RS Care Limited

Ambleside Nursing Home

Inspection report

6 Southside
Weston Super Mare
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 7 January 2017 and was unannounced.

Ambleside nursing home is registered to provide accommodation and nursing or personal care for up to 20 people. There were 18 people living at the service at the time of inspection. The home is situated in Weston Super Mare and offers accommodation split over four floors. There is a communal lounge on the ground floor and a separate dining area on the basement floor. There is lift access to each of the floors and the service was in the process of having a wet room installed with an accessible shower.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The current manager had applied to CQC to become the registered manager and this application was being considered at the time of inspection.

Staff were recruited safely because the provider undertook a variety of checks prior to staff starting work.

Assessments were made in line with the Mental Capacity Act(MCA), however best interests decisions did not include evidence about the options considered or whether decisions made were the least restrictive for the person.

People were protected from the risk of harm by staff who understood the possible signs of abuse and how to recognise these and report any concerns. Staff were also aware of how to whistle blow if they needed to and reported that they would be confident to do so.

Staff were aware of the risks people faced and understood their role in reducing these. People had individual risk assessments which identified risks and actions required by staff to ensure that people were supported safely.

There were enough staff available and people did not have to wait for support. People had support and care from staff who were familiar to them and knew them well. Staff were consistent in their knowledge of people's care needs and spoke confidently about the support people needed to meet these needs.

People received their medicines on time. We saw that people were supported by staff who had received appropriate training to administer medicines and that they followed safe procedures when giving people their medicines.

Staff had the necessary skills and knowledge to support people and had received training which was relevant for their role. Some training offered was considered essential by the home and other training was offered based on the needs of people living at the home and the development needs of staff.

People spoke positively about the food and had choices about what they ate and drank. The kitchen were aware about people's dietary needs and where people required a special diet or assistance to be able to eat and drink safely this was in place.

Staff knew people well and interactions were relaxed and caring. People were comfortable with staff and we observed people being supported in a respectful way. People were encouraged to make choices about their support and staff were able to communicate with people in ways which were meaningful to them.

People had care plans which were person centred and included details about their likes and dislikes and how they wished to be supported. Staff were able to confidently tell us about people's preferences and care plans were regularly reviewed with people and their loved ones where appropriate.

People were able to engage with a range of activities including one to one time with staff. People told us that they had enough to do at the home and although there were planned activities, staff were also encouraged to spend unplanned time engaging people in activities.

Relatives spoke positively about the staff and management of the home. They told us that they were always welcomed and visited when then chose. Both relatives and people told us that they would be confident to complain if they needed to.

Staff felt supported by the manager at the home and were confident in their roles. The manager had undertaken some improvements since starting in the role and these were in place and working well. There were further developments planned which the manager was confidently able to explain to us. Staff were encouraged to have input into the development of the home and communication between staff and the manager was effective.

Feedback was gathered both formally and informally and used to drive improvements at the home. Quality assurance measures were regular and also used to identify gaps and trends which were then used to plan actions to drive high quality care.

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.

The provider undertook a variety of checks prior to staff starting work.

Individual risk assessments were completed to ensure that people were looked after safely and staff understood their role in managing identified risks.

People were protected from the risks of abuse because staff knew how to recognise and report concerns and were confident to do so.

People received their medicines as prescribed and they were administered and stored safely.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

People who were able to consent to their care had done so and staff provided care in people's best interests when they could not consent.

People enjoyed a choice of food and were supported to eat and drink safely.

People were supported to access healthcare professionals appropriately.

Is the service caring?

Good

The service was caring

People had a good rapport with staff and we observed that people were relaxed in the company of staff.

Staff knew how people liked to be supported and offered them

appropriate choices.

People were supported to maintain their privacy and dignity.

People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People had individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff

People enjoyed a range of activities and staff spent one to one time with people.

People and relatives knew how to raise any concerns and told us that they would feel confident to do so.

