

## Florence House (Staffordshire) Limited

# Florence House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Florence House is a residential care home providing personal care and accommodation to 28 people aged 65 and over at the time of the inspection, some of which were living with dementia, a physical disability, sensory impairment or needed support with their mental health. The service can support up to 36 people in a single adapted building.

### People's experience of using this service and what we found

Systems were not effective at identifying areas that needed improving in a timely manner. Risks were not always assessed, planned for and mitigated to keep people safe as assessments were not always personalised. Medicines were not always managed safely. People were protected from the risk of cross infection, although there could on occasion be unpleasant odours. Lessons had not always been learned.

People were supported to be independent but there was mixed feedback about people's involvement in their care. Staff did receive training, although this was in the process of being refreshed again to ensure it was consistent for all staff. People were supported to have adequate amounts of food and drink, although the lunch time experience could be more dignified for people. People had their mental capacity assessed when necessary and staff did generally ask for people's consent. People had their needs assessed but this did not always lead to a personalised plan, but work was being undertaken to remedy this. People had access to other health professionals.

Staff were not always effectively deployed, although staff were recruited safely. People were protected from the risk of abuse by staff who understood their safeguarding responsibilities. People were not always appropriately supported with their communication needs, although plans were in place.

People were able to access some activities, but improvements were required. People were not always given the opportunity to discuss their diverse needs. People were supported at the end of their life. People and relatives felt able to complain and an appropriate procedure was in place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 15 February 2017). It is now rated as requires improvement, so care and support had deteriorated since our last inspection.

### Why we inspected

This was a planned inspection based partly on concerns raised by the local authority and also on the previous rating. We have found evidence that the provider needs to make improvements. Please see all of the sections of the full report.

### Enforcement

We have identified breaches in relation to medicines, risk management and governance systems which were not effective at identifying areas that needed improvement.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Florence House

## Detailed findings

### Background to this inspection

#### The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Florence House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and they shared that they were working with the service about ongoing safeguarding issues. We asked Healthwatch for any information they wanted to share. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They had no information of concern to share. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with two service users, four relatives, three care staff, the catering manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We viewed a range of records. This included four people's care files and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. The inspection team also looked at documents relating to the management and administration of the service such as audits, meeting records and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely.
- One person was having a transdermal patch applied to their skin and the instructions stated this should not be applied in the same place for 14 days. Staff were recording which side of the person's body they were applying it, but this was not detailed enough for them to know it was not being applied in the same place. Following our feedback, the provider sourced a medicines administration record (MAR) which included space for staff to indicate on a body map where the patch had been applied.
- There was medicine present in the trolley that had a prescription label but was not recorded on the MAR. When we discussed this with senior staff they said the person was being given a similar medicine from a blister pack. Therefore, the person was not missing the medicine, but it increased the risk of error as this medicine was present in the trolley and had not been identified for a number of months.
- Staff had failed to record any topical creams being applied to people for two days; this is likely to be a recording issue, but this had not been identified until we fed this back.
- Staff were observed leaving the medicines trolley in one place in the service, then walking to where the person they were administering medicines to was in the home, including using the lift to go upstairs. This could increase the chances of errors due to distractions en route or of dropping the medicines whilst being carried through the home.
- Medicines were being stored appropriately and checks were made to ensure this remained the case.
- There were protocols in place which gave staff guidance about when people may or may not need their 'as and when required' medicines, also known as PRN medicine.

### Assessing risk, safety monitoring and management

- Risks to people were not always appropriately assessed and planned for. We saw many risk assessments had been photocopied and were the same in each person's file. This meant individual assessments of people's risks had not yet been considered.
- Personal Emergency Evacuation plans (PEEPs) were not always up to date. This meant accurate information was not always available for staff or for other organisations, such as the fire service, in the event of an emergency.
- Generally appropriate checks were being carried out on the building. However, people's bedroom doors, which were fire doors to help protect people in the event of a fire, were not being regularly checked to ensure they remained in a good working order and closed appropriately. Following our feedback, these

checks were put in place.

The above constitutes a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- Staff were not always effectively deployed. Staffing levels were assessed using a dependency tool.
- However, our observations showed when regular staff had not attended a shift due to sickness, the support people received was not always in a timely manner. Agency staff were sometimes used to cover shifts, but their awareness of people's needs meant they were not as effective as regular staff. One person said, "Normally, we do have days where a couple [of staff] have not turned up."
- There was mixed feedback from people, relatives and staff about staffing levels. One staff member said, when we asked them if there were enough staff, "No. There are parts where it isn't as busy, but in a morning or a big pad or toileting round due it can be hard to keep one [staff member] in the dining room."
- Staff were recruited safely as checks on their suitability were carried out prior to their employment.

