St Philips Care Limited

The Grove Care Centre

Inspection report

14 Church Road
Skellingthorpe
Lincoln
Lincolnshire
LN6 5UW

Tel: 01522500710
Website: www.stphilipscare.com

Date of inspection visit:
07 March 2017

Date of publication:
07 April 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an unannounced inspection carried out on 7 March 2017.

The Grove Care Centre can provide accommodation and personal care for 31 older people. It can also accommodate people who live with dementia and/or people who have a physical disability.

The service was run by a company who was the registered provider. 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. In this report when we speak both about the company and the registered manager we refer to them as being, 'the registered persons'.

Some of the arrangements used to avoid preventable accidents, to store medicines and to promote good standards of hygiene needed to be strengthened. Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse. There were enough staff on duty and background checks on new staff had been correctly completed.

Staff had received most of the training they needed and they knew how to care for people in the right way. People enjoyed their meals and were assisted to eat and drink enough. Staff ensured that people received all of the healthcare they needed.

The registered persons had ensured that whenever possible people were helped to make decisions for themselves. When this was not possible the registered persons had ensured that decisions were taken in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had ensured that people only received lawful care.

People were treated with kindness and their right to privacy was respected. Confidential information was kept private.

People had been consulted about the help they wanted to receive and they had been given all of the practical assistance they needed. Care staff promoted positive outcomes for people who lived with dementia and people had been supported to pursue their hobbies and interests. Complaints had been quickly and fairly resolved.

Quality checks had not always effectively resolved problems in the running of the service and people had not fully benefited from staff acting upon good practice guidance. However, people had been consulted about the development of their home and the service was run in an open and inclusive way. Good team work was promoted and staff were supported to speak out if they had any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some of the arrangements used to avoid preventable accidents, to store medicines and to promote good standards of hygiene needed to be strengthened.

Care staff knew how to keep people safe from the risk of abuse.

There were enough staff and background checks on new care staff had been completed correctly.

Is the service effective?

Good

The service was effective.

Care staff had received most of the training they needed and they knew how to care for people in the right way.

People had been assisted to eat and drink enough.

Decisions were taken in people's best interests and care had been provided in a lawful way.

People had been supported to receive all the healthcare attention they needed.

Is the service caring?

Good

The service was caring.

Care staff were caring, kind and compassionate.

People's right to privacy was respected.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People had been consulted about the practical assistance they wanted to receive and this had been provided in the right way.

Care staff promoted positive outcomes for people who lived with dementia.

People were helped to pursue their hobbies and interests.

Complaints had been quickly and fairly resolved.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality checks had not always resulted in problems in the running of the service being quickly put right.

People had not fully benefited from care staff acting upon good practice guidance.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There was good team work and care staff had been encouraged to speak out if they had any concerns.

The Grove Care Centre

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 registered persons were 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 7 March 2017. The inspection team consisted of one inspector and the inspection was unannounced.

During the inspection we spoke with 10 people who lived in the service and with three relatives. We also spoke with four care workers, a housekeeper, a senior care worker and the administrator. In addition, we met with the activities coordinator, deputy manager and the registered manager. We observed care that was provided in communal areas and looked at the care records for five people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, 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 were not able to speak with us.

After our inspection visit we spoke by telephone with a further two relatives.

Requires Improvement

Is the service safe?

Our findings

People said that they felt safe living in the service. One of them said, "I'm very much okay here and it's the staff who make the place." Another person who lived with dementia and who had special communication needs smiled broadly when we gestured towards a nearby member of staff and made a questioning sign. Relatives said that they were confident their family members were safe in the service. One of them said, "I have the highest regard for The Grove and consider it to be an exceptional service."

We found that the registered persons had dealt with a number of possible risks that could lead to people having avoidable accidents. We saw that hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns. In addition, people had been provided with equipment such as walking frames and raised toilet seats. Also, staff had taken action to promote people's wellbeing. An example of this was people being helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas.

