Ramsay Health Care UK Operations Limited

Jacobs Neurological Centre

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

The inspection took place on 18 April 2018 and was unannounced.

Jacobs Neurological Centre 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. They are registered to provide accommodation and treatment for up to 60 people, aged 18 years or older, with complex long term neurological conditions, brain or spinal injuries.

Jacobs Neurological Centre is owned and operated by Ramsay Health Care UK Operations Limited, which is a subsidiary of Ramsay Health Care (UK) Limited. The centre provides nursing care, personal care, medical treatment and diagnostic procedures in a purpose built environment over two floors. The staff at the centre assists people's recovery wherever possible and specialise in slow stream rehabilitation. Some people had lived there for many years and others were more recent admissions working towards returning to their own homes. There were 60 people accommodated at the home at the time of this inspection.

At our last inspection 14 March 2015 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

People told us they felt safe at the service and the risk management plans in place supported their views. Relatives told us they felt the service managed risks well and people received care and support in a safe way. There were enough staff recruited through robust processes to ensure people`s needs were met in a timely way.

Staff received a comprehensive induction training when they started working at the home and regular on-going training to support their development and understanding about people`s needs.

People`s medicines were managed safely by staff who had their competencies checked. Care plans were comprehensive and developed to ensure people`s health and social needs were appropriately documented.

People and relatives where appropriate were involved in the planning and the review of their care and support. Staff asked people for their consent if people were able to communicate verbally, using body

language or assisting technology to communicate their wishes. Where people were in a locked in state (unable to communicate) staff acted in people`s best interest following the Mental Capacity Act (MCA) principles.

People and relatives told us staff were kind and caring and supported them with patience and compassion. Staff were aware of people`s likes, dislikes and preferences and delivered care and support in accordance to people`s wishes.

The care and support people received was effective and we found numerous examples where people`s condition improved following a short stay in Jacobs Neurological Centre and they could return home or other less supported services.

People were supported by a range of professionally qualified staff employed by the provider. There was a permanent GP at the home supporting people`s health needs on a daily basis. A team consisting of physiotherapists, occupational health therapist and nursing staff ensured people`s needs were met effectively.

People told us staff encouraged them to be involved in their care and retain or regain their independence as much as possible. People were provided with opportunities to engage in social activities of interest to them. The environment and the grounds were well maintained and provided sufficient space to comfortably fit all the equipment people needed. The service provided people with a range of specialist equipment and these were regularly serviced and cleaned to ensure people were protected from the risk of infections and the equipment was safe to use.

There was a multi-disciplinary team approach and a tight partnership working between specialist consultants, GP, speech and language therapists, dieticians, nursing staff, therapists and other health and social care professionals to ensure that people received well-coordinated care and support which met their needs holistically and consistently.

There was visible and effective leadership within the service. The service was effectively organised and well run with an open and transparent culture. The registered manager was supported by a dynamic well developed management structure and the management team demonstrated a holistic approach and had clear oversight of how the service was meeting people's physical, emotional and social needs.

The service actively encouraged and provided a range of opportunities for people who used the service and their relatives to provide feedback and comment upon the service in order to continue to drive improvement. There was a comprehensive auditing programme carried out by the management team and the provider. Action plans were comprehensive in detailing actions taken, time frames and the responsible person for the actions taken.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Jacobs Neurological Centre

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 met 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 under the Care Act 2014.

This inspection took place on 18 April 2018 and was unannounced. The inspection team consisted of two adult social care inspectors, a primary medical services inspector, a GP, a specialist adviser in brain and spinal injuries and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service, we spoke with six people who used the service and four relatives. We spoke with four care assistants, two team leaders and three nurses. In addition we spoke with the practice development nurse, a physiotherapist, the compliance coordinator, the senior clinical manager, the matron and the registered manager. During the inspection we also spoke with the GP employed by the provider over the phone.

We also received feedback from representatives of the local authority commissioning body and health and community services. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to six people who used the service and other documents central to people's health and well-being. These included staff recruitment and training records, medication records and quality audits.

Good

Is the service safe?

Our findings

People told us their needs were met safely and they felt safe and secure at Jacobs Neurological Centre. One person told us, "What makes me feel safe here is level of professionalism and knowledge they have about my condition. I will not be able to be supported this well in my own home. They [staff] keep me alive; I can say that for sure." Another person said, "What makes me feel safe is staff who can notice even smallest changes in my health-as you can see, I am very poorly, but they will notice even the smallest change and get me help." Relatives we spoke with told us they never had concerns for the safety of their loved ones and praised staff for being vigilant and helping people promptly when needed.