#### Learning lessons when things go wrong

- Lessons had not always been learned when things had gone wrong. Concerns with medicines were not always identified by the service, despite the local authority identifying this as a concern and it being included on the provider's action plan.
- Accidents and incidents were reviewed, and trends were checked. However, this was not always fully completed as some of the further actions were not completed, so it was not possible to tell from the analysis what had been done in relation to overall trends.

#### Preventing and controlling infection

- People were protected from the risk of cross infection. The home was generally clean and tidy. However, there were some malodours in some areas, near the lounge. One relative also said, "I don't think that the smell is that bad, today it is good, it can be bad."
- The registered manager told us they had an external professional visiting to carry out a full infection control audit in the near future to support them.
- We observed staff wearing aprons and gloves at appropriate times.
- Environmental health had inspected the kitchen and given it the maximum five out of five food hygiene rating.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe. A relative said, "Yes I do [think my relative is safe], they haven't had as many falls and they use their frame." Another relative said, "I have seen some of the staff deal with some horrible situations and I have never seen the staff speak horrible to people. I admire the way they treat people."
- Staff all knew the different types of abuse, how to recognise it and were aware of their responsibilities to report this. We saw appropriate referrals were being made.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- People had their needs assessed prior to moving into the home, to ensure they could be met. However, this had not always resulted in an individualised plan and risk assessment which had been kept up to date. One relative said, "We have only ever done an assessment when my relative first came."
- One visiting health professional told us, "The care plans I have looked at are out of date."
- Assessments such as medicines, malnutrition and mental wellbeing were not personalised for people. Action was already being undertaken to replace all of these plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Handovers between staff were not always effective. Recording was poor and instructions to staff were not always clear. When we discussed this with the registered manager and staff, they told us this was being improved with more structured recording being introduced.
- People were having their own file introduced which contained all their daily records personal to them. These records would remain with the individual people, so staff could keep an up to date and accurate record more easily. These had not yet been embedded. One staff member said, "New charts have been put in place through handover, we can ask about it."
- People told us they were supported to see other healthcare professionals. One relative said, "My relative having itchy eyes was taken care of." We saw visiting professionals throughout our inspection and records confirmed people had access to them.

Staff support: induction, training, skills and experience

- Staff had undertaken some training, but work was underway to refresh all staff training. Staff told us they received training.
- We observed some staff approaches could be improved when supporting people with their moving and handling. We saw staff did not always clearly explain to people what was happening and did not always clear the surroundings first to ensure they were fully prepared for the manoeuvre. On the second day of our inspection, the trainer was present, and we observed them supporting staff to improve their technique.
- The new registered manager along with the provider had decided to start re-training staff from scratch to ensure all staff received standardised training. As this process had not yet concluded, staff compliance was ongoing and further improvement was needed to ensure staff compliance was as complete as possible.

- Despite this staff understood their safeguarding responsibilities and staff understood what mental capacity meant.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives gave positive feedback about the food. However, the lunch time experience was not always positive, with staff being rushed. One person said, "Good, yes, I get offered a choice, there is always a choice of two meals." One relative said, "I think my relative eats enough. I think the food is good."
- We observed people were given a choice at lunch time. People were offered drinks and snacks throughout the day. People who needed support were encouraged and supported where necessary.
- We were told the menus were being looked at to try and make improvements for people, including improving the appearance of pureed food and ensuring the most appropriate food for those with diabetes.

Adapting service, design, decoration to meet people's needs

- The home had adaptations to ensure it was appropriate for the people at the service and moving and handling equipment was available for people as necessary.
- Some areas of the home were tired and needed redecorating; however future plans were being considered to make environmental improvements. One relative said, "My only wish is that it does look a bit tatty around the edges... in an ideal world that could be perhaps nicer."
- There was limited dementia-friendly décor, such as clear signage (although some signage was present, this was not throughout the home). Memory boxes on people's doorways to their rooms were also not used which could help people recognise their own room. The provider was considering plans to improve this.
- People were given their lunch on white crockery. Some people with dementia may lose their ability to be able to recognise different colours and differentiate between items. Having white crockery may mean they may not always recognise there is food in front of them. Having clearly contrasting-coloured crockery to the food being served can help those with dementia recognise it more easily. Following our feedback, some different coloured crockery was purchased and used.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service was working in line with the principles of the MCA and were assessing people's capacity in relation to their health and care needs. Staff had an understanding of what was meant by mental capacity.
- For example, one person needed to be given their medicines covertly. Their capacity about this decision was assessed and when it was determined they did not have capacity, a best interest decision was

considered which included the person's GP and relatives.