However, we found that further steps needed to be taken to prevent people from experiencing accidents. We noted that in one of the hallways there was a steep ramp that was used to change the level of the floor. The presence of the ramp was not highlighted in any way and we saw a person almost lose their footing when walking in this area. Further problems were a cracked plastic wall protector and a broken radiator valve. Both of these presented a sharp edge that stuck out at ankle height and so could have caught people's skin. We raised these problems with the registered manager who assured us that prompt action would be taken to put each of them right.

Records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this was people being offered the opportunity to be referred to a specialist clinic after they had experienced a number of falls. This had enabled staff to receive expert advice about how best to assist the people concerned so that it was less likely that they would experience falls in the future.

Although most of the arrangements used to promote good hygiene were sufficient some of the provision needed to be strengthened. In two of the bedrooms we visited the carpets were not clean and as a result the rooms had a stale and unpleasant atmosphere. We also noted that care staff had not been able to support two people to wear clean clothes. This was because they had declined offers of assistance to change used garments. Furthermore, one of these people had not been successfully supported to maintain a reasonable standard of personal hygiene. This was because staff had not been able to find ways of encouraging them to recognise the importance of washing for a considerable period of time. Another problem was that people who needed to be assisted to transfer using a hoist had not been provided with personal slings. These slings attach to the hoist and wrap around the person who sits in them so that they can be lifted. In practice, when people are assisted using only their own slings it is easier for staff to ensure that they are clean and hygienic. These various shortfalls had increased the risk that people would acquire avoidable infections. We again

raised our concerns with the registered manager who said that action would be taken to address each of them.

People were confident about the way in which staff helped them to manage their medicines. One of them remarked, "The staff help me with my all my tablets which when I was at home I used to get muddled up." We found that there were reliable arrangements for ordering, dispensing and disposing of medicines. However, we also found that an improvement was needed to ensure that medicines were always stored in the right way. This was because suitable checks had not always been made to ensure that medicines were kept at the right temperature. This mistake increased the risk of medicines not working in the right way that is necessary if people are to fully benefit from them. We raised our concerns with the registered manager who told us that action would quickly be taken to ensure that suitable storage arrangements were put in place.

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

We found that people had been protected from the risk of financial mistreatment. This was because people who needed help to manage their personal money were provided with the assistance they needed. Records showed that there was a clear account that described each occasion when senior staff had spent money on someone's behalf. This included paying for services such as seeing the hairdresser and chiropodist. In addition, we noted that there were receipts to support each purchase that had been made.

People who lived in the service said that there were enough care staff on duty to promptly provide them with the care they needed. One of them commented, "Yes, I'm looked after very well indeed here. The staff are always around and at night you only have to ring and there they are." A relative remarked, "There must be enough staff in the service because there's always someone present in the lounge. Also, whenever I call my family member is neatly dressed how they've always been throughout their life."

The registered manager told us that they had completed an assessment of how many care staff needed to be on duty taking into account how much assistance each person required. We noted that during the week preceding our inspection all of the shifts planned on the care staff roster had been filled. During our inspection we saw that care staff quickly responded when people who were in the bedroom used their call bell to ring for assistance. We also saw that when people who were sitting in the lounge asked for help this was given without delay. We concluded that there were enough care staff on duty because people promptly received practical assistance that met their needs and expectations.

We examined records of the background checks that the registered persons had completed before two new staff had been appointed. They showed that a number of checks had been undertaken. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. Other checks included obtaining references from relevant previous employers. These measures helped to ensure that the applicants could demonstrate their previous good conduct and were suitable to be employed in the service.

Good

Is the service effective?

Our findings

People were confident that care staff knew how to provide them with the practical assistance they needed. One of them said, "The staff give me lots and lots of the help each day and I couldn't manage without them." Relatives were also confident that staff had the knowledge and skills they needed. One of them said, "The staff definitely know my family member really well and they know their little ways. That makes all the difference." Another relative said, "I was so pleased when my family member came back to the home from hospital. I could see them pick up as they were back with staff who knew and understood them."

Care staff told us that they had received introductory training before working without direct supervision. Records also showed that this training complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new care staff that is designed to equip them to care for people in the right way.