Is the service well-led?

Good

The service was well led.

People, relatives and staff felt that the manager was approachable and had confidence in the management of the service.

Feedback was used to highlight areas of good practice or where development was needed. Information was used to plan actions and make improvements.

Quality assurance measures provided a clear picture of trends or gaps in practice and actions required were identified and acted upon.

Ambleside Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 January 2017 and was unannounced. The inspection was carried out by a single inspector.

The provider had completed and returned a Provider Information Return(PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does and improvements they plan to make. In addition we reviewed notifications which the service had sent us. A notification is the form providers use to tell us about important events that affect the care of people using the service. We also spoke with the local authority and Clinical Commissioning Group quality improvement teams to obtain their views about the service.

During the inspection we spoke with five people using the service and four relatives. We also spoke with four members of staff and the manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked around the service and observed care practices. We looked at the care files of five people and reviewed records relating to how the service was run. We also looked at three staff files including recruitment, training records and registration of trained nursing staff. Other records we looked at included Medicine Administration Records(MAR), emergency evacuation plans and quality assurance audits.

Good

Is the service safe?

Our findings

The service was safe. The provider undertook a variety of checks prior to staff starting work including checks with the Disclosure and Barring Service (DBS) and identity checks. The provider had experienced difficulties obtaining evidence of conduct in previous employments and some former employers had only confirmed dates of employment. We discussed with the manager other options for ensuring persons employed were of good character, such as character references.

The manager told us that they currently had one staffing vacancy. The majority of staff at the service had been employed for a number of years and retention of staff was high which meant that staff knew people well. The registered manager told us that they had been working with a local college and currently had three students who were on placement at the home. They had clear roles for their time at the service and the manager explained that it had been working well and feedback they had received from the college was that the students had felt supported by the home. The manager told us that that would continue to work with the college to offer student placements and that they were also working with them to consider an apprenticeship. This told us that the service was considering other approaches to recruiting staff.

People and relatives told us that the service was safe. One person said "I feel very safe living here". Another person explained that they felt safe because staff "check on me in the night". We observed that staff noticed that one person was mobilising without the equipment they needed. Staff were quick to respond and one staff member walked alongside the person offering a hand for support while another brought the person the equipment they needed.

Staff understood about the possible signs of abuse and how to report any concerns. One told us about how they would identify possible abuse. They explained that because they knew people well, they would be aware of more subtle changes in behaviour or mood and would report any concerns to the managers. Another staff member told us about some of the signs of abuse they were aware of and knew how to report any concerns. Staff received safeguarding training and we saw that the safeguarding policy gave details about the types of abuse and possible signs and instructions about the procedure for reporting. Staff were aware of how to Whistleblow and told us that they would be confident to report and that this would be followed up.

People had clear, individual risk assessments which explained what risks they faced and what support staff should provide to manage the risks. For example, one person was at risk of choking. Their risk assessment gave clear details about what assistance the person needed and what actions were required to manage the risk. For another person we saw that they were at risk of developing pressure sores. They had a risk assessment which gave clear directions to ensure that staff monitored the persons skin and reported any changes or concerns. They had equipment in place which needed to be set according to the person's weight, which was regularly checked and the equipment adjusted accordingly. There were daily checks to ensure equipment was at the correct setting. Checks included a photo of the equipment and what setting it should be on which was in the person's room.. We saw that the equipment was set in line with the guidance written.

There were enough staff available to support people's needs. One person explained "If I ring they come within a couple of minutes". Another person explained that they found mobilising difficult and that staff "Make sure I have support to walk to the bathroom and to use my frame" and that they didn't have to wait for this support. Another person said staff "Come quickly when I call them". We observed that when call bells sounded, they were answered promptly and that there were sufficient staff to provide supervision for people who were at risk of falls if they mobilised without support. The manager explained that the home used a dependency tool to ensure that there were enough staff to meet the needs of the people living at the home. There had been a recent incident which had identified that a person required a higher level of supervision at night. The home had made contact with the local authority and when we inspected, additional support had been put into place. This demonstrated that the service had identified the increased risk and taken steps to ensure that there were sufficient staff to keep people safe.

