

The Inclusion Project Limited

The Inclusion Project @ Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This announced inspection took place between 28 November and 10 December 2018. This was the first inspection since The Inclusion Project @ Home registered with the Care Quality Commission (CQC) on 14 December 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults and younger adults living with various learning disabilities, autistic spectrum disorder or sensory impairment. At the time of the inspection there were 550 people using the service.

Not everyone using The Inclusion Project @ Home receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were eight people receiving the regulated activity at the time of the inspection.

The service 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.

The Inclusion Project @ Home was an exceptionally well led family run business. There was value based, visible and effective leadership where the meaning of inclusion of people and staff in the development of the service was visible. The open and transparent culture resulted in an effectively organised, supportive and well-run service. The nominated individual who was also the provider and the registered manager demonstrated how their well-developed management structure and systems sustained continual development and improvement at the service. They were clear about their expectations relating to how the service should be provided and they led by example. Staff who supported people and the office staff team were passionate and fully committed to delivering quality person-centred support to people. This led to people achieving positive outcomes.

The care service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had been set up by the provider, who worked in the education sector previously and recognised the lack of support for people with learning disabilities and autism after they left school and college. The service aimed to support people to be included in the society, gain confidence and skills to seek employment and prevent social isolation. People and relatives feedback was overwhelmingly positive and demonstrated that the service achieved their aim and successfully supported people to live the life they wanted.

The registered manager held a PHD in inclusion of people in society and their ethos of social integration for people with learning disabilities, healthy and independent living were echoed by every person, relative and staff we received feedback from. A PhD is a degree awarded to people who have done advanced research into a particular subject.

People told us that staff were kind, compassionate and respectful towards them. They told us they trusted and felt safe with staff, who knew them well and encouraged them to be as independent as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's care records were comprehensive, accurate and reflected the care and support provided. Staff understood the importance to maintain confidentiality and they protected people's privacy and dignity.

The registered manager and the provider worked in partnership with other providers and services involved in supporting people with learning disabilities. They acted as people`s voice in raising the general public`s awareness about the importance of non-discriminatory practices and inclusion of people with learning disabilities in society. Their campaign opened opportunities for people in terms of employment, further education and social activities.

Without exception, people and their relatives were extremely complimentary about their experience of using the service. They praised staff for their attitude and commitment and shared numerous examples of how staff consistently provided people with care and support tailored to people`s needs. They told us staff took time to get to know people and understand what was important to them and what they wanted to achieve. Staff supported people to achieve their goals and exceed their own expectations and this had a positive impact on people`s well-being. Everybody we spoke with said they highly recommend the service to others.

There were plans in place to help staff understand and meet people`s needs at all times. Each person using the service had a team of staff allocated. This allowed people to form relationships and trust with their staff team. Most of the team leaders had previous experience in the education sector and they were effectively coordinating each person`s care in their patch, managing their staff team and feeding back to the registered manager and provider regularly.

Staff received training and had regular supervisions to ensure that their development and performance was reviewed and support was in place for them to understand their roles and responsibilities.

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.

People told us that staff made them feel safe when they received care and support. Staff were knowledgeable about safeguarding and how to report their concerns externally and internally.

Sufficient numbers of staff were available to meet people's individual support needs and they were employed through robust procedures.

Risks management systems promoted positive risk taking which had positive impact on people's well-being.

People were supported to take their medicines safely when required by trained staff.

Staff used personal protective equipment when delivering personal care to ensure they minimised the spread of infections and kept people safe.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who was trained to meet people's needs effectively.

People's wishes and consent was obtained by staff before care and support was provided. Where there was a need for it people had their capacity assessed and best interest decisions were put in place to ensure that the care people received met their needs and was in their best interest.

People were provided with support to eat a healthy balanced diet and maintain a good hydration.

Is the service caring?

Good ●

The service was caring.

Staff were enthusiastic a fully committed to facilitate people's

inclusion in society.

People told us staff treated them as equals, included them in decisions about their care and supported them to achieve their goals.

People and where appropriate their relatives were involved in planning and reviewing the care and support they received.

Care and support was provided in a way that promoted people's dignity and respected their privacy.

People's confidentiality of personal information had been maintained.

Is the service responsive?

The service was very responsive.

People were encouraged to develop new relationships, gain confidence in speaking their mind and acquire life skills which helped them live independently.

People received care and support in a personalised way and this had significantly improved their quality of life.

Detailed guidance was made available for staff to enable them to provide person centred care and support.

People and their relatives told us they had no complaints but they felt confident that if they reported concerns to the registered manager these would have been dealt with appropriately.

