

Meridian Healthcare Limited

# Daisy Nook House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Daisy Nook House is a large, purpose-built establishment owned and managed by Meridian Healthcare Limited. The home provides accommodation and support for older people, some of whom live with dementia. At the time of our inspection there were 40 people living at the home.

People's experience of using this service:

People who used the service, their relatives and visiting professionals spoke positively about their experiences and the quality of care and support offered. A range of activities both in and away from the home were provided, offering variety to people's day. We were told that staff were kind and respectful and were aware of the individual needs and wishes of people.

We saw that people's prescribed medicines were stored safely. Clear guidance was provided with regards to 'when required' medicines, covert medication and the use of medication patches. Immediate action was taken following the inspection reinforcing to senior staff the need for accurate and complete records about people's current medication and administration. Where people administered their own medication, checks were not completed. We have recommended the provider reviews the system for self-administration to ensure people are kept safe.

People continued to receive good healthcare support to ensure their well-being was maintained. A visiting health professional told us that staff were quick to respond to people's changing needs. People's dietary needs were understood and catered for. Additional records were to be implemented in relation to the use of prescribed thickeners.

Whilst people said staff supported them in a timely manner, we found from our observations, feedback from relatives and staff and a review of records that at times adequate supervision may not always be available. Following a discussion, the management team agreed to review the current arrangements to make sure enough staff were available at core times.

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. A review of people's care records showed that pre-admission assessments, care plans and risk assessments were kept under review and reflected the individual needs and wishes of people.

We found compliance with the regulations had been maintained with regards to safe recruitment, procedures, on-going programme of staff training, infection control and hygiene standards, safeguarding people, access to health care support and good nutrition, health and safety and maintenance checks. These systems helped minimise the risks to people and keep them safe.

There was clear evidence of management and oversight of the service. Audits and checks were completed to

monitor and review the service. Opportunities were provided for people and their visitors to comment about their experiences. Records showed that any themes or patterns were explored; where improvements had been identified, the management team shared 'lessons learnt' across the organisation to help improve practice.

Rating at last inspection:

At the last inspection the service was rated Good (24 October 2016).

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

Our findings demonstrated that the service continued to meet all relevant fundamental standards. More information is in the full report.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in accordance with our re-inspection programme.

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

## 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 remains safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remains effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remains caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remains responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remains well-led

Details are in our Well-Led findings below.

# Daisy Nook 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. 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.

#### Inspection team:

The inspection was undertaken by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Daisy Nook 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.

Daisy Nook accommodates up to 40 people in one adapted building. Accommodation and support is provided in a single storey building which is easily accessible. The service does not provide nursing care.

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 took place on the 29 May and 6 June 2019; the first day of the inspection was unannounced. An adult social care inspector and expert by experience visited the home on the 29 May 2019. Two adult social care inspectors visited again on the 6 June 2019 to complete the inspection.

#### What we did:

Prior to the inspection the provider sent us a completed Provider Information Return (PIR). This is a form, which is requested on an annual basis and asks the provider to give some key information about the service,

what the service does well and what improvements they plan to make. We also reviewed information we held about the service, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

We also spoke with local authority to seek their feedback about the service. No concerns were received.

During our inspection we spoke with nine people who used the service, the relatives of six people, a visiting community nurse and an external training provider. Time was also spent speaking with staff, this included; kitchen staff, a well-being co-ordinator (activities), two care staff, the deputy manager, registered manager and quality manager.

We reviewed the care files for four people, looked at monitoring records such as food and fluid charts, night checks, personal care and topical cream charts. We also checked staff recruitment procedures, training and development records as well as information about the management and conduct of the service.