People were supported by staff who were familiar to them. Most staff had worked at the service for a number of years and people and relatives told us that staffing was consistent. One person said "nurses and carers are all very good, I know that all". Another told us they had "generally the same staff and I know them". A relative said that "staff are really good and do really know my loved one".

Fire evacuation procedures were easily accessible and each person had a personal emergency evacuation plan (PEEP) which included details of what support they would need to evacuate the premises safely. The home had a fire grab bag which the managed explained they would use it in case of emergency evacuation. It included contact details for essential services and for people's relatives. It also included fire blankets for each person and a first aid kit. The fire risk assessment had been reviewed and where changes were needed, these were identified. This demonstrated that the service had arrangements in place to ensure that people were protected and supported safely in case of an emergency at the home.

Medicines were stored securely and administered as prescribed. We saw that people were supported by staff who had received appropriate training to administer medicines and that they followed safe procedures when giving people their medicines. Storage was safe and secure and there were checks in place for medicines when they arrived at the service. We looked at the Medicine Administration Record (MAR) for four people and saw that the medicines correlated with the MAR. The service had robust checks in place for controlled drugs and checks of the MAR each time medicines were administered to ensure these were correct. Some people had medicines which were 'as required'. We observed the manager asking whether they wanted this medicine before administering this and they recorded this correctly in the MAR. We saw that one person had 'as required' pain relief but was not able to verbally tell staff whether they were in pain. The home used a pain scale with picture cards which the person used to communicate their pain levels to staff. MAR included pictures of each medicine, the dosage and any instructions about how they were to be administered. Where information was received from the GP about changes to medicines, copies were kept with the persons MAR. For example, we saw a fax from a GP advising the home to stop a medicine for one person, we saw that the administration of the medicine had been stopped as advised.

Good

Is the service effective?

Our findings

The service was effective. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Where people did not have the capacity to make decisions about areas of their support, we saw that there were MCA assessments in place. These were specific to the decision being made and provide evidence about who had been consulted and the reasoning behind the capacity decision. Decisions for people who lacked capacity were required to be made in their best interests in line with legislation. However there was insufficient information about what decision was being made and whether this was the least restrictive option for the person. For example, one person lacked capacity to make decisions about whether the home supported them to take their medicines. There was a best interests form which showed that people important to the loved one had been involved in the decision but no details about what options were discussed or evidence that the decision that had been made was the least restrictive one for the person. The same issues were found with the best interests documentation for a further two people. The manager was able to explain what decisions had been made which told us that the home understood the framework of MCA but this needed to be reflected more robustly in the recording about decisions made in peoples best interests. The manager had a copy of the best interests decision paperwork used by the local authority and told us that they would ensure that they changed their practice to ensure that decisions made in the best interests of people were documented in line with the legislation.

The home had applied for Deprivation of Liberty Safeguards (DoLS) where necessary. DoLS aim to protect the rights of people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards are used to ensure that checks are made that there are no other ways of supporting the person safely. Best interests decisions which identified the needs for an application for DoLS were not robust, however DoLS applications which had been made were appropriate. Information about DoLS applications was clearly displayed in the manager's office and included details about whether applications were pending or when authorisations expired. Where a DoLS authorisation had included conditions, the manager was aware of, and able to competently explain what these were and how they were being met.

The home had its own website and page on a social media site we saw that people's photographs were displayed on the information about the home. The manager advised us that where photographs had been used for people who lacked capacity, consent forms had been signed by family members who had a legal

power to make a decision on their behalf. We saw evidence of two of these consent forms. They explained that where there was no legal power in place for people, their photographs were only used within the home for nursing needs, for example, in the MAR chart.