- DoLS referrals were being made if there were restrictions on people.
- People were generally asked for their consent. One relative said, "There is always a choice and they tend to know what my relative likes."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People and relatives felt positively about the staff. However, our observations showed staff did not always treat people with dignity.
- For example, one person was being supported to move from their wheelchair into a dining room chair for their breakfast. Some staff were overbearing in their approach and the person became too tired to push themselves up to stand; this led to staff having to lower them to the floor. The person was then hoisted from the floor back into their wheelchair and then into a lounge chair.
- The person was given their breakfast which had gone cold whilst staff were hoisting the person. An inspector had to request they provided the person with a warm breakfast to replace the cold one. The person was then left in the same seat and same position for the rest of the day for a period of six hours.
- Another person had their breakfast taken from them by another person. Staff intervened but they neglected to replace the food that was taken from the person until an inspector told them.
- A person was observed putting some of their lunch into their drink. Staff had not seen this so an inspector had to intervene to seek support for the person, so they would not be left drinking an unsuitable drink.
- Despite this, people and relatives gave us other examples where they felt they were supported to remain independent. One person said, "I am a bit independent. The staff help, they always offer." A staff member said, "We try to support people to get them to do things themselves."

Supporting people to express their views and be involved in making decisions about their care

- There was mixed feedback about whether people could choose where they spent their time. One relative told us that people with reduced mobility were in the dining room so that staff could monitor them more easily than if they were elsewhere. They said, "All those who can't move are stuck in the dining room."
- We asked staff about this, one replied "We've tried before to gather people in the lounge but some don't like TV. Some people are prone to falls; they tend to be close together to help keep an eye on them."
- Relatives told us they could visit any time they wanted to. One relative said, "We have always been made to feel welcomed to come anytime."

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives felt positive about the staff overall.
- One person said, "The staff are very nice" and went on to say, "Everybody here seems to want you to be looked after and helped." One relative told us, "I cannot say enough about the quality and the care of the staff."

- The registered manager had recognised that further work needed to be done to ensure the service fully considered people's needs in relation to equality and diversity.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had sporadic opportunities to engage in hobbies and activities. One relative said, "I don't see a lot [of activities]. The care staff do some with people but they're not doing much. I don't agree with just sitting at the table. Some people definitely just sit."
- For large parts of the day people sat with minimal meaningful engagement. However, we observed some staff partaking in craft activities with people on the second day of our inspection, such as biscuit decorating and pasta crafts and others having their nails painted.
- Staff also told us of other activities such as flower pot decorating and a planned day trip. One staff member told us, "I think they need to look at it more, at what they enjoy. Some residents would hate that [craft activities]."
- There was a separate lounge from the dining area. Those in the lounge were able to watch films and TV. For those who sat in the dining area, there was less to directly engage them.
- People who were independently mobile could access the garden area, the shed had recently been decorated by people with further plans to improve the outdoor space.

End of life care and support

- No one was receiving end of life support at the time of our inspection, but consideration had been given to ensure people had a pain-free and comfortable death.
- However, there was no detail in people's plans about their specific, personalised end of life wishes or how they would like to be supported. For example, their spiritual wishes, clothing preferences or any music they would like to have playing. This meant there was a risk they may not be supported in a way they liked at the end of their life.
- We discussed this with the registered manager and they explained additional end of life guidance was being sought from their local practice nurse.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were being re-written to ensure they were up to date and contained individualised details. Some risk assessments were not personalised which meant some people may not receive care in a way they preferred and needed.
- People were not always given the opportunity to discuss their protected characteristics. Protected characteristics are designated within the Equality Act 2010, for example age, gender, sexuality and religion.

- The registered manager explained in relation to people's religion, "I don't think that's been addressed, as such." But went on to say that they liaised with a person's family for one person who practised a religion.
- When we asked about discussing people's sexuality, the registered manager said, "I don't think we've got anything in place for that. There are no issues or concerns." Some people may not be able to, or may choose not to discuss this with staff, but if they are never given the opportunity to disclose something about themselves they may wish to, it may have a detrimental impact on their care.
- The registered manager recognised they needed to consider this further, they said, "It's something we need to identify and work towards to improve."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans detailed people's communication needs; however, these were not always supported. We observed a person who was recorded as requiring glasses, we observed they did not have these given to them during our first day of inspection, which may have affected their ability to interact.
- The service was able to supply information about people in different formats and assisted people to communicate. The registered manager said, "We do use advocacy services, or we read it [the care plan] to people, or we could print it off into a larger bolder format."

