

# Optima Care Limited

# Heron 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	

### Overall summary

Heron House was inspected on 12 and 13 August 2015. The inspection was unannounced. The service provides accommodation for persons who require personal care for up to five people with learning disabilities. There are communal spaces which include a lounge, dining room and kitchen. People have access to the garden.

There was 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.

People were protected from bullying and avoidable harm. Staff were up to date with safeguarding training and knew how to report abuse. People, who could, told us that they were safe.

# Summary of findings

People's care and support needs were assessed and reviewed with them. Any personal risks were identified when people moved into the service and these assessments were on-going. People had the opportunity to be as involved as they wanted to be in their assessments and in the planning of their care. Care needs were regularly reviewed, so that staff were able to manage risks and support people in ways that suited them best.

There had been no incidents or accidents since our last inspection. The registered manager confirmed that previous accidents had been analysed to look for patterns or trends and action had been taken to minimise the likelihood of them reoccurring.

The provider had safe recruitment and selection processes in place to make sure that staff employed at the service were of good character. There were enough staff with the skills knowledge and experience to meet people's needs safely. Staff were supported to develop their skills and knowledge by receiving training and supervision which helped them to carry out their roles and responsibilities effectively. Staff had access to specialist training in order to meet individual people's needs.

People were asked for their consent in ways they could understand before care was delivered and staff understood the requirements of the Mental Capacity Act 2005 (MCA).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service was meeting the requirements of the DoLS. The registered manager understood when an application should be made and how to submit one.

People were encouraged to follow a healthy diet. People were asked about their dietary requirements and were regularly consulted about their food preferences. People

had regular access to the doctor, dentist and optician and had an annual health check. Healthcare professionals, including GPs, nurses, speech and language therapists and dieticians, had been consulted as required. People's medicines were stored and managed safely.

Staff felt valued and supported by the registered manager. Communication between staff took place through regular meetings and handovers between each shift. At staff meetings any changes in people's needs were discussed.

People were treated with respect and dignity. Staff spoke with and supported people in a caring, respectful and professional manner. People's diversity was recognised and encouraged in that individuals were supported to follow their beliefs and to live the life they chose.

People were included in decisions about the planning of their care. Staff supported people to be as independent as they could be, and their privacy was respected. There were no restrictions on people having visitors.

People told us that they knew where their care plans were and were able to look at them when they wanted to. Care plans included details about the person's favourite activities, people who were important to them and their likes and dislikes. People's care was regularly reviewed.

There had been no complaints at the service since the last inspection. There was an easy read complaints procedure available to people. People said that there were regular meetings to make sure their views about the service were heard.

People, visitors, staff and relatives were asked for their opinions about the service. This information was used to develop and improve the service.

Quality assurance systems were in place. Audits and health and safety checks were regularly carried out. The manager and staff were aware of their accountability and responsibility in meeting the requirements of legislation. Systems were in place to monitor the quality of service and action had been taken to address any shortfalls, discrepancies or issues that were highlighted.

# Summary of findings

## 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 safe.

Staff knew how to recognise and respond to abuse and how to report abuse. Risks to people were identified and staff had the guidance to make sure that people were supported safely.

The provider had recruitment and selection processes in place to make sure that staff employed at the service were of good character. People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

People had their medicines when they needed them and medicine was stored safely.

Good



### Is the service effective?

The service was effective.

Staff knew people well and had a good understanding of people's needs and preferences.

There was regular training and the registered manager held regular one to one supervision and appraisals with staff.

People's rights were protected. Assessments were carried out to check whether people were being deprived of their liberty and whether or not it was done so lawfully.

People's health needs were assessed and recorded in their care plans with actions staff should take to help people remain as healthy as possible. People's nutritional and hydration needs were met by a range of nutritious foods and drinks.

Good



### Is the service caring?

The service was caring.

Staff were kind, caring and understood people's preferences and different religious and cultural needs. Staff spoke with people in a compassionate way.

People were supported by staff to maintain their independence. People were treated with dignity and respect.

People's records were stored securely to protect their confidentiality.

Good



### Is the service responsive?

The service was responsive.

People received consistent and personalised care and support. Care plans reflected people's needs and choices.

A range of activities were available both inside the service and out in the community.

There was a complaints system and an easy read version was available to people. Views from people and their relatives were taken into account and used as a learning opportunity.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

Staff were positive about the leadership at the service. There was a clear management structure for decision making and accountability which provided guidance for staff.

Staff told us that they felt supported by the registered manager and that there was an open culture between staff and management.

The registered manager completed regular audits on the quality of the service and acted on people's views.