Some of the people living at Daisy Nook were not able to clearly tell us about their experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- We found where people had refused medication relevant codes had not been used and that the prescribed medication for one person recently admitted to the home had not been confirmed with the person's GP to make sure information was correct. Immediately following the inspection, the registered manager told us that checks had been made, and senior staff spoken with to reinforce the system in place. We also found where people administered their own medication checks were not completed to make sure people were managing them safely. We have recommended the provider review the system for self-administration to ensure people are kept safe.
- Where people had difficulties with swallowing, they were prescribed a 'thickener'. This can help with the swallowing of foods and fluids safely. We saw the service had introduced the International Dysphagia Diet Standardisation Initiative (IDDSI) framework, which provide staff standard instruction on its use. During the inspection we were found records were not completed to evidence when people had received thickeners. During the inspection we were show new documentation which was to be introduced to record its use.
- People we spoke with said they received their prescribed medication; adding, "They [staff] help with medicine and I get it when I need it", "I take my own medication, but they make sure I take it" and "I get my medicine every morning. They make sure I have my tablets."
- People's prescribed medicines, including controlled drugs were appropriately stored in a locked medication room. Suitable arrangements had been put in place so that keys were only handled by those staff responsible for administering medication. Clear guidance was provided for staff with regards to 'when required' medicines, covert medication and the use of medication patches.
- On-going training and competency checks were completed by those staff responsible for the administration of medication. Managers continued to carry out audits and checks to make sure people received their medicines as prescribed.

### Staffing and recruitment

- Safe recruitment procedures were maintained. We reviewed the personnel files for three staff employed since our last inspection. Relevant information and checks were completed prior to new staff commencing employment ensuring their suitability for the position.
- People felt they received support in a timely manner. We were told, "No need to use the buzzer, there is always someone to help which is great", "They are pretty good at responding to the buzzer", "If I ring the buzzer it only takes them 5 or 10 minutes before they come to see me" and "If I need help I don't have to wait long."
- Whilst people said staff supported them in a timely manner, we found from our observations, feedback from relatives and staff and a review of records that at times adequate supervision may not always be available. We discussed this with the management team who agreed the current arrangements would be reviewed to make sure enough staff are available at the busiest times of the day. Following the inspection,

the registered manager confirmed that a date had been scheduled with the regional director to review the staffing arrangements in line with the providers clinical risk register (dependency tool).

Systems and processes to safeguard people from the risk of abuse

- People felt they received safe and effective care. They told us, "I feel safe enough. If I need help I know I can ring the buzzer or call for someone" and "I couldn't manage on my own, so I feel safe here knowing there are people to help me."
- People relatives said they were confident their family members were safe and well cared for. Their comments included, "We are confident [relative] is being looked after and is in the right place. We didn't want to have to do this, but we now know it is right for [relative] and she seems very happy here", "[Relative] is very safe here and they are on the ball looking after him", "I have no concerns about how [relative] is being looked after", "I think [relative] is safe here and I have no real complaints", "I am confident that when I leave here I know [relative] is being well looked after and I am not worried. I can see that she is happy here" and "[Relative] is absolutely safe here we have no qualms about that, the care is spot on."
- In addition to training, clear policies and procedures were available to guide staff. We saw a notice board which provided additional information to guide them on safeguarding procedures as well as a confidential 'whistle blower' hotline.
- Staff spoken with were able to demonstrate what procedure should be followed if people were potentially at risk or had suffered harm. Information about whistle blowing (reporting poor practice) and safeguarding people from abuse was easily accessible for staff.

Assessing risk, safety monitoring and management

- Potential risks in relation to people's health and safety continue to be assessed. Risk assessment were person centred and identified areas of concern and how these impacted on people. Guidance for staff about risks was provided in the individual care plans. These had been kept under review. Additional monitoring was carried out where people had been assessed as being at risk, for example, risk of falls, poor nutrition and weight loss and pressure care.
- Relevant maintenance checks had been carried out to make sure the mains electric and gas supply were safe. On the first day of our inspection we found that further action was required to improve the nurse call system, fire alarm and emergency lighting system. On the second day of the inspection additional information was provided to show that relevant action had been taken.
- Safe systems were maintained in the event of an emergency arise. The service had a contingency plan which guided staff about what to do as well providing contact details of contractors. In addition to the fire safety checks, the service had a fire evacuation procedure, a programme of staff training and personal evacuation plans (PEEP's) to help protect people in the event of an emergency arising.