Outstanding 

Is the service well-led?

The service was very well led.

People and staff were visibly included in shaping the service to their needs.

Effective management structure and systems were in place to quality assure the services provided, manage risks and drive improvement.

People and staff were very positive about the registered manager and the provider.

Staff adhered to the provider`s values, ethos and understood

Outstanding 

their roles and responsibilities and felt supported by the management team.

The provider and the registered manager were actively involved in raising the general public`s awareness of the importance of having a non-discriminatory behaviour towards people with learning disabilities and the importance of inclusion of these people in the society.

There was effective partnership working with other organisations to shape best practice and create new opportunities for people using the service.

The Inclusion Project @ Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 between 28 November 2018 and 10 December 2018 and was announced. We gave 48 hours' notice of the inspection because the service provides support to people in the community and we needed to ensure that the registered manager and staff were available to provide the information we needed to carry out this inspection. The inspection was carried out by one inspector.

The inspection activity started on 28 November 2018 and ended on 10 December 2018. It included visiting the office and asking feedback about the service from people, relatives and other professionals.

Before the inspection we reviewed the 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 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

On 28 November 2018 we visited the office and we spoke with five staff members, the registered manager, the provider and the finance manager. Following the inspection, we received feedback from 11 people who used the service and 12 relatives. We also received feedback from social care professionals and other organisations The Inclusion Project @ Home worked in partnership with. We looked at three people's care records, staff recruitment files and training records. We also looked at further records relating to the management of the service, including quality audits, feedback from people and their relatives to assess the provider's quality monitoring systems.

Is the service safe?

Our findings

People told us they felt safe when staff were delivering care and support to them. They told us they had trust and confidence in staff and felt able to share any concerns they had with them. One person told us, "Yes I feel safe because the staff keep us safe by helping me to cross the road or get in the car. They help us to keep safe from strangers and when we do sport." Another person said, "I always feel safe and know I can ask the staff anything."

The provider and the registered manager ensured that staff attended safeguarding training and tested their knowledge after completing the course. Staff were knowledgeable and confident in describing what could potentially harm people and the signs and symptoms to help identify potential abuse. Staff told us they were confident in reporting to the registered manager or to external safeguarding authorities if they had concerns.

People`s support needs varied, some being supported only once or twice a week, others daily. Some people were assessed to receive support part of a group session with other people or on a one to one basis. People and relatives told us they could always rely on the support from staff and the agreed support was always delivered. When we asked a person if they were notified of any staff changes they told us, "Yes, my [parent] gets a text so that they can tell me and then if I have questions about times or what we are doing [parent] will text [staff] for me."

We found that the registered manager and the provider effectively monitored the service in terms of capacity and they only took new people in when they had availability of staff and the required visit time slots. There were enough staff to ensure that people received support at the required time. The registered manager told us, "We started with eight [people] and now we have above 500. We are very careful when we take new people to ensure we can honour them."

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. all the necessary pre-employment and identity checks were in place before staff could work. This included checking references and any employment gaps in staff members' work history.

Before people started using the service the regional managers or the provider carried out a thorough assessment. The assessment involved people and, where appropriate, their relative so a care plan could be created to reflect what people`s needs were and how people wanted their needs met. Risks to people were considered which included assessing risk to health and well-being. Risk assessments were developed and gave staff guidance in how to mitigate risks without putting restrictions on people`s independence. For example, people with epilepsy who wanted to go swimming were supported to safely do this.

There were processes in place to monitor incidents and accidents. Staff were familiar with the reporting and recording procedures. Staff understood that reporting was important to ensure that steps would be taken to monitor and reduce identified and potential risks.

People who used the service were supported to take their medicines safely and when they required them. Staff had been trained in safe administration of medicines and knew how to ensure people received their medicines safely. Staff had their competencies regularly checked and there were regular spot checks completed to ensure best practice.

Staff told us they had received infection control training so they could protect people from the risk of infection.

There was an open and honest culture at the service. The registered manager analysed all incidents and accidents reported to them and discussed this with staff in meetings. This helped to ensure that any learning coming from this was shared and the service improved.

Is the service effective?

Our findings

People who used the service and their relatives made positive comments about the staff that provided care and support. People told us they felt happy with the service they received. One person said, "Very-very happy [with how staff support me]. The staff I see at the moment are all fantastic." Another person said, "Support is good and I don't need to worry whilst out." One relative told us when we asked if staff were effectively supported their family member, "Yes all the time, [staff] are exceptionally good at putting in strategies to make a new activity successful."