**Good**



# Heron House

## 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 checked 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 12 and 13 August 2015 and was unannounced. One inspector carried out the inspection.

Before the inspection visit we examined notifications received by the Care Quality Commission (CQC). A notification is information about important events which the provider is required to tell us about by law. We looked at previous inspection reports. We also spoke to three professionals from the local authority including care managers who were involved in people's care.

We looked at the care records of four people who used the service, two sets of staff records, and duty rotas. We spoke to five people, three permanent members of staff care staff, two agency workers and the registered manager. We looked at policies and procedures within the service along with other records in relation to the quality of service provided.

Not everyone was able to verbally share with us their experiences of life at the service. This was because of their complex needs so we spent time observing staff interactions with people and the care and support provided. We looked around the service including the communal areas, people's bedrooms with permission, the main kitchen and the garden.

We last inspected Herron house on 12 August 2013 where no concerns were identified.

# Is the service safe?

## Our findings

People, who could, told us that they were safe at the service. One person said “I feel safe, it’s good”. Another person said, “The staff are good and are keeping me safe”. One person attended college and said, “Staff drop me off and pick me up and it makes me feel safe.”

People needed support to keep themselves safe. One person told us that staff supported them to keep safe when they went into the community. They said, “Staff help me to go out and tell me how I should try to be safe. They come with me just to be sure I am always ok”.

People were protected from abuse and avoidable harm. There were safeguarding and whistleblowing policies and procedures in place so staff knew what to do if they saw or heard anything that gave them cause for concern. Staff had safeguarding training and knew their responsibilities in reporting abuse to the registered manager and to external agencies such as the local authority safeguarding team. Staff were able to identify the different types of abuse such as physical, financial, emotional and sexual abuse, and were able to describe different types of discrimination. They told us they were confident that, if they reported anything untoward to the registered manager, it would be dealt with immediately. One member of staff said “I have never had to worry about that sort of thing here, but if I ever did I would be straight on to the [local authority] safeguarding team”.

Staff had read the whistleblowing policy and said that they knew how to report concerns ‘outside of the service’ if it became necessary. There had been no safeguarding or whistleblowing concerns since the last inspection.

Risks and potential risks to people, staff and the environment were regularly assessed and reviewed and action was taken to manage and eliminate risks. There were risk assessments for when people were at home and when people were out and about. Risk assessments included both actual risks and predicted risks. For example, some people were not able to say when they were unwell. Risk assessments explained the signs that staff should look for such as ‘will become withdrawn’ and vocalise more’. There was guidance on what actions staff should take and who to contact if people became unwell. During the inspection one person became anxious and began to display behaviours that challenged. We observed that staff

followed the guidance in the care plan and risk assessments to manage the person’s anxiety by giving them the space they needed and creating a calm atmosphere. The person’s behaviours quickly reduced and they became calm.

There had been no recent accidents or injuries. The registered manager understood how to respond and learn from incidents if they occurred. We saw records demonstrating how the registered manager responded to previous incidents by investigating the circumstances of the situation and reviewing risks to reduce the likelihood of reoccurrence.

There were procedures in place for emergencies, such as, gas / water leaks and fire. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. Each person had a personal emergency evacuation plan (PEEP) which set out the specific physical and communication requirements that each person had to ensure that staff knew how to safely evacuate people from the service in an emergency. People were included in regular fire practices and knew what they should do in the event of an emergency. The fire risk assessment was regularly reviewed and was up to date.

People, who could, told us that the provider employed suitable numbers of staff to care for them safely. One person said “Lots of staff”. Rotas showed that some people needed one to one support at times and some people needed the support of two staff when they were out and about. We observed that people had the support they needed. Staff were not rushed and were able to deliver care and support at a pace that was best for people. One person was out all day at their day service. There were four members of staff for the three remaining people. Staffing rotas showed that staffing levels were consistent. There was a minimum of four staff on duty during the day from 8am to 8pm and two night staff. Assessments were carried out to ensure that there were enough staff on duty with the right mix of skills, knowledge and experience on each shift to meet people’s needs. When there were shortfalls through staff sickness or annual leave, agency workers were employed.

When new staff were appointed, they completed an application form, gave a full employment history, completed health checks and had a formal interview as part of the recruitment process. New staff were screened to make sure they were fit to work at the service and

## Is the service safe?

Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Recruitment checks for staff had been carried out and references had been followed up. People's identity and qualifications had been verified and any gaps in employment history had been explained. The provider had policies and procedures in place for managing employment issues. These included a disciplinary procedure which guided the provider to deal with staff fairly and within the law.