Staff had the correct skills and knowledge to support people and received appropriate training for their role. One person told us that they had been very unwell when they first moved to the home but staff had provided the support and encouragement they needed and they had improved greatly. They spoke very highly about the skills of staff and the impact that this had had on their own health and wellbeing. A relative explained that staff had recognised that their loved one required changes to their diet to improve their health and had put these into place.

Staff received training in a range of areas which the home considered essential, these included moving and assisting, health and safety, infection control and MCA/DoLS. In addition, the home provided other training opportunities which were linked to staff development needs and the needs of the people living at the home. These included person centred care, behaviour that challenges, dementia and end of life care. The manager explained that all staff were completing the Care Certificate through an online system. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The manager said that the online system provided updates in the standards set in the care certificate and they used this information to identify whether staff had any additional learning and development needs. For example, when the manager verified the care certificate work for one staff member they identified that they would benefit from additional learning in two subjects. We saw that these had been arranged for the staff member.

Trained nursing staff received further training in a range of areas including catheter training, venepuncture, PEG and advanced administration of medicines. We saw that some of these options had also been offered to, and completed by some care staff. The further training was used by nursing staff as evidence towards their revalidation with the Nursing and Midwifery Council(NMC). A trained nurse told us that the manager had already supported some trained nurses to revalidate and the manager explained that they had development portfolios which they had set up to support staff with the process.

Staff received regular supervision and annual appraisals were scheduled to be completed over January and February with staff. There was a supervision matrix which detailed when supervisions were due and supervisions were managed by the trained nurses and the manager. We saw that supervision records showed that staff development and practice was discussed and staff confirmed that they received regular supervision.

People at the service told us that the food was good. We saw that the menu had one main meal at lunchtime, but the cook explained that if people asked for something different they kept a selection of home cooked meals which they could provide. One person told us that they sometimes chose to have a salad and that the kitchen would make this for them. The menu was in the process of being altered and the manager told us that they had spoken with people and made some changes according to what people had said they wanted to eat. Another person told us the "food is fantastic and always well prepared, it's very good". Another person explained that they had never asked for an alternative meal because they had never had a meal they didn't like. The cook was aware of people's likes and dislikes and explained that when people first arrived at the home, they were asked about what they liked to eat and a copy of this information was kept in the kitchen. A person told us about something they didn't like to eat and said that the kitchen were always aware of this and provided something different. Where people required a special diet to ensure they were able to eat safely, this was provided and the cook was able to tell us about any special dietary requirements people had.

People were supported to access healthcare services when needed. We saw that there were clear records about contact with healthcare professionals and that people had received input from a range of health professionals including chiropody, GPs and social work. Referrals were made promptly. We saw that when there had been an incident involving a person, the home had contacted the relevant health professionals and records showed that the person had subsequently been visited by health professionals following the referrals from the home.

Good

Is the service caring?

Our findings

The service was caring. Staff were kind in their approach and had a good rapport with people. One person told us staff were "wonderful people, they are really lovely". They went on to say "I love this place, couldn't recommend it highly enough". We observed one person who had their main meal but was not eating anything. A staff member sat with them and encouraged them to eat independently. They offered reassurance and showed patience and empathy. They provided some practical changes including moving the meal nearer and trying a spoon instead of a fork. The person was able to carry on eating their meal independently with the support the staff member had given.

People were actively supported to make decisions about their care and staff understood their role in supporting people to make choices. One person told us that they preferred to have their meal in their room, but had been offered the choice of where they wanted to eat. Another person explained that they chose to get up early and that staff supported them to do this. Staff were able to tell us how they offered choices in ways which were appropriate to people. For some people, staff looked for visual clues or gestures to ensure that they were supporting people in a way they chose.

