

Dolphin Homes Limited

Myrtle Cottage

Inspection report

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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 inspection took place on 3 May 2016 and was unannounced. The home was previously inspected in October 2014, where no breaches or legal requirements were identified.

Myrtle Cottage is a care home that does not provide nursing. It provides support for six people, with a learning disability and behaviours which challenge. Myrtle Cottage is in Emsworth with access to the local community. On the day of our inspection there were five people living at the home.

The home had not had regular management input for about a year. There was a longstanding staff group who knew people well. One of the staff was the deputy manager.

A registered manager was in place however they had a new role as area manager for the provider which meant they had not visited the care home regularly. A new manager had been appointed and they told us they would be applying to register as manager with the Commission. We refer to this person as manager throughout the report. 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 who use this service were protected against the risk of abuse because staff recognised the signs of abuse or neglect and what to look out for. They understood their role and responsibilities to report any concerns and were confident in doing so.

However, people were not protected in all aspects of their life at the home. Appropriate systems were in place for the management and administration of medicines. However, there were not systems in place to ensure all of the medicines were stored safely.

Action had not been taken to ensure all cooked foods were safe for people.

Action had not been taken to ensure all portable appliances were safe for people to use.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs. There were risk assessments related to people's day to day care and details of how these risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were sufficient numbers of suitable staff to meet people's needs and promote their independence and safety. The new manager had ensured staff would be provided with relevant training and regular supervision was to be arranged. Staff were aware of their roles and responsibilities and the lines of

accountability within the home.

Due to a lack of consistent management we saw that staff had only received supervision twice in the last 18 months. However the staff told us they felt they supported each other well.

The provider promoted safe recruitment practices, which ensured staff were suitable for their job role. Staff described the new manager as very approachable. Staff talked positively about their jobs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager and staff we spoke with understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards and the home complied with these requirements.

People had good access to health and social care professionals when required.

Staff motivated, encouraged and supported people to be actively engaged in activities inside and outside of the home. For example, people went out to their local community most days of the week for activities, including visiting their local club for activities and the cinema.

People and their families knew how to make a complaint and a copy of the 'how to complain' information was available in the home. Five complaints had been made since the last inspection. Systems were in place to gather people's views and assess and monitor the quality of the service.

There had been a lack of regular manager input in the last 12 months which had impacted areas such as audits, staff supervision and recording.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 always safe.

Risks to the people's safety and welfare were assessed were not managed effectively.

Appropriate systems were in place for the management and administration of medicines. However there were not systems in place to ensure all of the medicines were stored safely.

Action had not been taken to ensure all cooked foods were safe for people.

Action had not been taken to ensure all portable appliances were safe for people to use.

Staff had a good understand of safeguarding. They knew what to look for and how to report both internally and externally.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills required to meet the people's needs and promote people's health and wellbeing.

Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

People were supported to have enough to eat and drink.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that respected their dignity and maintained their privacy.

Positive caring relationships had been formed between the people and staff.

People were treated with respect and helped to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how support needed to be provided. These plans were tailored to the individual requirement however they were not always reviewed on a regular basis.

People were involved in a wide range of everyday activities and were supported to live as independent life as possible.

A complaints procedure was in place and people knew how to use this.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Records to ensure that people were safe were not always accurate and complete.

Systems were in place which monitored the service however due to a lack of regular manager input these had not always been completed.

The new manager had begun auditing the service and staff were encouraged to share concerns and make suggestions.

Myrtle Cottage

Detailed findings

Background to this inspection

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

The inspection took place on 3 May 2016 and was unannounced.

The inspection team consisted of one inspector. Before the inspection we reviewed previous inspection reports and information we held about the service including notifications. A notification is information about important events which the service is required to tell us about by law. This information helped us to identify and address potential areas of concern.

During the inspection we spoke to all the people living at Myrtle Cottage and two relatives. To help us understand the experience of people we spent time in the lounge with them and the staff.

We also spoke to the manager, area manager and three staff. We looked at the care records for two people and sampled a third. We looked at the medicines administration records for five people. We reviewed two staff files in relation to their recruitment, supervisions and appraisals, the staff training matrix and the staff duty rota for the previous month. We also looked at a range of records relating to the management of the service such as accidents, complaints, quality audits, policies and procedures.

Is the service safe?