Staff followed the medicines policy and procedures so that people were protected against the risks associated with the unsafe use and management of medicines. Medicines were given to people by staff who had received medicine administration training. Staff made sure people were given their prescribed medicines and that medicine administration records (MARs) were completed correctly. The medicines were administered as instructed by the

person's doctor and this was clearly recorded on the record sheet and people received their medicines when they needed them. Staff gave people drinks and waited with them until they had taken their medicine. There was a recorded procedure for each person which explained how they would request pain relief should they need it. Staff told us they were aware of any changes to people's medicines and read information about any new medicines, so that they were aware of potential side effects.

All medicines were signed into the house and were checked. We looked at the storage of medicines and this was in good order. There was a clear procedure for any medicines that needed to be returned to the pharmacy. This included a documented receipt book so medicines could be safely returned and signed off by the pharmacy. Only minimal stock of 'over the counter medicines' were held at the service. The registered manager completed a medicines audit on a monthly basis. If any concerns were identified these were addressed with the individual members of staff.

# Is the service effective?

## Our findings

People, who could, told us they felt they were well supported. One person said “Staff help me with lots”. Another person said “They [staff] look after me and make sure I’m ok”.

Staff had an initial induction and did not work on their own until they were deemed competent and when people were used to them and felt comfortable with them. Staff had completed training in areas such as moving and handling, health and safety, fire awareness, first aid, medicine administration, the Mental Capacity Act and Safeguarding. People had a wide range of needs and some people’s conditions were more complex than others. Some people’s learning disabilities and communication difficulties could affect their behaviours. Staff had attended further training, relevant to people’s needs, including , dementia awareness, understanding autism, epilepsy, cerebral palsy, person centred practice, mental health awareness, understanding challenging behaviours and understanding Asperger’s syndrome. Staff training was current and when training was coming up for renewal, refresher training had been booked. Staff told us that they had enjoyed and benefitted from some of the extra training. One member of staff said “We work with people every day and think we know them, but gaining in-depth knowledge on their conditions and getting an understanding of why some people, do what they do, is invaluable. It really changed my perspective”. All the staff we spoke to said that they thought the training had helped them to provide better care.

Staff had regular supervision and a yearly appraisal when training and development needs were discussed. Staff said they were supported by the registered manager and ‘felt valued’. One member of staff said, “We are well supported by the manager, they listen to our ideas and they are always full of encouragement”. An agency worker said “This is my first shift here. The registered manager made sure I have all the information I need and I feel like I know people already”.

There was an agency worker folder which included all the information agency workers needed to know about people. The folder was in an easy read format and included people’s likes and dislikes, personal histories, how they liked to have their care and support, how they would communicate and guidance on the best way to get to know people. People’s personal risks and actions that should be

taken to address the risks were fully explained. Agency workers did not work on their own with people until people got to know them well and were comfortable. Staff explained how people who had difficulty communicating would let them know when they were comfortable with new staff. They said “Some people would draw in new staff by initiating an activity or asking for items. Other people would stop needing reassurance and start to settle by sitting next to new staff or vocalising”.

We observed that staff communicated with people effectively. For example, some people found it difficult to communicate verbally, staff spoke to people using short sentences with a calm and reassuring tone. One person was trying to communicate their needs but was having difficulty being understood and was becoming anxious. A member of staff said “Show me” and the person pointed to the kitchen and the staff member then said “Tell me”. The member of staff told us that the person had indicated that they wanted a sandwich. The person became calm and said “Yes”. The staff member helped the person to make a sandwich of their choice while they continued to communicate in ways that suited the person best.

The registered manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) Staff said they were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person’s best interest. People had received support from an advocate when they needed to make more complex decisions. An advocate is a person who helps people say what they want, or speaks on their behalf. They safeguard people’s rights, represent their interests and help people get the services they need.

The registered manager had considered people’s mental capacity to make day to day decisions and there was information about this in their care plans. There were mental capacity assessments in place to determine whether people had capacity or not to make decisions. When people’s care needs changed or there were changes made to their medicines, these decisions were made by the right clinical specialists with input from relatives and the staff. When people lacked capacity to give consent to these



## Is the service effective?

changes there was a mental capacity assessment available and meetings with professionals involved in people's care were held to make sure decisions were made in people's best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations and, at the time of the inspection, was waiting for these to be processed by the DOLs office.

