Runwood Homes Limited

Ashwood - Ware

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

This unannounced comprehensive inspection was carried out on 25 July 2018.

Ashwood - Ware is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ashwood - Ware is a purpose-built care home and is registered to provide accommodation and personal care for up 64 older people some of whom are living with dementia. At the time of our inspection 53 people were living at Ashwood - Ware.

The home is built on a single level with wide corridors connecting the bungalows together. There were three enclosed garden areas for people to access outside space freely.

During our last comprehensive inspection on 13 July 2017 we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safeguarding, risk assessment and governance. We rated the service requires improvement. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the five key questions to at least good. At this inspection we found that all the areas we previously found not meeting the required standards were improved. People received care which was safe and met their individual needs.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People and relatives, we spoke with told us they felt safe at the home. People`s needs were met by staff who knew them well and provided care and support to people in a personalised way.

People and staff told us they felt it was enough staff at all times to meet people`s needs in an effective and timely way. People`s privacy and dignity was promoted.

Risks to people`s wellbeing were assessed and plans were in place with clear guidance for staff to know how to keep people safe.

Staff knew how to protect people from the risk of abuse and promptly reported to the registered manager if they had any concerns about people`s welfare.

People received their medicines safely from staff who were trained and had their competencies assessed in the workplace.

Staff told us they received sufficient training to help them understand their role and they received support

from their managers to carry out their responsibilities well.

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 support this practice.

Care plans were developed and personalised to ensure that staff were able to deliver care and support according to peoples` preferences, likes and dislikes.

People were supported to pursue their hobbies and interests and they were encouraged to participate in social activities.

People told us they were happy with the quality of the food they received and that drinks and snacks were widely available throughout the day.

The register manager was known to people and relatives. They worked alternate weekends with the deputy manager to ensure management support was available to people and staff over Saturdays and Sundays.

The providers systems and processes were effectively used by the registered manager to identify areas where the service needed improvement and we found that actions resulting from audits were addressed in a timely way.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient numbers of staff effectively deployed to meet people`s needs in a timely way.

Risks to people`s wellbeing were assessed and plans were in place to mitigate these and keep people safe.

People were protected from the risk of abuse by staff who were appropriately trained and knew how to report their concerns.

People were protected from the risk of infections and their medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received training in areas considered mandatory by the provider and they felt supported by their managers to carry out their role effectively.

Staff were observed to gain peoples consent prior to deliver any aspect of care.

Where people lacked capacity to make certain decisions, assessments were carried out in line with the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink sufficient amounts.

People had access to a range of healthcare professionals to support their needs when required.

Is the service caring?

Good

The service was caring.

People's dignity and privacy was protected and promoted.

Staff spoke with people in a kind, sensitive manner and knew

people's needs well.

People were involved in planning and reviewing the care and support they received.

Confidential information was kept secure.

Is the service responsive?

Good

The service was responsive.

People`s care plans were personalised and accurately reflected people`s current needs.

People were happy with the activities provided in the home.

People's end of life wishes were known to staff who delivered care and support in line with people`s preferences, likes and dislikes.

People were aware of how to make a complaint or raise concerns and complaints were addressed and responded to in line with the provider`s policy.

Is the service well-led?

Good

The service was well led.

People and staff told us the service was well-led and the registered manager was responsive to their needs.

The providers governance systems were effectively used by the registered manager to constantly improve the service people received.

Actions resulting from various audits carried out by the registered manager and the provider were addressed and completed in a timely way.

There were plans to improve the environment where people living with dementia were accommodated.

Staff were aware of their roles and responsibilities and felt listened to and valued by the registered manager and provider.

Ashwood - Ware

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 25 July 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service.

Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We reviewed a copy of the action plan that was submitted to us after the previous inspection, and also sought feedback from social care professionals visiting the home regularly. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

We carried out observations in communal lounges and dining rooms and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

During the inspection we spoke with 11 people who lived at the home, four relatives, 11 staff members, the chef, the registered manager and representatives of the provider. We looked at care records relating to seven people together with other records relating to the management of the home.

Good

Is the service safe?

Our findings

When we previously inspected Ashwood - Ware on 13 July 2017 we found that the provider`s systems and processes were not effective to ensure that all safeguarding concerns were addressed appropriately. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that systems and processes were robust and all concerns were documented, reported and investigated by the registered manager.