#### Improving care quality in response to complaints or concerns

- People and relatives felt able to raise complaints. A relative said, "I can't complain about the staff. I'd go to the manager. Yes, I can definitely go to them."
- No complaints had been recently received at the service, although some older complaints had been investigated and responded to.
- There was an appropriate complaints policy in place.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality performance was not being sufficiently monitored on an ongoing basis and regulatory requirements were not all being met.
- The registered manager had recognised where some improvements were needed. They said, "I feel like the recording really lets us down. Our recording is quite poor." They also said, "I'm still working on it and trying to get everything right. There's a lot of issues going on."
- Audits were not being regularly carried out, so concerns were not always being identified in a timely manner. When we asked the registered manager about this, they said, "We have been scrutinised so much, I can't say I've done a full audit." Different professionals had been regularly visiting the home since they had initially identified concerns, so the service had been working with them to develop an action plan and work on this. However, this meant ongoing checks had not been completed.
- Medicines audits were not being regularly carried out, so concerns were not always identified in a timely manner. Stock levels were also not always being recorded which meant it was not always possible to verify if everyone received their medicines that match the records. Following our first day of inspection, the registered manager had started a full audit, so they could get an up to date picture of the medicines.
- Systems in place had failed to identify issues with the recording of medicines, such as the lack of recording of the application of creams and the tablets left in blister packs not matching the records and poor medicine patch recording.
- There were monthly reviews of people's care, but these were not fully effective as they were reviewing generic risk assessments which had not yet been re-written to ensure they were personalised to the person.
- A new staff dependency tool was also being developed, however, there were no timescales for when this would be so we could not be sure this would ensure staff deployment would improve.
- The provider was attempting to implement across all of their homes a new quality assurance and governance system. However, this had been ongoing and had not yet taken effect so we could not be sure these new systems would be effective in ensuring the quality of people's care was monitored and improved.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality

### characteristics

- People, relatives and staff were not actively engaged and involved in the service.
- This was due to the registered manager and provider being involved in working with the local authority and other health professionals to identify and plan improvements to the service, as concerns had been identified. Plans were in place to start engaging more closely with people, relatives and staff.
- One relative told us, "[The local authority] have written to us [about concerns they had identified], but I would have expected the home to be in touch with us as well, but they haven't."
- One staff member said, "We need some staff meetings. A lot of staff work well together. They need to all get along together."
- No surveys had been recently completed therefore, no recent feedback had been gathered for ideas on how to improve the service. A comments box had been introduced so feedback could be given anonymously. Despite this, people, relatives and staff felt the registered manager was approachable and they could discuss their concerns with them on a day-to-day basis.

### Continuous learning and improving care

- The service was not always learning and improving care.
- Competency checks on staff were occasionally carried out. The senior staff had a test to check their knowledge in relation to medicines, but some of the completed answers were incorrect. These incorrect answers had not been identified, yet they had continued to administer medicines.

### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were open to feedback from our inspection and had been willing to work with the local authority when it had been recognised when things had gone wrong.
- The registered manager was open and transparent. They told us, "I know it's not going to be 100%."

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives felt positive about the registered manager and felt they had started to make improvements. One relative said, "There have been lots of changes with the staff but the new manager and the deputy manager seems to be gelling everyone together, they all seem to be working to the same goal again."
- Staff also felt positively about the registered manager. One staff member said, "The [registered] manager is just finding their feet. Anything I've had issues with they've dealt with quickly." Another staff member said, "[Name] is a fantastic manager – they are very approachable and very experienced."
- The registered manager also felt supported by the provider; there were joint manager's meetings with other homes owned by the provider and the nominated individual also spent time in the homes.

### Working in partnership with others

- The service worked in partnership with other organisations, such as the local authority and other visiting health professionals.
- The service was working with the local authority to discuss progress on their action plan and the local authority was monitoring this, also.
- There was a monthly multi-disciplinary team meeting at the start of each month involving a physiotherapist, a Community Psychiatric Nurse and the registered manager in order to work together to support people.
- One visiting health professional told us, "It's got a lot better recently. The registered manager introduced themselves. The deputy manager has been brought in. They are both very helpful."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not always managed safely. Risks assessments were not personalised. There was insufficient detail available to ensure people could be evacuated from the building in an emergency.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not in place to ensure the quality of care was regularly monitored to ensure improvements were made.