People were supported and encouraged to eat a healthy and nutritious diet. People said or indicated that they had enough to eat and drink. We observed that people were supported to prepare meals and could have a snack when they wanted. People received the amount of nutrition that they needed and they were monitored to make sure their weights was stable. People were encouraged to decide what was on the menu and make decisions about what they ate. One person said, "We have chicken tikka lasagne,

it's my favourite". Staff said "Sometimes people come up with things that are a bit different and we try them, everyone really likes the chicken tikka lasagne". Another person told us that they often tried food from different cultures; they said that they had takeaways when they wanted. They said they enjoyed Indian and Chinese food and that they 'liked to try to cook different things'. Staff provided people with the support they needed to prepare different meals of their choice. The portions were a good size and the meals were well presented.

People had been referred to dieticians and speech and language therapists when needed and recommendations from these professionals were clearly recorded in people's support plans so staff were clear on the processes they should follow so that people had their food safely.

People were supported to access healthcare services and maintain their health. People's health needs were detailed in their individual health action plans and these included guidance on how people preferred to have their support, when they attended routine appointments with their GP dentist and optician. Staff worked closely with health professionals and followed their recommendations to make sure people had the health care support they needed.

# Is the service caring?

## Our findings

People were put at the centre of the service. People and their relatives told us they received care that was individual to them. One person said “Staff here are very good, they know what I need help with and they are kind”. Another person said “I love the staff they make things fun, they are good with me”. Staff had built up relationships with people and knew their life stories, wishes, goals and preferences.

We saw staff encourage people to be as independent as they could be by giving them lots of positive encouragement to make choices and decisions for themselves such as, what they were going to do with their day, what they wanted to wear and how they wanted to receive their care.

People said they were happy living at Heron House. Throughout the inspection people were seen laughing, smiling and enjoying spending time with staff. There was a lively, friendly and inclusive atmosphere at the service. People said they felt included and valued. One person said “We do projects. We chose things. We are doing a coffee morning for Macmillan nurses. I like making cakes for that”.

We observed that people were treated with respect and kindness and that they were listened too. Staff showed concern for people’s wellbeing. One person said “Staff are always here for me, when I get upset they help me and I feel better”.

People were encouraged to maintain their personal identities and beliefs. Staff said that no one at the service wanted to go to church or other places of worship, but if they did they would be supported to follow their beliefs. People told us that they celebrated things such as St George’s day, St Patrick’s Day and St David’s day along with other cultural celebrations. One person said, “We have lots of parties, Halloween is good”. Another person showed us pictures of some of the celebrations and told us about how they helped to choose how to decorate the home for different cultural events.

Staff talked to people about their care and included them in decisions about their care. One person said, “Staff listen to me, they are good at giving me help because they listen to what I want. When I don’t want help, they don’t do it. I can do some stuff for myself”. Staff explained that people would let them know through vocalizations, eye contact or body language if they didn’t want help with their care. They said “If people don’t want help straight away, they let us know, and we try again later”.

Staff were aware of the values of the service which were to encourage people’s independence, respect peoples individuality, and to treat people with dignity and respect. One member of staff said, “Everyone has care which is centred on them. Just because one person wants to go for a picnic, it doesn’t mean everyone has to go. People enjoy different things and we try to support people to do what they want, when they want”.

Staff respected people’s privacy. Some people liked to spend time alone in their rooms and although staff encouraged people to join in activities they respected times when people wanted to be alone. Staff knocked on people’s doors before entering their rooms and asked for permission before offering to help people with their care needs.

People told us that family and friends could visit whenever they wanted. One person said, “I like my family to see my home and I like visiting them too”. The registered manager said there were no restrictions on visitors and families were encouraged to visit as often as they could. They said people’s families and friends were always invited to parties and other events held at the service.

Records and other information about people were kept in locked cabinets in the office so that their confidentiality was protected. People could access their folders containing their care plans and health records when they wanted to and were aware that these were their private records.

# Is the service responsive?

## Our findings

People and their relatives said the staff were responsive to their needs. One person said, “When I need help the staff are there”. A relative said, “I can’t believe what my relative can do since they have been at the service, the support is second to none”.

Staff had the skills and knowledge to meet people’s needs effectively. People had an assessment when they moved into the service which was reviewed regularly. As soon as people’s needs changed assessments were updated. Staff told us that they were kept up to date with any changes and had access to all the information they needed to make sure people’s needs were met and that they were cared for in a way they preferred.

People and their relatives were as involved as they could be in planning their care. Staff talked to people about their care in ways they could understand using the guidance highlighted in their communication passports. This explained the best way to communicate with the person like using pictures, objects of reference or observing for changes in mood. Staff were able to interpret and understand people’s wishes and needs so they could support them to contribute to the planning of their care.