There was an emphasis driven from the provider and the registered manager to keep people safe from harm. Staff had regular safeguarding training and they were knowledgeable about possible signs and symptoms of potential abuse. They were confident in reporting their concerns to managers. Staff told us they would not hesitate to use the whistleblowing procedure and report concerns to local safeguarding authorities or CQC if they felt there was a need for it. One staff member told us, "I feel that everyone is safe here. We know how to respond to any incidents." Another staff member said, "I would report anything to the nurse in charge."

Risks to people`s health and well-being were identified and assessed. Risk assessments provided guidance to staff on how to support people safely. Risk assessments and management plans (RAMP) were developed for each identified health risk as well as risk of the use of equipment needed to meet people`s needs safely. We found that staff were knowledgeable about these. For example staff knew the frequency some people needed suctioning their secretions or when they needed turning.

However for one person some of the RAMP`s needed further detail to ensure that there were sufficiently detailed for staff who had no nursing qualifications understood what they had to monitor. For example under their RAMP for physical health the assessment instructed staff to report any changes to the nurses, however there was no detail of what these changes may have been or how the person presented normally.

People told us there were enough staff on duty at all times to meet their needs in a timely way. There were a high number of staff on duty throughout the day of the inspection. Some people required one to one care and support for them to be safe and we observed during the day that staff were allocated to deliver this support and they were relieved for breaks by other staff to ensure people were safe at all times. Staffing levels were based on the level of support people needed and these were maintained. In addition to care and nursing staff assessed as required by the provider to meet people`s needs there was senior staff and management support available during the day and we saw that they were involved and supported people throughout the day. This demonstrated that there was sufficient staff deployed to meet people`s needs safely.

We found that safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the

Disclosure and Barring Service (DBS) before they were employed by the service.

Every person had a medicine administration record (MAR) in their name with the associated photograph which ensured staff could identify that person correctly prior to administering their medicines. There were detailed protocols for medicines prescribed as and when required (PRN), with information regarding signs and symptoms to look for which would indicate that people required these medicines. We found that staff had to crush some medicines for people who had a percutaneous endoscopic gastrostomy (PEG) so they could administer these. PEG is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when a person cannot swallow their food or drink. We recommended that staff consulted the GP and the pharmacist to ensure that they had clear records and instructions if these medicines could be crushed.

All medicines were kept safely in the locked clinical rooms on each floor and administered by trained staff who had their competencies assessed regularly. Records indicated that medicines were stored at the correct temperature and suitable arrangements were in place for the safe disposal of unwanted medicines. A supply of oxygen cylinders were in some people`s rooms. It was demonstrated that these were regularly checked. Staff`s competencies for oxygen management recently started to ensure that they were knowledgeable and skilled in managing people`s oxygen safely.

Staff were knowledgeable and had training in fire safety. They told us they regularly had fire drills which ensured they were competent and knew how to evacuate people if there was a need for it. People had personal emergency evacuation plans in place. The wide door frames allowed staff to wheel people out with their beds which considerably reduced the approximated time for full evacuation.

We observed staff followed infection control procedures. Washing hands regularly and using personal protective equipment when appropriate. The environment was clean and welcoming and we found that thorough cleaning regimes were followed by the housekeeper team to ensure bedrooms and communal areas were regularly cleaned.

Good

Is the service effective?

Our findings

People told us staff were skilled and knowledgeable about their duties and job roles. One person said, "What they [staff] do across the board is that they are all very observant: They notice the smallest change in my condition like the other day I had a very slight temperature and they summoned the nurse to check on me immediately." Another person said, "My stay here is over three years long and I did see a fair range of staff coming and going but what is noticeable is that their training and knowledge is very high. I think they have an excellent training for staff."

Relatives of people who lived in Jacobs Neurological Centre told us they were pleased with the support people received and they could see the improvements in their loved ones` conditions since they moved in the home. One relative said, "There is no doubt that they [staff] know my [family member] needs well, they improved [a lot since moving in the home]." Another relative told us, "I come not that often, but what always surprise me how well my [family member] looks here, they look far better here than when they were at home and healthy."

Newly employed staff told us that after the induction training and before they started working with people they shadowed more experienced staff until they felt confident and familiar with the job requirements. Staff told us they received the appropriate training and support for their role. One staff member told us, "Training is really good. I've definitely learnt a lot." Another staff member said, "I had two weeks when I worked super nummery and I have a lot of support from my mentor [clinical manager] in addition to the training I received." We found that in addition to the training the provider classed as mandatory like safeguarding, manual handling, infection control and others, there were additional training subject provided to staff to fully understand people`s condition. For example on the day of the inspection there was end of life training. We observed part of this training session and found that it was inclusive to all staff, well-attended with full engagement from staff present.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The 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.