Documents showed that the registered persons considered that staff needed to regularly receive refresher training in key subjects. This was necessary so that care staff knew how to safely care for people in the right way. The subjects included how to safely assist people who experienced reduced mobility, providing first aid, promoting infection control and ensuring fire safety. We noted that although several care staff had not completed all of the required training there were plans in place to address this oversight in the near future. We also found that care staff had the knowledge and skills they needed to consistently provide people with the assistance they needed. An example of this was care staff knowing how to correctly assist people who needed support to promote their continence. Another example was care staff having the knowledge and skills they needed to help people keep their skin healthy. Care staff were aware of how to identify if someone was developing sore skin and understood the importance of quickly seeking advice from an external healthcare professional if they were concerned about how well someone's treatment was progressing. We also noted that all care staff had either obtained or were working towards a nationally recognised qualification in the provision of care in residential settings.

Care staff told us that the deputy manager and registered manager sometimes worked alongside them to provide care for people. This enabled them to give useful feedback to care staff about how well the assistance they provided was meeting people's needs and wishes. Records also showed that care staff regularly met with a senior colleague to review their performance and to plan for their professional development.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the registered manager and care staff were supporting people to make various decisions for themselves. An example of this occurred when we saw a member of staff explaining to a person who lived

with dementia why they needed to use a medicine at the correct time in order to stay well. The member of staff pointed to a part of their own body to explain to the person how the medicine would relieve their symptoms. We noted how the person responded positively to this information. The person indicated that they were happy to accept the medicine when it was next offered to them.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had consulted with relatives and with health and social care professionals. They had done this to ensure that decisions were taken in people's best interests. An example of this was the registered manager liaising with a person's relatives and their doctor. This was because the person sometimes declined to accept medicines that were necessary for them to stay well. We noted that this had enabled careful consideration to be given to deciding how best to support the person to use medicines in the right way.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager knew about the requirements of the Deprivation of Liberty Safeguards and had made sure that people only received care that respected their legal rights.

Records showed that some people had made specific legal arrangements for a relative or other representative to make decisions on their behalf if they were no longer able to do so for themselves. We noted that these arrangements were clearly documented and were correctly understood by the registered manager and care staff. This helped to ensure that suitable steps could be taken to liaise with relatives and representatives who had the legal right to be consulted about the care and assistance provided for the people concerned.

People told us that they enjoyed their meals with one of them remarking, "The food is generally okay and certainly there's enough. I have to be careful to not put on too much weight." We asked a person who lived with dementia and who had special communication needs about their experience of dining in the service. We saw them point towards the dining table at which they were sitting, motion as if they were drinking and smile.

Records showed that people were offered a choice of dish at each meal time and when we were present at lunch we noted that the meal time was a relaxed and pleasant occasion. People chatted with each other and with staff as they dined. In addition, we saw that some people who needed help to dine were discreetly assisted by staff so that they too could enjoy their meal.

Records showed that there were measures in place to ensure that people had enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked. This had helped staff to reliably identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. We also noted that staff were tactfully checking how much some people were eating and drinking each day. This was being done to make sure that they were having sufficient nutrition and hydration to keep their strength up. In addition, we saw that the registered manager had arranged for some people who were at risk of choking to be seen by a healthcare professional. This had resulted in staff receiving advice about how best to specially prepare some people's meals so that they were easier to swallow.

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. A relative spoke about this and said, "The staff are straight onto the telephone if a doctor is needed and they tell me straight away too. I never have to worry when I go away on

holiday because I know that my family member will get all the care and attention they need. "

Good

Is the service caring?

Our findings

People were positive about the quality of care that they received. One of them said, "The staff are lovely here and I don't have any problems with them at all." We saw a person who lived with dementia and who had special communication needs holding hands with a member of staff as they answered the front door. After this they both walked slowly into the dining room where they then helped the chef who was laying the tables for lunch. Relatives also told us that they were confident that their family members were treated in a compassionate way. One of them said, "I think that the staff treat the residents with genuine love and kindness. I don't know how the manager consistently finds the right staff, but they do." Another relative remarked, "The staff are fine and I have absolutely never seen anything but kindness towards the residents. I call to the service regularly each week, sometimes several times a week and so I'd know if something wasn't right."