Care plans included pictures and were easy to read so people could go through them with staff. Care plans included lots of detail about how people liked to receive their care such as ‘I like to have a bath or I like to have a shower’. People’s histories, their likes and dislikes, hopes and wishes were included so staff were knowledgeable about each person. One person said they liked going through their care plan. They said, “There are pictures of me doing stuff I like with friends. I like talking about things in my care plan with staff”. Care plans were detailed and gave staff guidance on how to keep people safe in ways that suited them best. Care plans included guidance on

how to recognise when people became anxious and what action to take to reduce the anxiety. For example one person needed lots of space and a calm environment when they were anxious, whilst another person needed lots of activity and reassurance.

People said that staff helped them to maintain their relationships. Contact details of people who were important to the person were included in the care records. Family members and professionals involved in people’s care were invited to regular reviews. People told us that they liked to talk about their care in these meetings and staff helped them to understand about any changes needed to their care

People were supported to participate in different activities of their choice. People said they enjoyed going out for walks, attending day activity centres, organising events and parties and helping with household tasks. We observed that people engaged in activities which were meaningful for them and staff supported them to do things they were good at. For example, some people could not maintain their attention for very long and were easily distracted. One person was doing a puzzle and got lots of praise and encouragement when they managed to focus for long enough to finish it. Another person was being supported to prepare the evening meal and staff broke each stage into easily achievable steps to make it easier for the person to gain a sense of achievement and they received regular praise through the process.

There had been no complaints since our last inspection. There was a complaints procedure and an easy read version was available for people. People said they had no complaints. They said that staff had shown them how to make a complaint if they wanted to. One person said “We have lots of meetings if I am not happy about things I say so at the meeting and it gets fixed”.

# Is the service well-led?

## Our findings

People and their relatives were fully involved in developing and shaping the service. People had regular house meetings and the minutes showed that people's views had been listened to and were used to develop the service. For example, the home was decorated in the colours people had chosen. When new members of staff were interviewed people were included in the interview process and they told us that the people they had chosen had been employed.

People were encouraged to create different projects and the latest one was to have a Macmillan coffee morning. People told us how they had been making cakes and had designed a quiz for the coffee morning. One person said, "We are working hard so we can raise money". Another person said, "We will have a party afterwards, we always do". The registered manager explained that everyone was involved in the projects they said, "It's an opportunity for friends and family to get involved and for the local community to come and see what people can do with the right support. We always have a party after events and projects to say thank you to people for their hard work". The service had built links with the local community and people attended local events. One person from the community said, "It's a lovely service, people are so well cared for". Another person said, "I would be happy for my son or daughter to be at the service the staff really seem to care about people".

Staff told us that there was a culture of openness and inclusion. We observed that staff spoke to each other and to people in a respectful and kind way. Staff knew about the vision and values of the organisation which were based on equality, encouraging independence, supporting people to have control, maintaining people's dignity and respecting people's individuality and the choices they make.

Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager who was skilled and experienced in working with people with learning disabilities. The registered manager supported a team leader who was in charge of the day to day running of the service; both gave staff regular feedback about their performance. Staff told us they felt well supported and felt comfortable asking the team leader or

registered manager for help and advice when they needed it. The registered manager said, "Staff need an opportunity to make suggestions, it's important that I listen to their ideas, I have a great team".

People and their relatives were asked for their feedback about the service on a regular basis. A variety of methods was used to gain people's views including sending out surveys, having meetings and requesting feedback during social events. The registered manager told us they had sent surveys out but relatives and friends often didn't have time to complete them, so feedback was sought in other ways as well, such as during social events and after people's review meetings. All the feedback had been positive. People had made comments such as 'very homely and welcoming' and 'staff are open and honest, they are very knowledgeable about my relative's learning disability and they love living here'.

The manager made themselves available. The registered manager had worked at the service for several years and knew people and the staff well. People and staff said that the registered manager was approachable and supportive and that 'their door was always open'. People told us the registered manager listened to what they had to say and 'put things right' if there were any problems. The registered manager said they were supported by their manager and that they had regular supervision when they could discuss things openly. They told us they felt well supported by the provider to meet the challenges of managing the service and that the provider was good at recognising the achievements of people and staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The register manager had submitted notifications to CQC in line with CQC guidelines.

There was a range of quality assurance audits to monitor the standard of the service provided. Health and safety checks and audits were carried out regularly of the environment, records, staff training and support. The registered manager carried out monthly audits and produced reports that had actions allocated to staff to complete to improve the service. For example, we saw an audit which highlighted that a person's care plan had not been updated. Records showed that the action had been followed up and rectified within the given timeframe.