People we spoke with told us that staff asked their consent about the care and support they received. We saw on the day of the inspection that staff involved people in making decisions and choices regarding their care where this was possible. However we noted that care plans for people who were not able to communicate verbally or through their body language needed to be further developed to that evidence mental capacity assessments, and details about how best interest decisions had been made. For example for one person the MCA`s were completed for decisions in regards to the care they received and these were signed by nursing staff with a note that the person`s relative would sign the forms when they visited . There was no detail if the person`s relative had the legal right to sign these documents. Best interest decisions were in place to detail the least restrictive options applied on people`s freedom in order to keep them safe, however these were not documented in detail to evidence what other options were considered and how the

decision was reached in consultation with legal representatives and health professionals.

We found that people`s health care needs were effectively supported by staff. We found numerous examples where staff effectively supported people to move back into their own homes or in less supported care services. For example when one person was admitted to the home they could not breathe on their own and were supported by a ventilator and was in a low awareness state. With the support of the staff team their condition gradually improved. They regained movement in their arm and gradually came off the ventilator. They were initially nil by mouth and could not communicate verbally. We found that the person`s condition improved and they could eat soft food and also their verbal communication had improved to the extent that they moved to a less supported care facility nearer to their home.

Another person had severe communicative, cognitive and physical needs, unable to mobilise when they moved into the home. They began on-going slow stream rehabilitation, which included physiotherapy, occupational therapy and speech and language therapy. Over the two years they improved greatly in all aspects of their rehabilitation, regained their mobility, their ability to complete all activities of daily living independently, and begun to successfully communicate their needs verbally, through gesture and through written language. Their progress was so successful that the person expressed their wish to return home and they moved back into their own home.

People had their immediate health needs met and monitored by a GP employed by the provider. The GP visited people daily and monitored their health effectively. We found that they maintained close working relationships with specialist medical professionals involved in people`s care. There was a multidisciplinary team approach (MDT) in ensuring people had all aspects of their health and social needs discussed and reviewed weekly. We found that these meetings were well-documented by the GP with clear actions if needed in regards to medicine changes or changes in people`s support needs. One person told us, "I do see the GP regularly; I wanted to ask if some of my medications could be adjusted so I asked nurse if I could make me an appointment and the GP came that same afternoon."

People told us they were happy with the meals provided and they had plenty of choices. One person told us, "Food is actually lovely, always plenty to choose from a long list." Another person said, "The food is ok, I like my food. My family provided me with small room fridge and microwave, I will go out shopping and staff will support me with heating up and serving. I also like what is on the menu."

We observed people were assisted appropriately and at their own pace by staff. There was a choice of drinks offered to people throughout the day and people could choose what they wanted to eat. People's dietary needs were met. They had individual dietary guidelines in place which detailed what texture food they should be provided with. What they liked and disliked and also the frequency of the meals in case they had a PEG in situ. Care records indicated that some people were at risk of choking. We found that professionals such as speech and language therapists (SALT) and dieticians had been involved in planning the diets for people in this instance. People's weight was routinely monitored and they had been assessed by the dietician where they lost weight or were at risk of malnutrition.

The environment was calm, clean and welcoming. There were wide corridors which allowed people to be wheeled in different parts of the home with their beds in case they could not be transferred to a wheelchair. The garden was well maintained by a group of volunteers to provide people with the opportunity of spending time outside. We saw that people's rooms, whilst they needed considerable amount of equipment to support them with their mobility and health needs, were personalised and cheerful.

Good

Is the service caring?

Our findings

People told us that they appreciated staff`s kindness and the personalised care they provided to them, One person said, "It's not easy to be here; most of us have complex needs and just being here we have ups and downs, but carers take our bad days and help us get over it. You really need to have a special kind of personality to be able to cope with people who are this complex." Another person said, "What I really like about carers it's that they often stop and we have a small chat about anything, football, politics, new TV program, they always have time for me."

Relatives told us staff were kind and caring. One relative said, "Carers are fairly well known to my [family member], they would go that extra mile when [family member] is not well. Not long ago a night shift noticed that the blood pressure was falling, alerted nurse who stayed with [person] the whole night and part of the morning. Their shift was finished but didn't want to leave until they were sure [person] was ok. That really makes me to trust them fully." Another relative said, "My [family member] is not the easiest patient to look after, but some of carers would help them with their state of mind just talking and keeping them company whilst watching a movie." Relatives told us staff were kind a caring towards them. One relative said, "I came almost every day, when my [family member] is not so well and I want to stay overnight, they offer me a room to stay, it happened more than once."