Staff we spoke with showed understanding of safeguarding and how to report their concerns internally and externally to local safeguarding authorities. They were aware of how to prevent and recognise the different types of abuse and neglect and told us they would feel very happy reporting concerns to the manager and were certain the manager would respond to their concerns. Information about safeguarding was on display in several areas of the home which meant that people, staff and visitors had access to information about who to contact with concerns.

When we previously inspected Ashwood - Ware on 13 July 2017 we found that risks involved in people`s daily living were not sufficiently mitigated to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that this had been addressed and plans were in place to keep people safe.

Before people were admitted to the home they were assessed to ensure staff could meet their needs and this assessment was filed in the care plan. There were detailed assessments of risks to people's safety in areas such as falls, moving and handling, preventing pressure ulcers and using bedrails. Care plans gave details to staff on how to minimise the risks. Risk assessments were reviewed were updated monthly or as necessary, when people's needs changed. Staff were aware of the risks and used the assessments to support people and meet their needs. For example, a person who needed pain relief before getting up was giving time for their medicine to work before being moved into their wheelchair. The person told us, "In the morning they (staff) give me my morphine and then they wait a while and then get me up. That makes it much better for me."

We saw that residents at risk of pressure ulcers had pressure relieving equipment in place and these were regularly checked to ensure the correct setting was in place. People who needed staff`s support to reposition were assisted at regular intervals so that the risk of their skin breaking down was minimised.

People told us they felt safe if they were in their rooms because they had call bells in reach so staff would come quickly if they needed them. They also said there were always staff around in the communal areas and this made them feel safe. One person said, "I feel safe here. I really couldn't stay at home I wasn't safe there anymore." Another person said, "I love it here, I feel really safe and the staff are wonderful. I'd like to stay here."

People told us that call bells were answered promptly and on the day of the inspection people were not kept waiting for care. Call bells were responded to quickly and staff frequently popped into rooms to check on

people. One person said, "They come almost straight away. Maybe a few minutes wait but that's all."

People told us they felt there was enough staff to offer them support when they needed it. One person said, "There are usually enough (staff) around. They never make you feel like you are a bother." One relative said, "If I need someone there is always someone around." Another relative said, "I think there are usually enough staff, if I ever need to speak to someone I can always find someone."

Staff told us they were enough staff and they all worked as a team to ensure people`s needs were met. One staff member said, "We went through rocky patch but now it's so much better. We have enough staff." Another staff member told us that although there had been a period of short staffing and low morale, this had now much improved. They told us, "It's a happy place and a good team, and people work together very well for the benefit of the residents."

There were regular checks of fire safety equipment and fire drills completed. Staff knew how to respond in the event of a fire. There were regular fire drills to ensure that staff practiced how to respond to a real emergency if it occurred. Each person had a personal emergency evacuation plan (PEEP) in place indicating whether the evacuation of people was high, medium or low risk in relation to their mobility and degree of awareness. Many people required help moving to a place of safety in an emergency. However, the fact that the home was all on the ground floor made escape easier as there were many doors leading to outside.

People's medicines were managed safely. We noted that the medicine administration was completed in accordance with good practice. Medicines records were completed accurately and the sample of medicines we counted tallied with the amount recorded. Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

Staff we spoke with understood that elderly people were at greater risk of infection, and recognised the importance of regular hand washing. Gloves and aprons were readily available and staff knew to change these between each person when giving personal care. Staff confirmed the service had adequate stocks of personal protective equipment and staff used them as appropriate to prevent the spread of infection. We observed staff washing their hands after disposing of rubbish and before preparing drinks or serving food. Soiled items for the laundry such as those contaminated by bodily fluids, or from a person who was unwell, was collected in red bags and washed at a high temperature. Staff told us that for most people their bed linen was changed daily. Bathrooms and toilets appeared clean, although not all had pedal bins for hands free use which is more hygienic, and there were no unpleasant odours around the home.

Staff told us and we saw in meeting minutes that lessons were learned and shared with staff after an incident or a complaint so measures were implemented to ensure people received care which was safe and met their needs.

Good

Is the service effective?

Our findings

People told us they were happy with how staff looked after them. One person told us, "The staff are so good. They look after me well."

Staff told us and records confirmed that they had training every year in all the areas considered mandatory by the provider. Some training was delivered face to face and some online. Newly employed staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. One staff member who was a new employee had not worked in care before. They told us they had a good introduction to the home and shadowed more experienced staff to begin with to learn about practices in the care home and individual people's preferences. They told us they were not placed under pressure to work alone until they felt confident that they could meet people`s needs effectively.