Preventing and controlling infection

- People and their relatives felt the home was kept clean and tidy. Their comments included, "I think the place is very clean the cleaners are always about", "The place is lovely and clean don't you think" and "The place is very clean."
- Systems were in place to minimise the risk of cross infection. We saw personal protective equipment (PPE) was readily available and accessible, such as disposable gloves and aprons, and staff used these during the inspection.
- A programme of training was provided in health and safety, infection control and COSHH, (Control of substances hazardous to health).
- The laundry was found to be clean and tidy. Whilst the pathway to manage 'dirty' and 'clean' items was not obvious, suitable arrangement had been put in place ensure effective separation of items.



### Learning lessons when things go wrong

- Accidents and incidents were clearly recorded. These were kept under review to check appropriate action had been taken and if any themes or patterns had developed, which required further intervention.
- Managers were now sharing areas of learning across the organisation to help promote good practice.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider continued to work within the principles of the MCA so that people's rights were protected. Information was available to guide staff with regards to capacity and consent. Where conditions had been placed on the DoLS, individual care plans had been implemented to ensure these were addressed.
- We asked staff what they understood of the MCA and DoLS. Staff were able to demonstrate some understanding. We were given good examples of how staff helped people to make choices and have control where decisions needed to be made. Where decisions had been made in people's 'best interest' this had been done in consultation with the person and relevant parties and was clearly detailed within their care records.
- A review of people's records showed that where possible, people had been involved and consulted in the assessment and planning of their care and support. Where people's relatives made decisions on their behalf we saw legal authorisation was in place for them to do so. The relative of one person told us, "They have also explained the DoLS to us fully, so we know what is going on."
- All the people we spoke with said staff supported them in a way they wanted and needed and felt their wishes were respected. One person commented, "They [staff] always ask before they do anything for me."

Staff support: induction, training, skills and experience

- People we spoke with felt staff had the knowledge and skills needed to effectively support them. People told us, "They are very good I think they know what they are doing and they are always cheerful and happy", "I think the staff know their job and they help me a lot", "The staff are very capable; I've been here a long time and I can see that the staff know their jobs and how to look after people" and "I think the staff do a very

good job and I know I am being well looked after."

- The service had a comprehensive programme of induction and training for staff. Managers monitored the completion of training to make sure this was undertaken in a timely manner. Staff spoken felt they received all necessary training relevant to their role
- We spoke with an external training provider who said visited the home to support staff in completing the Diploma in Healthcare. We were told the provider was keen for staff to do this training and they were proactive in supporting staff to continue with their professional development.

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

- Most of the people we spoke with said they enjoyed the food and were offered choice. Their comments included, "The food is really good, I get plenty to eat and drink", "The food is smashing. I have a big dish of cornflakes and some toast in a morning and the rest of the meals are belting and plenty of choice", "It's nice food well cooked and I like to get up for an early breakfast", "The food is lovely no complaints", "The food isn't bad and it's even better since they have got a new supplier and the sausages and meatballs are better" and "The food is okay I had chicken for my dinner today and it was very tasty."
- Mealtimes were seen to be relaxed. Music was playing which people appeared to enjoy singing along to adding to the lunch experience. Tables were nicely set with cutlery, condiments and serviettes. Hot and cold drinks were available and adapted cutlery and drinking cups where needed.
- Where people were at risk of weight loss or choking, additional advice was sought from the speech and language therapist or dietician. Information to guide staff was included within people's care records with additional monitoring of people's weight and food and fluid intake. The relatives of one person told us, "They make sure [relative] is eating and drinking enough and they check his weight. He is well looked after."
- We looked at the kitchen and spoke with kitchen staff. We found all required checks were being completed, the kitchen was clean and well organised, and people's dietary needs were understood and catered for.
- Staff completed training in food hygiene. In February 2019 the service had achieved a rating of 'five' (the highest rating) from the Food Standard's Agency (FSA), who regulate food safety and food hygiene.

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

- People and their relatives were happy with the health care support provided. We were told that staff were prompt in seeking additional advice and support when people were unwell. We were told, "The girls know what they are doing. They have to be able to do things for me because I have [specific condition]", "When I have needed a doctor they [staff] have sorted one out for me" and "Not had a doctor but they would get me one or my daughter would arrange it for me." People's relatives added, "The staff are trained and [relative] has access to a doctor if she needs one. We are very happy in the way [relative] is cared for" and "They let me know if anything has happened and they will ring a doctor if [relative] needs one."
- The service had access to medical advice from 'Digital Health'. This is where care staff can contact clinicians about people's changing health so that prompt treatment can be provided, reducing avoidable hospital admissions.
- A visiting health professional said staff worked closely with them and supported them during their visits. They said they were confident any feedback provided regarding people's care was followed up.