New staff members were required to complete an induction programme during which they received training relevant to their role and achieved a nationally recognised `Care Certificate`. They worked alongside other experienced colleagues and were not permitted to work unsupervised until they were competent in their duties. Staff received training in areas such as safeguarding, medicines, health and safety, and first aid. One staff member told us, "Some of us came from a teaching background so we had training before, however we have regular updates and training." Another staff member said, "I am enrolled on specific training to develop my skills. I worked in [the health sector] and I am enrolled on a specific course now to make sure I am up to date with any changes [in work practices]."

Staff told us they were well supported to understand and carry out their roles effectively. They told us they had regular meetings with their line managers to ensure they could discuss any updates in terms of best practice or any development needs they had. One staff member said: "[The registered manager] makes sure we are up to date in terms of best practice and also how the changes in legislations may affect the Inclusion Project."

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. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported.

People where required had their capacity to make certain decisions assessed. A best interest decision was put in place in case they lacked capacity to ensure that the care they received met their needs. However, the registered manager and staff had an emphasis to involve people and support them to consent to the care they received. For example, people were asked to consent to be contacted by CQC to ask feedback about the service they received. Staff asked people to consent to the support they received and this had been confirmed by people.

People were supported to eat a healthy balanced diet. Staff also helped, supported and encouraged people to learn how to prepare and cook their own meals. One staff member told us, "Usually I support [person] to prepare and cook a meal from scratch. [Person's name] is not comfortable touching certain food products and I am trying to help [them] overcome this by getting them involved in recipes they would like to eat."

The provider was passionate to provide an innovative service that promoted a healthy, social, and active lifestyle for adults with learning disabilities. They started a `Food Truck` initiative in partnership with the local council. This provides training and work experience for people with learning disabilities who showed an interest in food preparation and customer service.

People were supported by their families to access health care professionals. However, staff were skilled in recognising people`s changing health needs and knew how to communicate with health care professionals if needed.

Is the service caring?

Our findings

People and relatives told us staff were kind and caring. One person said, "Yes, I like all the staff. I like [staff member] on Wednesdays when we choose our activities and [name of staff member] on Thursday when we go swimming. I go out each week with [staff] and they are great fun. I like all the staff." One relative said, "All of the staff we have met so far are bubbly, caring, calm and genuinely happy people. [Person`s] happiness and wellbeing is paramount and I am thrilled to say [person] loves the Inclusion Project and staff. It is difficult to let your beloved child go off with strangers but the team are like good friends to them, they know they are being well looked after."

People were supported by the same team of staff and this helped them form trusted relationships with staff and overcome their anxieties. One relative told us, "It truly is inclusion into the community. I never thought my [family member] would so quickly adapt to the project, due to the high level of anxiety they had. [Person] is very new to the project and has grown in confidence in just over a few months. As if somehow an on switch has been pressed inside them. Also gives me a much-needed break from caring, and the opportunity to go out and work."

The provider`s systems and processes were designed to place people in the centre of their care and support by inclusion in everything which affected them. This meant that people were empowered to have a say in what they wanted to do or how they wanted staff to support them. One person said, "Yes, I am listened to. When I need, and I do need help, with anything the staff are there to support and help me." Another person said, "Yes, we always talk about what we can achieve."

Staff were passionate and very fond of the people they supported. One staff member said, "I mean, this is the best job ever. We are all having fun together and to be honest I have done things because [people] wanted to do those and I had the best experience ever." This meant that staff treated people as equals and they were not just supporting people but were prepared to do things together with people promoting relationships.

People told us staff protected their dignity and privacy. Staff were aware about the need to maintain people`s dignity in any situation including when they were out and about in the community.

Staff knew people well. Care plans had good guidance for staff about the support people required. Records were stored securely and staff understood the importance of respecting confidential information and when it could be disclosed.

Is the service responsive?

Our findings

People, relatives and professionals gave us very positive feedback about how responsive the service was and what a positive impact it had on people's lives. One person explained how they wanted anyone with a disability that would make independent living difficult to know about the service. They told us "I've felt happier about myself and feel a little more at ease when it comes to living solo than I have been for the past 3 years. I dread to think where I would be without the help they provide." They went on to describe how the service were accommodating to their specific needs (some physical) which can change week by week and the difference that had made to them and their family. They told us, "The hope is that I can be more independent to take all the stress away from family and I feel like given time that is an accomplishable goal."