Our findings

We spent time in the lounge with people and staff. Interactions with staff showed people were comfortable and relaxed with them. One person who was happy to talk to us about their life at Myrtle Cottage said "Sometimes we have our off days and it's alright." "It's nice here it's my home. I was in a hospital before and staff did not talk to you, it is better here, got my freedom and not shut in."

People were protected from avoidable harm. Staff had a very good understanding of people's individual support needs and behaviour patterns. Records provided staff with detailed information about people's needs. Staff demonstrated that they knew people's needs very well. Staff showed how they supported people whose behaviours may present risk in a calm and positive way. Staff used no restraint but were able to redirect the person when they displayed these behaviours.

Staff knowing people well, and having identified risks relating to people's behaviour and care needs, meant that people received the care they required and were able to access the community safely. We saw that people were supported in line with their risk management plans. For example, staff understood the routines that people had chosen to follow and staff respected this. One member of staff said, "By respecting people's wishes we prevent people becoming anxious and exhibiting behaviours that challenge". The plans in place helped the staff to keep people safe, particularly when out in the community. We found that staff understood and followed these plans.

Care records and risk assessments had last been reviewed in February 2016. The care/risk assessments were personalised to the individual and covered areas such as finance, behaviours, preferred routines and health issues. This ensured staff had all the guidance they needed to provide support and keep people safe. Staff discussed with us the measures which were in place. For example, when they are out in the community one person may attempt to grab people or their hair. Staff know this is a risk and they make sure that the person is beside them the whole time they are out. They also demonstrated how they would remove the person's hand from someone else's hair. Staff also told us that one person will pick up things in shops and try to eat them, so they make sure their hands are doing something else.

Whilst observing in the lounge/ dining area we saw a member of care staff using a particular form of touch in their redirection of someone. We looked at the care plans for this person and saw there was physical redirection and support in their care plans. We demonstrated to the manager what we had seen and we asked the manager what was expected in the touch support and they verbally and physically explained this to us. They told us at the time that this was not accepted practice. When we asked the member of care staff to explain SCIP (PROACT SCIP is a positive range of options to avoid crises and use therapy), training and physical support they described and physically showed us what we had seen. This was different to what the manager expected and how staff had been taught. The manager advised they would speak with the trainer to emphasise the touch support that is expected, as staff were to undertake and update in the next few weeks. A representative of the provider wrote to us after the inspection to confirm that although the observation was not best practice it was not one that was restrictive, and that a regular programme of refresher training was in place.

Staff had a good understanding of safeguarding adults at risk. Staff told us that people were safe. They were able to describe their role in keeping people safe and what signs to look for which may indicate people were not safe. One member of staff told us, "I would always tell someone if I felt there were any problems, if no one told me the action they had taken I would contact CQC or social services."

Staff understood what was meant by whistle blowing, and said they felt confident in whistleblowing (telling someone) if they had any worries. The home had safeguarding and whistleblowing policies in place that had been reviewed.

One person told us "We go out Monday to Friday depending on what staff are on. There have been days when I have wanted to go out but not enough staff." Staff spoken to felt there were enough staff to meet people's needs.

There was no dependency tool used to establish staffing levels. The manager told us that the minimum was two staff on duty. We saw from the rotas that there were five staff on duty during the day, three worked from 7am to 7pm, one worked from 9am to 9pm and one worked between 10am and 3pm. There were two waking staff at night. Some people received one to one support throughout the day which meant they could be supported to do whatever they wished. Others needed two staff to support them to go into the community and one to support them in the home. The home did not use agency staff, instead using existing staff to cover vacant shifts or through the use of the provider's 'bank' system. The activities people participated in were varied and staff made sure they were enough of them to support people.

Recruitment records showed that appropriate checks had been carried out before staff began work. Potential new staff completed an application form and were subject to an interview. If successful at that interview a second one was held which included written tests. Following the interviews, recruitment checks were carried out to help ensure only suitable staff were employed. Staff confirmed to us they had not started work until all recruitment checks had taken place.

Staff supported people to take their medicines. People confirmed they received this when they needed it. The provider had a policy and procedure for the management of medicines and staff confirmed they had received training to be able to administer this safely. Records showed the amount of medicines received into the home was recorded and a stock check was maintained with daily and weekly audits. People were prescribed medicines to be given when required and there were protocols in place for their use. Medicine administration records (MAR) showed these were not used excessively and there were no unexplained gaps in the recording of regularly prescribed medicines.