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

- Daisy Nook is a purpose-built property on one floor with level access to all areas. Aids and adaptations are provided throughout to promote people's independence as well as keep them safe.
- The home was separated into three units, each providing a comfortable open plan lounge/dining area. All bedrooms were single with en-suite toilet. Those rooms seen had been personalised with photographs, pictures

and ornaments brought from home.

- Areas of the home had been enhanced to help promote the needs of people living with dementia. These included quiet areas, such as a library and garden area as well as memory boxes and raised garden beds.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported; respecting equality and diversity

- All the people we spoke with said staff were kind and respectful and their individual needs were met. Staff were described as 'excellent' and 'very attentive'. From our observations staff were seen to offer people choice and encouragement when offering support. Two people commented, "When they help me with things they always ask before and say can I do this or is this okay" and "I think they are very caring, and I can have a conversation with them." Interactions were warm and friendly, and people enjoyed a good rapport with staff.
- We received lots of positive comments from people about the staff and their experiences. We were told, "It's good here, I have a laugh with the staff and they are very helpful", "I get well looked after, the girls are smashing", "I've only been here two months but I have enjoyed it so far and the staff are very pleasant and I sleep very well" and "All I can say is that I am well looked after and I am very happy here."
- The family members of people supported their comments, adding, "[Relative] has vascular dementia and needs a lot of attention, the staff are excellent with her. She is really well looked after", "[Relative] seems happy and the staff are fantastic", "This place is wonderful. They know what [relative] needs and likes. She is settled here and well looked after", "They treat [relative] with respect and are very patient and caring" and "The staff are wonderful, and we can see that because we visit regularly."
- The provider had a policy on equality and diversity which guided staff in areas of equality and diversity including people's age, gender, race, disability, religion or belief and sexual orientation. These were considered when planning people's care and support.

Respecting and promoting people's privacy, dignity and independence

- People said they were supported in a dignified way and that staff were sensitive when offering personal care ensuring their privacy was maintained. From our observation we could see that people had been helped to maintain their appearance ensuring they were clean; their clothes were well fitted, and their hair was tidy.
- People commented, "I can have a shower when I want, and they sort my laundry out", "Oh yes when I have a shower they are very respectful when they are helping me, no problems there", "They help me have a wash, go to the toilet and get dressed. I need their help a lot and they definitely treat me with respect when they are helping me" and "They have to use a hoist to help me shower and I feel safe enough at the time. They know what they are doing." The relatives of two people also said, "[Relative] is always clean when I come to visit her. I know she has a regular bath" and "[Relative] also has her hair done once a week which is important to her."
- People felt staff enabled them to maintain as much independence as possible, which was important to

them. People were able to move around the home freely and safely. People told us, "I can do whatever I want really", "I go walking up and down. I only go out with my daughter" and "I please myself when I get up and I can manage to wash and dress myself, but they are there if I need help."