People received bespoke, personalised support which had a significant measurable impact on their lives. We saw numerous examples of how the service had enhanced people's lives and helped them to become increasingly independent. Staff consistently adhered to agreed support plans and ensured that the support people received was responsive to their needs. A relative told us about their family member and the barriers the service supported them to overcome, "They are autistic, have speech and language difficulties, anxiety disorder and sensory processing disorder. They were educated in mainstream schools for many years and became socially isolated. Staff know how to handle the anxieties and occasionally, when [person] gets completely overwhelmed, what to do to help [them] calm down and keep it together."

There was a strong emphasis from the provider to ensure people were supported to develop new skills, interests and hobbies. Staff understood the importance for people to form friendships and they enabled people to be more independent, build confidence and pursue their interests by overcoming their anxieties. One relative told us, "Thanks to the Inclusion Project, they [person] found a group of young people that they identify strongly with and loves going to the drama group. Thanks to the skills and creativity of the staff, the games they play and the songs they sing, [person] made huge strides in developing their confidence, speech and language skills and their ability to interact with others. [Person] feels they have friends now, which they never had before. [Person] stood up on stage and [did] solo performances, including a reading. They also performed singing solos. For the first time ever in their local church, they got up and did a reading. No-one in church had ever heard them read before. In fact, I think some were surprised that they could read. (There was barely a dry eye in the house). [Person] spoke beautifully and even knew where to position themselves in front of the microphone."

People were helped and supported to develop essential life skills and seek voluntary and paid employment. Relatives told us it made a huge difference to watch their loved ones develop life skills, abilities to cope with change, and an incredible drop in people's anxiety, which changed their world. One relative said, "These skills are translating across other areas of [person's] life. They are now volunteering weekly at a café. [Person] is getting on well with staff and following instructions with confidence - baking cakes and cooking chutney with pride. Our family life has improved because they are more confident [and] happy in themselves. [Person] has found a group of great young people and staff who they consider friends."

People and relatives emphasised how much it meant for people to be enabled to find what they were interested in and become independent. One relative explained "[Person] flourished since [The Inclusion Project] started working with them and it has been wonderful to watch. They now live part-time with (a relative) furthering their independence and getting more confident all the time."

People and relatives told us, the service was centred around individual needs people had and supported people to gain control and independence over their life. "If we are to describe the project for the CQC we would summarize, ` The way the inclusion project works by helping young adults by combining learning, life skills and independence with having fun, is such an amazing project. They [staff] let the young person go at their own pace and the unique way they work targets activities aimed at young adults that they enjoy and this encourages them to socialise and become independent. As parents we also felt reassured with the one to one respite service that meant someone could check on our [relative], whilst we were away giving them time to be independent but also meant we did not have to worry about them being alone."

People`s care plans were bespoke and well developed. A computerised system was made available for relatives, people and staff to securely access care plans. There were regular meetings where people and relatives, where appropriate, discussed with staff what they wanted to achieve, what risk were involved, what has been achieved with success and what future goals people were setting themselves. People and their relatives had access to an online review document where they could record what they wanted to talk about before the meeting took place. This gave people time to think what they needed and helped staff preparing in advance.

There was an effective system used by the provider to gather feedback from people about the care and support they received. People, relatives and staff had easy access to the provider`s website where they could fill in feedback forms, complaints and compliments or they could do this in regular meetings. We saw the last survey carried out by the provider where people, relatives and people`s advocates awarded them outstanding rating for being a safe service, caring, effective, and responsive to people`s needs. They also rated outstanding the management of the service.

People and relatives told us they were confident in raising any issues they had with staff and the registered manager or the provider. They told us they had had no reason to formally complain as anything they discussed with staff was resolved. For example, where a relative gave feedback that they thought more support was needed for their loved one, meetings with them took place and the support was reviewed. This meant that the registered manager and the provider were dedicated as far as possible to resolve any issues in partnership with the complainant to ensure they were fully satisfied with the outcome.

Is the service well-led?

Our findings

Everyone we spoke with as part of this inspection felt that the service was extremely well managed. The registered manager and provider led by example an exceptionally well trained, caring and effective staff team. Relatives praised the provider and the registered manager for the way they led their staff team in offering personalised care that made a significant difference to people's lives.

One relative wrote to the provider and said, "I have just seen your monthly newsletter and I want to congratulate you [provider and registered manager] on the amazing job you have done in providing meaningful activities for our young people. I, and I am sure all parents and [people] are extremely grateful for all that you have achieved in a relatively short space of time. I don't know what we would do without The Inclusion Project and I know that [person's] life would be less rich without it." Another relative shared their view about the service with the provider. They said, "I would like you to know that my family thinks the Inclusion Project is amazing. It is extremely well run and efficient. You are clearly choosing the most capable people to work with your team and not just employing anyone who comes along."