We observed staff spoke to people appropriately and treated them in a respectful manner. Staff knew the people they looked after and we observed them to talked to people and smiled whilst they explained what they were going to do even if people`s condition prevented them from showing any signs that they understood or were aware of the world around them.

Staff made efforts to communicate with people and explored different avenues of communications. This included environmental control units which enabled people with limited physical abilities to control their call bells and other devices in their room. People used electronic piece of technology `Eye Gaze` where they could communicate using the direction of their eyes to indicate what they wanted.

People told us their voice was heard and they felt listened. One person said, "I expressed in the last meeting a wish for transition to home and today is my first weekend at home. We will see if this will work, so maybe I will be able to stay at home longer periods. They [staff] supported my home alteration and helped my [relative] listing what is needed."

The registered manager and the provider were dedicated to make each day memorable for people in their care. They launched a `5 minute pledge` sessions which meant that each member of the staff team engaged with a person beyond the day to day allocated care and therapy time talking, having a walk or listening to a favourite tune. We observed staff being present and enjoying the company of the people they looked after outside or indoors spending time with them. The way staff understood and responded to people suggested that they knew them well and were familiar with their needs.

We observed staff instinctively protected people`s dignity and privacy when offered care and support. For

example staff were attentive to wipe people`s hands and mouth's after meals. They were gently prompted people to change their clothes in case they spilt anything. Staff were mindful when they had to care for people`s PEG or administer medicines to people. We saw them respecting people`s privacy, knocking on bedroom door and closing bedroom doors when personal care was in progress. We saw that private and confidential records related to people's care and support were securely maintained in lockable offices or on password protected computers.

People and relatives where appropriate were involved in planning and reviewing the care and support people received. One person told us, "I know about care plans I was involved since I was in hospital. Somebody from this home came and spoke to me about what I wanted my care to look like, and how that could be incorporated with my health needs, so we came to a mutual agreement and now I have 1:1 carer to be able to go out once a week."

Good

Is the service responsive?

Our findings

People who used the service and their relatives were positive about the care and support provided at the Jacobs Neurological Centre. They told us the care and support they received was as they liked it. One person said, "I mentioned about my preferences and morning routine. I like to be up early regardless of day in the week. "People told us they would not change anything in relation of how they were supported to be independent and live the life they wanted. One person told us, "I can't think of anything I would change at this moment, I just hope I will improve more so I will be able to go home with support. I was very grateful that they [staff] provided me in my room with internet so I am able to chat with friends on line and watch programs on my pad."

On observation some people's care plans lacked detailed information at times and monthly reviews were not recorded as completed. People had assessment forms completed prior of them moving into the home. This looked at their health and social care needs and captured valuable information about how they were as a person before their life changing injuries. Although we found staff were knowledgeable about people, the information captured in the assessments was not always reflected in the care plans. For example a young person`s assessment form contained details about their likes, dislikes, interests, relationships with their family, taste in music and enjoyment of 'gig's', their lifestyle and achievement prior to their injury. However this information was not used when creating their care plan.

We also found that care plans were extensive and not always easy to navigate. We discussed this with the registered manager and the provider and found that they had identified this and there were plans to address this.

People`s end of life care needs were met by staff. Staff had open and honest conversation`s with people and family members about the expected outcomes for people when they moved to the home. Care plans were developed which ensured people nearing the end of their life received appropriate care and support.

People were offered opportunities for social interaction. There was a varied activities schedule which people told us they enjoyed. We found that staff and management made considerable efforts which ensured people were not bored and they could live fulfilling lives. There was an on-going plan to develop the garden around the home to offer people with differing abilities the opportunity to enjoy outside space. For example there was a woodland area which was adapted this year by building a path so it could be accessed by people in wheelchairs.

There was another part of the garden planned to be developed in a playing area where people could play ball games or other activities of their choice. On the day of the inspection it was sunny and warm and we saw staff took people who could not be moved from their beds out in a shaded area to enjoy fresh air and the sunshine. They made sure people had sunscreen on and they were attentive of people`s facial expressions and temperature to ensure they were comfortable.
We also observed staff played board games with people and enjoyed spending time together. Activities included regular trips to the seaside, theatres or concerts and also, musical entertainments, movies, quizzes,

pampering and other.