People told us that staff knew what their preferences were and how they liked to be supported. One person told us "the carers are great, they know what I like and don't like". A relative explained that staff had got to know their loved one and how to support them in a way they liked. A staff member told us about one person who didn't like one the medicines they needed to take, they explained that they used a different method of administering this so that the person was happier to take it and we saw it being administered in the way described. The manager explained that they had managed to support one person to leave the home and spend Christmas with their spouse and family as this had been important to them.

Staff were aware of peoples communication needs and we observed that they changed their approach to speak with people differently in response to their individual needs. For example, staff were tactile and used appropriate touch to interact with some people when they were communicating with them. Where people had sight or hearing problems, these were identified and staff adapted their interactions with people to ensure that they were communicating effectively. A relative told us that staff understood how to interact with their loved one.

People were supported to maintain their privacy and dignity and were encouraged to maintain their independence. One person explained that staff were respectful when supporting them with intimate care and staff told us about how they ensured that they supported people to maintain their dignity. Another person explained that staff "Encourage me to do what I can for myself". The manager gave us examples about two people in the home who liked to help with daily living tasks which they encouraged.

Good

Is the service responsive?

Our findings

The service was responsive. People had individualised care plans which reflected what support they needed and how they wished to receive their support. For example, care plans included a one page profile which explained what was important to the person and gave an overview about the person's life, experiences and interests. The care plans were recorded on a computerised system and the manager explained that they had given priority to ensuring that care plans were person centred and comprehensive. They were working on producing a printed care plan which could then be used if any agency staff were needed who would be unable to access the computerised system. The manager said that feedback they had received from healthcare professionals who had seen the printed care plans had been positive.

Relatives told us that they were welcomed at the service and visited whenever they chose. We observed that staff answered the door promptly when relatives or visitors arrived, and ensured that they signed in the visitors book. A relative said that they were able to visit whenever they wanted and that staff were always welcoming. They had been invited to stay for a meal although had not done so. Other relatives said that staff were always welcoming when they came to see their loved one. One relative explained that they often sat with their loved one in a separate lounge area which they appreciated as it had enough space for them to be together.

There were a range of activities at the home and there were enough staff to support people. We saw that there was a monthly activities plan which explained what was planned each day. There was some external entertainment which came in to the home each month but the majority of activities were arranged by the staff. Activities included pamper sessions, quizzes and film afternoons. People told us that there was enough to do and the manager explained that they were working on ensuring that staff spent one to one time with people who could not take part in some of the planned activities. We saw that the manager checked activity plans and where activities did not appear to have been undertaken, had followed this up with staff.

Relatives told us that the home kept them updated and communicated effectively regarding the care of their loved one. One relative explained that they had been involved in planning and agreeing the support their loved one received and when their loved one was unwell, staff contacted them promptly to let them know and kept them up to date with how they were. Another relative explained that the home kept different members of the family up to date which they found helpful.

People and relatives knew how to raise any concerns and told us that they would feel confident to do so. One person said that they would feel able to speak with staff if they had any complaints but had not needed to do so. The service had received one complaint during the previous year and we saw that this had been recorded and responded to. There was a clear system for recording complaints on the computerised system and this included details about any immediate actions which had been taken and the outcomes. The complaints policy included guidance about how complaints should be recorded and included contact details for outside organisations including the local authority, clinical commissioning group and CQC.

Good

Is the service well-led?

Our findings

The service was well led. There was no registered manager in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.' The current manager had started in post in August 2016. The manager had applied to CQC to become the registered manager for the service and this application was being considered at the time of inspection.

People and relatives spoke positively about the management of the home and told us that the manager was available and approachable. One person said "the new manager is ok, they do a good job". Another told "the new manager is first class, they're really good". The manager was working a shift at the home when we inspected and told us that they usually worked a shift every week. Staff spoke highly about the manager and told us that they felt supported in their role. This told us that the home was demonstrating good management and leadership.