Another relative told us how invaluable this service was to their loved one. They said, "After more than two years of boredom and inactivity in [another service], (with us as parents constantly picking up the deficit, emotionally and time wise) they [The Inclusion Project @ Home] came into our lives with a genius plan! [Person] has loved their two sessions so far with [staff member] and the thrill of meeting so many new friends. They had been lacking fun, friends, vital exercise to keep fit, laughter and creativity. All our young people deserve to be purposefully occupied. Not stuck in front of a computer for goodness knows how many hours a day. Many thanks for what you are doing. It deserves to be rolled out across the whole of the UK!!!!!"

When we spoke with staff working for The Inclusion Project @ Home they all shared the same values and ethos of supporting people with learning disabilities to feel included in the society, and live an independent healthy and fulfilling life. This had been echoed by people, relatives and professionals. One relative said, "I must admit at first [when my family member started using the service] I was sceptical as we had tried [a different service] for about eight weeks. I put a stop to it. So, when [name of staff member] came to my door it was like a breath of fresh air. I am so happy to say that [staff member`s] exuberance is shared by [three other staff]. I have already recommended The Inclusion Project to many of my friends. Thank God, I have found you guys. Your team need a big pat on the back, they are at the front line of your company and they are doing you proud. Well done."

Staff were proud to work for the service and told us they felt valued by the registered manager and the provider. One staff member told us, "We came to work for The Inclusion Project because it is really about supporting people to live independently and be included in society. We have regular meetings where we share our ideas and these are all listened and put in practice." Another staff member told us about their passion and commitment to support people with learning disabilities. They wrote a poem which was shared on social media to raise the general public`s awareness about the importance to make people feel included and an important part of their society. The registered manager held a PHD in inclusion of people in society and they shared their knowledge with staff to enhance people`s lives. Their ethos of social integration for

people with learning disabilities, healthy and independent living were echoed by every person, relative and staff we received feedback from. A PhD is a degree awarded to people who have done advanced research into a particular subject.

Although the service had only operated for just over a year they won The Outstanding Achievement in Learning Disability Support Award. The award ceremony is organised yearly by an independent organisation to celebrate and reward the successes of care providers in Hertfordshire. The Inclusion Projects success was clearly measurable in the positive progress made by the people using the service. For example, a person had fallen into depression after finishing college, had not left the house for months and had not been engaging at all with people. They had become selective mute and their parents had been having trouble communicating with them and getting them to engage in any of the activities they previously enjoyed. With dedication, patience and well organised sessions the person developed a trusting relationship with staff and could leave their house. As months have gone by the person found it easier to work up the confidence to leave home and started going out for longer periods of time and eating out. Recently they started communicating verbally for the first time in many months. This was only possible because the provider ensured that the same staff team supported the person so that the person and staff got to know each other well.

The provider and the registered manager were further developing the service to establish partnership working with health and social care professionals and also other organisations to create opportunities for people to participate in sports, find voluntary and paid work and develop essential life skills. The provider was involved in project work with a local university, where they were looking at ways to improve the lives of people living with a learning disability. A member of the university team wrote, "Over the past 18 months, I've been working at the Centre for Learning Disability Studies at University of Hertfordshire developing a Co-Production [with The Inclusion Project] across teaching, research and recruitment. In February this year we held an event, and since then, a number of pieces of work have developed. I wanted to say thank you for all your support in context of working with the University with the ultimate aim of people with learning disabilities having better lives."

The provider constantly looked to develop services for the benefit of the people they supported. They had a close working relationship with the local council. In partnership with the local council they initiated 'The Food Truck employment initiative' to give 15 people per year the opportunity to gain formal employment. The initiative included training for people with learning disability and autism to gain qualifications and certifications that could be used to gain employment and work experience. They helped people in finding employment and attending work interviews after they developed customer relation skills and obtained their qualifications and work experience. A member of the local council said, "We are very keen to be involved and promote the Inclusion projects new Employment initiatives – namely the food truck and gardening offer as innovative opportunities for young people." This meant people were financially independent and active members of society. It also gave people a sense of achievement.

People using the service were encouraged to participate in activity award schemes for people with a learning disability. People were encouraged to pursue sports, stay active and their achievements were celebrated. For example, a person proudly wore their gown and cap to take 'graduation' photos at a sport event they took part in. This was organised by staff to celebrate their achievement. Their parent wrote, '[Person] always enjoys the Inclusion Project activities and we have been so lucky since they began going to basketball.'

The registered manager regularly sought people's views about the quality of the care recorded when she visited them in their homes. Feedback was very positive and praised staff working with people and the

registered manager.

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.