a rousing and fun rendition of a popular song much to the appreciation and delight of people watching.

During the lunchtime meal service we saw tables were set and soothing background music was played to create a calm and relaxed atmosphere. Before serving meals, staff checked what people would like to eat reminding them of the choices on offer. Meals arrived promptly and people were able to eat at their own pace. People that needed help to eat their meal were appropriately supported by staff and encouraged to eat as much as they could or wanted. Staff made sure people retained as much control over eating as they could for example we saw a staff member encouraged a person to hold each spoonful of food and try and eat this with help rather than just simply 'feeding' them. We noted this could have been made easier for the person by using specially adapted cutlery which the registered manager said they would obtain after our inspection.

Staff treated people with dignity and respect when supporting them with personal aspects of their care. Staff did not enter people's rooms without first knocking and seeking permission to enter. People's doors were kept closed when staff were supporting them to maintain their privacy and dignity. People were dressed in fresh clean and appropriate clothing for the time of year.

We saw information about the service displayed around the environment. Although much of the information was relevant to people this was not always easy to read as some of this was written in small print or contained a large amount of detailed information. This may not have been accessible to people who may have difficulty with their sight or who may struggle to absorb and remember large amounts of complex information. Photographs displayed in the communal lounge depicting activities that people had taken part in were poorly printed making them hard to see. We discussed what we found with the registered manager who welcomed our feedback and said they would review the way information was displayed to make this more appealing and accessible to people at the service.

Is the service responsive?

Our findings

People and relative's feedback indicated a high level of satisfaction with the care and support provided at the service. A relative told us their family member had moved to the service from another home and they had seen an immediate and positive difference in the quality of care and support they received. Another relative said, "It's fantastic. The carers - it wouldn't be the same without them. They are so good. Couldn't do anything better." This was also evident in the feedback obtained by the provider through their recent quality survey with people's relatives and representatives. One person had commented, "Am confident that my [family member] is very well looked after, that all [their] needs are met and that [they] are safe."

People and relatives knew how to make a complaint if they were unhappy with any aspect of the care and support provided. Relatives said they were comfortable raising issues or concerns with the provider and senior staff team and that these would be listened to and acted on appropriately. The provider continued to maintain arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was displayed in the home. Records showed when a concern or complaint had been received, an investigation into the circumstances was conducted and appropriate feedback was provided to the person making the complaint.

Since our last inspection, people continued to receive support which met their needs. Records showed people and their relatives were actively involved in planning and reviewing the care and support they required, which was confirmed through feedback we received from people, relatives and from comments made in the provider's quality survey. People's records were current and reviewed each month by a senior member of staff. This meant there was up to date information about people's care and support needs and how these should be met by staff.

There was guidance for staff on how to provide support to people which took account of their individual preferences and choices and wherever possible promoted people's independence so that they could retain as much control as possible over tasks and activities. Staff were trained in equality and diversity to help ensure that people's diverse needs could be met through the support they provided. For example where people wished to practice their faith, they were supported to meet this need in the most appropriate way for them such as through reading prayers and singing hymns.

People continued to be supported to participate in activities and events to meet their social and physical needs. There was a member of staff responsible for developing and introducing meaningful activities to offer people appropriate stimulation and engagement. They told us they tailored activities to meet people's specific needs as some people preferred one to one engagement whilst other people enjoyed the stimulation provided by group activities. There were a range of activities each day that people could take part in such as singing and music sessions, arts and crafts, puzzles, quizzes and games. People were positively encouraged to take part in activities by staff so that they were not excluded or isolated. The majority of people using the service spent the main part of their day in the large communal lounge but when people wished to spend time alone in the privacy of their room, this was respected. People also undertook outings in the local community. A relative said, "It's great. We go out together and got to the garden centre

or to Hampton Court."

Is the service well-led?

Our findings

People and relatives spoke positively about the management of the service. One relative said, "The manager is approachable and very hands on." Another relative told us they could speak with senior staff at any time if they needed to. Throughout the inspection we saw the senior staff team, engaged and interacted with people, relatives and staff in a way which indicated they had developed good, positive relationships with them.

At our last comprehensive inspection of the service in July 2016 when answering the key question 'is the service well led?' we gave the service an overall rating of 'requires improvement'. We did not find the provider in breach of the regulations. However, audits and quality checks had not been effective in identifying and addressing shortfalls we found at the service. There was no registered manager in post. Policies and procedures to help ensure staff delivered care consistently and in line with agreed standards had not been updated since 2010.

At this inspection we found the provider had taken action and made improvements. A registered manager was now in post. As well as the positive feedback we received about them from people and relatives, staff also felt well supported by them.

Arrangements to audit and check the quality of the service had been strengthened. Weekly audits of medicines had been introduced to enable senior staff to pick up any issues or concerns more quickly so that prompt action could be taken to address these. The registered manager used tools such as the training and supervision matrices to improve their oversight and to check on progress being made to meet required standards. They also monitored and reviewed whether processes such as those for recruitment were being robustly followed and that records were being maintained appropriately by all staff. Other audits undertaken included checks and reviews of the catering provision and food safety, cleanliness and infection control and environmental health and safety. There were also monthly checks of call bells, water temperatures and window restrictors to check these were in working order and did not pose unnecessary risks to people. At provider level, a senior manager visited the service each month to review the service and to check that any required improvement actions were being addressed by the senior staff team. Senior staff sought people and relative's views and feedback through meetings and quality surveys about how the service could be improved for people.

The provider had reviewed and updated the service's policies and procedures. During the morning "11.30 meetings", which was led by a senior staff member, a specific policy was discussed with all staff on duty to bring them up to date with information and guidance to support their working practices. On the day of our inspection the first aid policy was discussed and senior staff checked staff's understanding about their roles and responsibilities with regard to this.

The provider was planning to make more improvements at the service to further enhance the quality of support people received and experienced. A new electronic care records system was planned. The provider's quality manager told us this new system would help improve the quality information held about

people and their needs to enable staff to develop a better picture about how people's care goals and objectives were being met. The provider also wanted to install a lift in the home in the future to improve accessibility around the environment. However the registered manager said the timescale for this was uncertain due to the costs involved. During the course of our inspection we found the registered manager welcoming and responsive to our feedback and willing to review aspects of the service based on this.

The registered manager was aware of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of events or incidents at the service. During our inspection we discussed three recent incidents and events that had occurred at the service which the registered manager ensured were reported to CQC promptly after our inspection. This was important as we need to check that the provider took appropriate action to ensure people's safety and welfare in these instances.