Staff understood their roles and responsibilities within the service. The manager showed us planned routines for each role and each shift, the information provided staff with clear guidance about what they needed to do and the manager had developed a separate sheet for the students in placement within the home. This provided clarity about the different levels of responsibility for each job role. Staff at the home also had lead responsibilities for different areas of practice. For example, one staff member had a lead role for protective equipment.. This involved checking stock and ordering equipment as needed to ensure it was available for staff. Other lead roles included dignity in care, infection control and wound management. This showed us that the manager was demonstrating effective leadership by ensuring that there were clear responsibilities for important areas of the service.

The manager explained that they received support and guidance from the director of the home who visited regularly. They sought best practice guidance from a number of national organisations including Skills for Care and Social care Institute for Excellence. The service had signed up to the Social Care Commitment (SCC) and the manager told us that a few staff had also signed up and they were encouraging others to do so. The SCC is a promise made by people who work in social care to give the best care and support they can. The manager also told us that they made quarterly checks with NMC to ensure that trained staff registrations did not have any restrictions or changes in place.

Staff had regular meetings and we saw minutes which showed that areas of practice and developments were discussed. Staff also had handovers at each shift and we saw that information discussed was documented to ensure that all staff were aware of any changes with the support people required. The home also had a handover book which the manager used to record any important updates and practice guidance. This was then read and signed by staff at handover meetings. This demonstrated that the manager was delivering high quality care by driving best practice at the home.

Feedback was gathered in a number of ways. The service handed out leaflets to people and relatives to encourage them to provide feedback via a national online service. Feedback could be written using pre-paid survey cards, or submitted online and we saw that there were six reviews which were all positive and that the home had received an overall rating of 9.6 out of a possible 10. Other feedback was encouraged via another online service and published on the home's main website. We saw that the service had received nine reviews through this system in the last 12 months. Feedback was again positive and included views from next of kin and professionals. Staff also received an annual questionnaire to provide feedback for the service. The manager told us that feedback was used to further develop the service. They explained that information advising that people would like the opportunity to have a shower was listened to and that wet rooms were in the process of being installed in response to this. We also saw that some people had raised issues with the laundry and in response changes had been made. The changes had been fed back at meeting which was held regularly and gave people the opportunity to discuss any improvements they felt were needed.

The manager explained that they provided feedback for staff in supervisions and on a day to day basis where they observed good practice. They told us "If I see something good that's happened, I let them know". They explained that they observed practice and where improvements were required, ensured that they explained to staff what the issues were and suggested improvements. They encouraged staff to reflect on practice and explained that where they observed positive interactions they thanked staff and explained the good practice that they had seen. For example, the manager explained that one staff member had been unclear about different legislation and how it related to people living at the home. The staff member had reflected on their understanding and discussed with their supervisor so that they understood this. Staff were happy working at the home and felt that they received feedback from the manager about their practice. One staff member told us "I love working here, I like the staff, they are my family".

There were clear development plans for the service. The manager had made significant changes since starting in the role and had focussed improvements in areas they identified as most important to ensure people were supported safely. These had included changes to the medicines administration and monitoring systems and changes to the care plans to ensure that they were personalised. We saw that the manager had emailed the trained nurses when they started in post. They had recognised the good practice they had observed and outlined plans for improvements for the service. The manager explained that further changes included the introduction of a more person centred tool to assist staff to discuss end of life care options with people. They also planned to make changes to how the rooms at the home were used to try to encourage use of the dining room so that people were able to socialise at meal times. This demonstrated that the manager had clear plans to further develop high quality care at the home.

Quality assurance measures at the service were regular and covered all areas of the service including the kitchen, accident/injuries and infection control. We saw that audits picked up areas for improvement and that these were acted upon. For example, an audit had identified that there were items missing from people's rooms which were important for infection control. This had been acted upon and were in place during the inspection. The manager explained that they had recently had a food standards inspection and showed us the report. We saw that some of the areas raised for improvement had been completed and others were planned and work was underway to ensure that the required changes were made.