We saw that people were treated with compassion, kindness and respect. Care staff took the time to speak with people and we observed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we heard a member of staff chatting with a person about their joint experiences of living and working in the area. The person concerned was pleased to reflect upon how changes had occurred over the years to shops, markets and parks.

Care staff were understanding and supported people to engage with parts of their lives that were important to them before they moved in. An example of this involved a member of care staff speaking with a person about one of their daughters who they did not see regularly because they did not live in the area. The member of staff encouraged the person to enjoy recounting information about their daughter's life including their job and their children's education.

We noted that care staff recognised the importance of not intruding into people's private space. We saw that care staff knocked on doors to bedrooms and waited for permission before going in. People had their own bedroom to which they could retire whenever they wished. These rooms were laid out as bed sitting areas so that people could relax and enjoy their own company if they did not want to use the communal areas. We saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms. In addition, when they provided people with close personal care they made sure that doors were shut so that people were assisted in private.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. We also noted that care staff had assisted people to keep in touch with relatives. This included people being offered the opportunity to make and receive telephone calls in private. Speaking about this a person remarked, "I could have a telephone put in my room but I didn't really need it because I can use the home's telephone whenever I want to."

The registered manager had developed links with local lay advocacy services. Lay advocates are independent both of the service and the local authority and can support people to make decisions and to communicate their wishes.

We noted that written records which contained private information were stored securely. Computer records were password protected so that they could only be accessed by authorised staff. We also noted that care staff understood the importance of respecting confidential information. An example of this was the way in which care staff did not discuss information relating to a person who lived in the service if another person who lived there was present. We noted that if they needed to discuss something confidential they went into the office or spoke quietly in an area of the service that was not being used at the time.

Good

Is the service responsive?

Our findings

During our inspection we found that care staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. We saw a lot of practical examples of care staff supporting people to make choices. One of these involved a person who lived with dementia and who had special communication needs. A member of staff used a number of methods to ask the person if they were comfortable. This was because they had noticed that the person was sitting in direct sunlight. The member of staff held their hand, felt their skin to be warm and wiped their own forehead while saying 'phew' to indicate that they needed to cool down. The person was able to engage with this communication. We saw them link arms with the member of staff and walk away from the window towards a more shaded area in one of the lounges.

People said that care staff provided them with a wide range of assistance including washing, dressing and using the bathroom. One of them remarked, "The staff don't mind at all when I ask them for help and so I don't mind doing it because I don't feel like I'm being a nuisance." Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. We saw an example of this with people being helped to reposition themselves when resting on their bed so that they were comfortable. Another example was the way in which care staff had supported people to use aids that promoted their continence.

We noted that care staff promoted positive outcomes for people who lived with dementia. This included enabling them to be settled and supporting them if they became distressed. An example of this occurred when a person was becoming anxious about another person who was asking them questions that they preferred not to answer. A member of care staff responded to this by suggesting that the person might enjoy spending some quiet time in another lounge. We saw the person taking the advice of the member of staff who accompanied them to another room. We also noted that the member of staff then returned to the other person who had been asking the questions. This was so that they could help them find the answers they wanted.

Care staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. We noted that people were offered the opportunity to meet their spiritual needs by attending a religious ceremony that was held in the service. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included making arrangements to enable relatives to stay in the service in order to be nearby to offer comfort and support. It also involved helping relatives to make all of the practical arrangements that are necessary when someone reaches the end of their life.

People told us that there were enough activities for them to enjoy. One of them said, "The activities lady is very good and she's always coming up with ideas of things for us to do." Relatives also gave positive feedback with one of them remarking, "The atmosphere isn't at all dull. I often hear people singing in the lounge and see little groups going on such as the baking sessions. Most days there seems to be something

going on and it makes the place seem lively."

There was an activities manager and records showed that people were being offered the opportunity to enjoy taking part in a range of social events. These included activities such as arts and crafts, quizzes, baking and gentle exercises. During our inspection we saw people enjoying singing while others were participating in a knitting group. We also saw people being assisted to pursue individual activities such as reading and solving a word puzzle game. In addition, records showed that the activities manager made a point of spending time with people who preferred to rest in their bedrooms. This was so that these people also had the opportunity to become involved in activities that interested them. We also noted that there were plans in place to support people to visit local places of interest such as garden centres and wildlife attractions during the forthcoming summer months.