- People had names and a memory box next to their bedroom doors and there was clear signage through to help orientate people.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We observed people enjoying entertainment provided by visiting singers. The activity was well attended with people joining in playing instruments and singing along. We were also shown an iPad, which people used for reminiscence and electronic games. Opportunities for people to access the local and wider community were also provided, this included shopping trips, visiting the park or enjoying afternoon tea at a local hotel.
- The well-being coordinator [activity worker] was described as 'enthusiastic' and spoke about the various opportunities that were being explored to enhance people's daily routines. For example, developing a resident's choir, introducing a 'wishing well' where people could make a wish about an activity or outing they would like to do. The well-being coordinator had also been in contact with a local bingo hall who were considering providing a 'dementia friendly' bingo session.
- People we spoke with told us, "The activities girl is very good. It's iPad this afternoon so I am going in the lounge", "There was armchair aerobics this morning, which was very good and [activity worker] is very nice", "They have lots on like this morning I went to the armchair exercise and they have music and all sorts of other things on" and "There are a lot of activities going on and [activity worker] comes to tell me what is going on but I prefer to stay in my room."
- The service had a detailed pre-admissions assessment which helped senior staff determine if the placement would be suitable. We saw all information from the assessments was used to inform the development of the care plans and risk assessments. We did note however that the risk assessment and plan for one person who had returned from hospital had not been updated to reflect the change in support now required. This was raised with the registered manager who confirmed following the inspection that records had been reviewed and updated.
- Care and support plans were sufficiently detailed to guide staff on the care and support people wanted and needed. Each care plan identified people's preferences and views, how to promote choice, what they can do for themselves and what staff needed to do to support them. There was evidence that records had been reviewed.
- People's relatives confirmed they were involved and consulted about their family member. We were told, "We have an annual meeting and a meeting with a social worker. If I have anything to say I just go and speak to [registered manager]", "We have an annual assessment with these and the social worker and we are very pleased at how [relative] is being cared for" and "We have had a review with the staff and a social worker and we are happy with how she is being looked after."

Improving care quality in response to complaints or concerns

- A system for managing complaints, concerns and compliments continued to be maintained. The complaint's policy and procedure were accessible to relatives, people and staff. Since our last inspection there had been three complaints. Information showed the registered manager had dealt with these in line

with the procedure.

- People we spoke with felt confident they were able to raise any concerns with the registered manager and staff, and that any issues would be sorted out. People told us; "I have no reason to complain or criticise", "No complaints and my family are here all the time and they sort everything out for me." The relatives of one person told us, "We can't fault- them, there are no issues. If there were then [relative] wouldn't live here."

#### End of life care and support

- At the time of our inspection staff were supporting someone at the end of their life. Staff were working closely with health care professionals so that person could be cared for safely and respectfully.
- We were told that policies and procedures were in place and that training in end of life was provided by a nurse from the hospital team.



# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a registered manager. The registered manager understood their duty to report any issues affecting the service, such as safeguarding concerns or serious incidents to the Care Quality Commission (CQC).
- People and their relatives had confidence in the way the service was managed and thought the service was well led. Comments received included; "[Registered manager] is lovely and if you ask her for something you know she will always get back to you and if there is a problem they always contact us to let us know what is going on" and "The manager is very good and easy to talk to."
- Managers and staff had clearly defined roles and responsibilities. Staff felt the team worked well together and that they were always kept informed of people's current and changing needs so that people received the care and support required.
- A thorough governance system was in place providing clear oversight and monitoring of the service. The management team were responsible for completing a regular programme of audits. Further checks were also carried out by senior management and the internal quality team.

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

- People and their relatives were asked to comment on their experience and their views of the service. Surveys were distributed in June of each year. A summary of responses received in 2018 had been reviewed and actions identified had been acted upon. People's relatives had also shared their views on external websites, a review of their comments identified high levels of satisfaction in the care and support provided at Daisy Nook.
- Two people we spoke with told us, "I am very happy here. All joking apart. I appreciate what they do for me and I can't thank them enough. I came in here many years ago and they have helped me get better. I think I have a good relationship with all of them" and "All I can say is that I am settled here because I couldn't manage on my own at home and to be honest I can't call this place for anything." The relative of another person added, "Overall the place and the staff are excellent, they know what [relative] needs and how to look after her."
- The service has an award scheme, 'One of a Kind Award', which acknowledged good practice. We saw evidence of those staff who had been nominated by people and their visitors in recognition of their hard work.
- Links had been developed within the local and wider community to help promote people's community

presence as well as maintain their independence.

- We were told that daily handover meetings and occasional team meetings continued to be held so that staff were kept informed of people's changing needs and events within the home.

Working in partnership with others

- The service worked closely with other services so that people's assessed needs were appropriately met, and their health and well-being was maintained.
- Visiting professionals told us, "We are always kept informed, there's good communication." They felt the service was 'well organised' and described the standard of care as 'excellent'.

Continuous learning and improving care

- Systems continued to be maintained with regards to monitoring the quality of service provided.
- Information was used to develop the homes improvement plan. Where actions had been identified, they were kept under review to make sure the necessary improvements were made.