We saw that in addition to the training subjects considered necessary by the provider staff had training about specific conditions people in the home lived with. These included Diabetes training, Epilepsy and Parkinson's Disease. The provider also employed a dementia specialist who regularly visited the home to support staffs` understanding about caring for people living with dementia.

Staff confirmed that they had regular supervision from their line manager and they felt supported by the registered manager to understand and carry out their responsibilities effectively. One staff member said, "[Name of registered manager] is lovely, very supportive and listens to us. This home has really turned around."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff we spoke with had a good understanding of mental capacity. We observed them asking for people`s consent before they provided care and explaining what they were doing. We saw consent from people or where appropriate their relatives recorded in care plans and decisions of care interventions were taken following the best interest process. For example, consent for the use of bedrails was recorded for one person who was nervous about falling out of bed. This had been agreed by both the individual and their relative.

The front doors were locked and exit was by key pad. This was to ensure the safety of the many people who were not considered safe to go out unaccompanied. For these people the registered manager submitted

DoLS applications to ensure they lawfully placed limitations on people`s freedom.

People were complimentary about the food. There was a choice of food at meal times and if a person did not want the choice on the menu they were offered alternatives. One person said, "The food is good and we have choices." Another person said, "The food here is alright."

There was information on display about providing meals suited to people with different ethnicities and religions, including information about festivals. People with specific dietary requirements had their needs met. In the main kitchen and in the bungalow kitchenettes we saw lists of each person's dietary requirements such as diabetic diets or soft food, any allergies and people`s support needs with eating or drinking. The chef was aware of recommendations made by speech and language therapist (SALT) when people needed a soft diet because of swallowing difficulties and they had clear information about how to meet such people's needs.

We saw staff offering people regular hot or cold drinks between meals, and ice lollies as the weather was very hot. People could also help themselves to drinks in the bungalow kitchenettes. People told us snacks were also available throughout the night. There was also fruit, biscuits, soft confectionary, such as jelly babies, and freshly baked cakes. One person said, "The cake is lovely." Staff ensured that people had a drink available to them most of the time. The weather was hot and staff were seen reminding people to drink plenty.

People were routinely weighed monthly. People at risk of poor nutrition were weighed weekly, and their food and fluid intake was more tightly monitored. A record was kept of each person's meal and portion size. This meant that where people were at risk of losing weight staff could ensure they received adequate food and drink. Referrals to health care professionals were made as needed and fortified foods were provided.

Staff aimed to make meal times a relaxing and enjoyable occasion. People were involved in setting the tables. There was music playing quietly during the meal. Menus on the tables showed the names of the dishes and a picture. The tables were attractively laid which made the dining experience pleasant.

The environment was nicely decorated, calm and welcoming. Enclosed garden areas had ramps and railings for easy access for people who used wheelchairs. There was seating in different areas, including a sheltered smoking area. Staff told us the garden was well used in summer but it was extremely hot on the day of the inspection so staff said fewer people than usual were outside. There were flower beds where people grew plants including vegetables.

Each bungalow had a living, dining room area, as well as seating spaces in wider corridors or the communal lounges. The living room chairs had easy access to side tables where drinks could be placed.

People told us they had regular visits from health professionals. One person said, "The GP visits, I can see the doctor if I need to." Another person said, "The district nurse comes here." A relative said, "[Person] had a speech and language therapist (SALT) assessment and we are waiting for them to come back." Care plans contained evidence of contact with other health professionals. We saw records of opticians' appointments and when the next checks were due, or visits to a speech and language therapist or memory clinic. Where advice and guidance from other professionals had been obtained this was incorporated in people's care plans and risk assessments. For example, one person had been identified as having a risk of choking and both kitchen and care staff were aware of the need to add thickeners to liquids and to mash the person's food.

Good

Is the service caring?

Our findings

People told us that the main reason they liked living in Ashwood – Ware was because staff were kind and caring. One person said, "The carers are excellent here; all of them." Another person said, "I know the staff and they know me. I know if they have children and they always ask where my son is if they haven't seen him for a long time." A third person said, "I like it here because the carers are so lovely." One relative said, "I have a good relationship with staff; they are very helpful. It's so important."