People said and showed us by their confident manner that they would be willing to let care staff know if they were not happy about something. We noted that people had been given a complaints procedure that explained their right to make a complaint. In addition, relatives were confident that they could freely raise any concerns they might have. One of them said, "To be honest I've never really had a problem. There are occasional niggles but the manager is very kind and helpful and things get sorted out pretty much there and then." Another relative remarked, "There have been one or two very minor things like laundry going missing but the staff are helpful and they've done what they can to sort it out. Whenever I call to the service I feel like I'm part of the family there and so it's not really appropriate to talk about complaints as such."

Records showed that the registered persons had not received any formal complaints in the 12 months preceding our inspection. In addition, we noted that the registered persons had a procedure to ensure that any complaints that were received in the future could be quickly and fairly resolved.

Requires Improvement

Is the service well-led?

Our findings

People told us that they considered the service to be well led. One of them said, "I think that the place is well run because I get all of the help I need." Relatives also considered the service to be well run. One of them remarked, "I'm sure that the service runs smoothly. There will always be the odd mishap but I wouldn't want to get them out of proportion. The Grove is the right place for my family member and I would never contemplate moving them anywhere else."

In their Provider Information Return the registered persons said that they used robust systems to check on the quality of the service people received. Records showed that a number of quality checks were being completed in the right way. These included audits of the delivery of personal care, the completion of recruitment checks and the steps taken to comply with the Mental Capacity Act 2005. However, other quality checks had not always been effective in quickly putting problems right. This had resulted in the problems we have described earlier in our report. These included shortfalls in preventing avoidable accidents, storing medicines and promoting suitable standards of hygiene.

Other concerns that had not been quickly addressed included the way in which parts of the accommodation had been maintained. In one of the hallways the walls were scuffed and marked. In this same area one of the doors was stained and was warped enough not to fit correctly in its frame. In addition, we found that the lock fitted to one of the toilet doors was broken meaning that people could not fully use the room in private. We identified to the registered manager how shortfalls in the completion of quality checks had resulted in problems not being quickly identified and put right. They assured us that new quality checks would be introduced and that existing checks would be extended to ensure that there was a robust system for promptly sorting out problems.

In addition, we noted that the registered persons had not provided all of the leadership that was necessary to enable people to benefit from staff acting upon good practice guidance. We saw an example of this in that little had been done to distinguish each person's bedroom other than by a number. This arrangement was not helpful for most of the people who lived with dementia and we saw occasions when people became uncertain about which bedroom was theirs. The registered manager had not used good practice guidance that describes the additional steps that can be taken to assist people to understand and be comfortable in their surroundings. In the case of bedroom doors these steps include displaying things such as personal photographs that are easier for people to recognise and to which they can relate.

People said that they were asked for their views about their home as part of everyday life. One of them remarked, "I like having a chat with the staff about anything I want really." In addition, records showed that people had been invited to attend regular residents' meetings and that relatives had been asked to complete an annual quality assurance questionnaire. This was so that everyone had the opportunity to suggest improvements to the running of the service. We saw that when people had suggested improvements action had been taken to introduce them. An example of this was alterations that had been made to the menu so that it better reflected people's changing preferences.

People and their relatives said that they knew who the registered manager and the deputy manager were and that they were helpful. During our inspection visit we saw both of them talking with people who lived in the service and with care staff. We noted that they had a thorough knowledge of the care each person was receiving. In addition, both of them knew about points of detail such as which members of care staff were on duty on any particular day. This level of knowledge helped them to run the service so that people received the care they needed.

We found that care staff were provided with the leadership they needed to develop good team working practices so that people received safe care. There was always a senior member of care staff on duty and in charge of each shift during the day and the evening. In addition, during out-of-office hours either the registered manager or the deputy manager were on call if care staff needed advice. Care staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift. At these meetings significant developments in each person's care were noted and reviewed. In addition, there were staff meetings at which care staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that care staff had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Care staff said that they were well supported by the registered manager and deputy manager. They were confident that they could speak to them if they had any concerns about another staff member. Care staff told us that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.