A charitable group had been formed to raise funds for equipment and activities to improve the lives of people who used the service and the sister service located adjacent to the Jacobs Neurological Centre. The group had helped to recruit and organise volunteers to work with staff to support people to live their lives to the best of their abilities.

People told us they had no complaints about the service; however they said they knew how to complain if they had any concerns. One person told us, "I would say that I am very vocal and if something is not the way I will accept, I will for sure raise my voice and speak to any senior staff immediately. Luckily, there were no issues at all during my years of stay here, but I am fully aware what to do." A person who used the service told us they had never had any complaints to make about the service provision but if they did have then they would be confident to tell any of the staff. People's relatives told us that they thought the management team were responsive and they had no cause to raise any concerns but would be confident to do so. One person and their relative gave us an example where they had cause to raise a concern about the care delivered by an agency staff member. They told us that they had immediately reported an incident and the matter had been investigated and the agency carer was immediately sent home. This showed us that the management was responsive to concerns that were raised with them.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us that the home was well managed. People knew who the managers were and who they could talk to if they wanted. One person said, "[Management team member] is always on the floor, sticking their head in and asking how I am doing and if I need anything. We share the love for same movies and they would recommend what to watch. It feels like I have known them forever." One staff member told us, "I think the service is well-led. We know what's expected of us and its well organised." The registered manager was responsible for two Ramsay Healthcare Neurological services on the same site and had an effective management structure in place that ensured they were continuously aware of anything that occurred in either service.

The provider had a well-developed management structure in place. Managers had clear lines of responsibilities for each department the provider had in place to manage all the aspects of the service. The registered manager had an overarching governance system which monitored how each department fulfilled their role. For example staff who worked in the human resource department ensured that staff only started after they had the required references verified. They also monitored and alerted the registered manager in cases of staff`s professional registration, nurses pin number were due to be renewed. The compliance coordinator collated all the quality audits carried out regularly and ensured all actions were periodically revisited to ensure completion and results from these audits were sent to the provider and discussed in managers meetings.

We found that in addition to the regular well established and rolling audits carried out there were additional audits and investigations prompted by different events reported to the registered manager. For example the registered manager analysed the accidents and incidents reported to them for trends and patterns. They established that there were reports about people`s PEG`s coming out. They carried out a full investigation with staff from the nearby hospital and found that there was a fault in the batch of PEG's used. This was reported and the issue resolved. We found that there was an audit and investigation prompted by an increase in urinary tract infection. This lead to staff monitoring and increasing fluid amounts people had in hot weather. This meant that the management systems were developed and appropriately used to develop and improve the care people received.

There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. One person and their relative told us, "We did receive invitations to contribute to the annual survey, we sent it. We do not have any concerns, otherwise we would email office." An action plan had been developed in response to the areas highlighted by the survey in need of developing further. The survey results were also compared to previous year's results to ensure that the improvements implemented were successful. For example in 2017 68% of people indicated that they knew who their key worker was in comparison of 14% in 2016. This meant that actions implemented following the survey had led to positive results. The registered manager told us they constantly looked for new and innovative ways which ensured people were satisfied with the quality of the care they received.

Staff told us they felt valued and listened by their managers. We saw that staff had one to one support

appropriate for their job roles. For example, the GP employed by the provider had regular appraisals carried out by a clinician independent to the service. They looked at areas like professional registration, development and training. Nursing staff had support to maintain their professional registration and develop their knowledge in the areas of their interest. This meant that staff had the appropriate support to acquire and maintain their skills and abilities to provide people with effective care and treatment.

There were various meetings held at each level of the departments. There were head of department meetings, multi-disciplinary meetings, residents and relatives meetings and day and nights care staff meetings. We found that people and staff were given the opportunity to fully participate and be involved in the running of the home. The provider launched a yearly HealthCare Awards so individual staff members' efforts could be more formally recognised. We saw that staff were nominated for the different categories by people in the home or their colleagues for Compassion in Care Award, Infection prevention Award and Training and Development Award. The registered manager told us they were looking forward to the Award Ceremony held in May 2018.

The registered manager and the provider developed excellent links with local NHS trusts. Staff helped people and their families to take part in a research project. The project was a collaboration between the team at Jacobs and Gardens Neuro Centres and the specialists and researchers from Addenbrooke's Hospital and Cambridge University. The work they were doing was feeding into the Royal College of Physicians and national guidelines for the assessment of people with complex neurological conditions including Persistent Disorders of Consciousness. The registered manager told us this research will help to assess people and identify the right treatment for them.

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.