We saw very caring interactions between care staff and people in the home. Staff greeted people when they passed them in corridors, offering support and reassurance where necessary. During the day staff constantly stopped and chatted to people. All staff knew and used people`s names, and made eye contact. For a person whose hearing was poor the staff spoke close to the person's 'good' ear. This showed that staff gave consideration and ensured that people understood what was going on and felt included.

We found that the registered manager built up a permanent staff group and agency staff were no longer used to work at the home. This gave staff and people the opportunity to form relationships and know each other well. One person told us, "I do know the staff, they are mostly the same people so it's nice." We saw staff holding hands with people and gave them a cuddle and a peck on the cheek where appropriate. There was genuine affection between people and the staff supporting them. Relatives told us they were felt welcome each time they visited. One relative said, "They (staff) know us all, we are always welcome."

Relatives told us they appreciated that staff made them feel part of their loved one`s care. They told us staff communicated with them when something happened and staff felt they wanted to be informed. One relative said, "They always phone and let us know what is happening or if there is any sort of problem and then we can decide what we need to do." Another relative said, "Anytime there has been a problem they have phoned straight away."

People told us and our observations during the day of the inspection confirmed that people`s privacy and dignity was respected at all times. We saw that no members of staff entered people`s bedrooms without knocking. One person told us, "Staff are very good. They are careful to shut the doors and we all have our own bathrooms." Another person said, "They (staff) don't stand over me but they help me when I need it, and they always ask me, they never just 'get on with it (personal care).'"
People were well-groomed and dressed appropriately for the weather. We saw staff support people with their needs discreetly to protect their privacy. Doors were closed when staff were giving personal care.

Each person had a key worker. The role of the key worker was to keep an eye on people`s personal items like, toiletries, need for special crockery and their belongings such as their glasses or hearing aids. The key worker also had an advocacy role ensuring medical appointments were arranged, care plans were reviewed and discussed with the person or their relative where appropriate and helping sort out any concerns. They were also a link with the person's family, and knew about any hobbies people had so activities could be offered around these.

People's care records were stored in lockable cabinets in order to maintain the dignity and confidentiality of people who used the service.

Good

Is the service responsive?

Our findings

People told us there was an activity programme in place and they could take part if they wanted. One person said, "There are activities in the main reception area. We have music and gardening and entertainment." Another person said, "I do knitting here in my room."

The week's activity programme was on display in several areas. There were two organised activities a day in the morning and afternoon. The week of the inspection the activities included a table game, a church service, a pianist, knitting, biscuit making and chair exercise and on the Saturday, there was a planned fete. There were also suggested activities that staff could undertake. Different activity ideas were on a piece of paper in a 'cookie jar' so when staff were free of other tasks they were encouraged to take a slip from the jar, do the activity suggested (either one to one or in a group) and record what they had done in the activity book.

There was a church service every month however people who wished to go to the local church were accommodated by staff. On the day of the inspection the gardening activity did not take place because of the high temperature. A quiz to identify famous places was held instead. About 12 people took part and the quiz prompted some conversation about where people had travelled. Singalong music was played and some people enjoyed singing the songs. In the afternoon a piano player entertained people and this was obviously an enjoyable weekly event and was well attended. There was an arrangement with a local mother and toddler group whereby some sessions took place in the care home and some people would visit the group. Pictures taken at these events showed people smiling and enjoying the company of children.

Care staff delivered 'one to one' activities to people who were not always able to participate in group activities such as accompanying a person on a walk round the gardens or spending time and give a hand massage. There were a group of volunteers regularly visiting people to diversify the activities on offer.

We found that the home had mixed occupancy of people with differing abilities to participate in activities. This meant that when the activities were provided in a group every person had the opportunity to participate, however some people told us they would appreciate if staff could facilitate forming friendships with other people with similar abilities so they could spend time together and have conversations outside of the organised events in the home. We discussed this with the registered manager who told us they would consult people about running evening clubs or other events where more able people could come together and socialise.

People could move around freely in any of the communal areas of the building and gardens. There were several sitting areas, both in courtyards and around the home which gave people a choice of where to spend their time. Staff had provided tactile articles, including twiddle muffs and soft toys, in corridors and living rooms, for people who were living with dementia. A relative told us, "There are lots of little areas where people can sit, inside and out." There were books in various locations, as well as magazines, and music with a good selection from people's earlier lives, including songs from the war time.

Care plans followed a systematic format and were well maintained. Each file contained personal information about people, information on next of kin, risk assessments and detailed information for staff about people`s preferences, likes and dislikes in regards to the support they received. Staff recorded in daily records what support people received relating to personal hygiene, daily observations, as well as a falls log, nutritional needs and monthly weighing. Care plans were regularly reviewed to ensure that they were reflective of people`s current needs.

The service provided end of life care for people. The staff prepared for this by ensuring people had their wishes documented in their care plans. Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any. Where people were nearing end of life, action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.

There were relatives' meetings every two months as well as opportunities each week for relatives to meet the manager so they could make suggestions or raise issues. There were monthly resident`s meetings. People told us they were aware of these meetings and they could raise any issues they had there but one resident said they would usually raise a concern direct with a member of staff or the manager at the time. One person said, "I can always talk to the manager. Often I'll talk to a carer first but I can go to the manager anytime I need to."

Complaints were recorded and appropriately responded to in line with the provider`s policy. Staff told us that they were kept up to date about changes in practice or policy in meetings or via staff room notices.

Good

Is the service well-led?

Our findings

At our previous inspection on 13 July 2017 we found that there were insufficient robust or effective systems in place to assess, monitor and review the quality of service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements were made and systems and processes were effectively used to quality assure the service provided.

People and relatives told us they knew who the manager was and they felt that the home was well-led. One person said, "I know who the manager is, she's often around particularly at mealtimes." A relative said, "The manager is very approachable."

Staff told us they were proud to work for the home, and felt they offered a homely and supportive environment to people. The registered manager and deputy were considered encouraging and supportive. Staff said there was always someone to ask for advice as either the manager or deputy was on duty at weekends. One staff member said, "The managers are very supportive and they are always around; even weekends. This was never the case before. I am happy to work here now." Another staff member said, "Things changed so much since [Registered manager] came. We have enough staff, no agency, we are happy and listened to. People receive good care here and we all work together."

The registered manager and deputy were visible around the home and took time to speak with people or comfort someone who was upset. Management seemed well respected by staff and by relatives. One member of staff told us that before the current registered manager started there had been some times when morale had been low, however this was a lot better.

We saw that some of the providers policies were available to staff in the staff room. Staff signed to confirm they had read new policies. The staff room also had signs on noticeboards reminding staff of any changes to procedures or routine in the home. For example, the laundry arrangements were changed due to people raising concerns about the way this had been done previously.

The registered manager supported staff and recognised their contribution to the running of the home. There was a monthly `Dignity Star` award for staff. People, staff and managers recommended staff they felt gone over and above their normal duties to receive this award and this was celebrated by displaying the award in the home. This contributed to staff feeling valued.

Ashwood - Ware values related particularly to sustaining people's dignity every day. Staff were asked to be polite and respectful, thoughtful and caring, keep people informed, meet people`s individual needs, ensure people`s privacy and modesty and not treating people as an object of the service. These values were exemplified by staff who appeared committed to providing safe care for people, by ensuring people had freedom to spend time anywhere in the home or gardens, and having a choice of how they wanted to spend their time.

We saw that the registered manager assessed all areas of care delivery and they set clear actions for staff to improve the care and support people received. They communicated and shared their vision and supported staff to change from a task led culture to deliver personalised care which was led by people.

The provider`s governance systems and processes were used effectively by the registered manager to ensure they could identify and improve the quality of the service. For example, there were regular audits including care plan audits, infection control, health and safety and medicines audits. Where actions resulted from these audits they were completed and signed off. In addition, the provider carried out monthly compliance visits and where they identified issues these were quickly actioned and improved.

The registered manager monitored and analysed falls for trends and patterns and we saw that for people who had recurrent falls they referred people to their GP, occupational health therapists and other professionals to try and establish why people were falling and try to reduce the numbers of falls. However, they also observed people to ensure that people were appropriately supported. For example, we found that one person had up to 10 falls each month. The registered manager and staff discussed what measures they could put in place to keep the person safe but not restrict their freedom. Following their observations, they established a pattern of falls. The staff placed extra seats near the areas where the person was found falling and involved the person in specific activities at the time when most falls occurred. We found that in the last two months the person had no falls at all. This meant that staff and the registered manager had not relied solely on health professionals to establish support plans for people they actively searched for ways to keep people safe.

The registered manager regularly asked for people`s feedback about the service they received. They sent out surveys to people and asked about their experience of the care, environment, food and activities. We saw that the responses were positive and reflected the changes we found during this inspection.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.