Medicines were not always stored safely. Medicines were kept in two cabinets. The temperature of the large cupboard storing medicines was checked twice daily. The temperatures of the storage of medicines in the small cupboard were not checked so the provider was unable to demonstrate that all medicines were stored at a safe temperature. The manager was planning on moving the smaller cupboard and understood that temperatures should also be checked for this storage facility.

There was a plan staff would use in the event of an emergency. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies, this included fire training. However we saw that staff had not recently practiced a fire safety evacuation.

We also saw that a provider's audit in January 2016 had found that the food probe had not been maintained and the testing of food temperatures had not been carried out to ensure the safety of people when receiving

hot food. We checked the records with the area manager for the months of January 2016 to the day of the inspection and found that the food probe had been calibrated regularly however; the records did not show that the temperature of the food was taken before it was given to people living at the home. In any one week we sampled the records were only completed for between three and six days out of seven. This meant that people were at risk of being given under cooked food or food that was too hot.

The lack of safe care and treatment with regards to equipment, medicines, fire safety and food was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

We observed staff asking permission before providing support to people and they always checked they were happy with this.

On starting employment, all staff underwent a formal induction period. Staff records showed this process was structured around allowing staff to familiarise themselves with the policies, protocols and working practices and was based on the Skills for Care's "Care Certificate". The Care Certificate familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. Staff 'shadowed' more experienced staff until they were confident and competent to work alone. Staff also said that there was a competency assessment for staff to undertake for administering medicines and carrying out personal care. For example for personal care the assessor checked that staff were prepared, wearing protective equipment and treating people with dignity. There were two assessments one by the manager and one by the care certificate trainer. The staff we spoke with felt they were working in a safe environment during this time and felt well supported. One staff member told us, "I was new to caring and I thought the induction was thorough."

Supervision sessions had not been undertaken with staff in line with the provider's policy. Two staff files we looked at showed that the staff had only received two supervisions in the last year. However, staff told us they felt supported by the team and were looking forward to working with the new manager. One said "[name] is very approachable and accepts new ideas." The example they gave was a new piece of equipment for one person to use at the home. Another said "We work well together we are a strong team." Another member of staff said "We have had support in the last year; we could always call head office. It's weird having a manager around all the time but it is nice to have a structure." The record we checked showed that appraisals had not been carried out in line with the provider's policy.

We spoke to the new manager about their plans for supervisions and appraisals. They told us that part of their plan was to ensure the deputy was able to have some time away from providing direct care to carry out supervisions or they would carry them out themselves.

A staff training database was in place, which monitored the training undertaken by all staff. Training was provided in a number of areas including epilepsy, moving and handling, safeguarding of people and the Mental Capacity Act 2005. Other courses included the administration of medicines. Training was either via eLearning which involved a work book which was sent for marking, or face to face training. One member of staff said they were due to update their moving and handling. The manager showed us the training plan for the staff which indicated training that was in date, and courses that had expired and needed staff to book an update.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager and staff demonstrated a good understanding of the Mental Capacity Act 2005. Staff were able to describe the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. They described the purpose of the Act to us and its potential impact on the people they were caring for. Observations throughout the inspection showed staff sought people's consent before acting.

The manager demonstrated knowledge of Deprivation of Liberty Safeguards (DoLS) and understood their responsibilities in relation to this. We saw that two DoLS were in place and three more had been requested through application to the local authority. People received one to one support to leave the home usually whenever they wished the doors could be opened by the people living at the home and there were no restrictions.

People said they enjoyed the food and drinks offered and there was always a choice. We observed one person having breakfast having chosen what they wanted and when they came back from lunch they made their tea with help from staff. Others chose not to eat as they were still full from lunch. There were weekly residents meetings whereby people chose the menu for the week. They had their choice for one day during the week and the weekend was a joint decision and Sunday was a roast. Staff told us they tried to ensure that people had nutritious well balanced meals but that people could choose to not follow their advice.

People had access to a range of healthcare professionals including community nurses, dentists, and GP. Records were kept of appointments, and advice that had been given or any action that was required.

Is the service caring?

Our findings

One person said "I have a keyworker and we go out together shopping, swimming and we do painting and gluing. When I am fed up with the others I go to my room or talk to staff in the office. I have a board in my room to say what I am doing and how many days left to my holiday." ; "I have a TV and music in my room." The person showed us their room and we saw an activity plan and a calendar where staff crossed out the days with the person] to show how many days until their holiday.

Staff were very positive about working at the home saying "Love it, love what I do", "I like helping them achieve what they want. I get a sense of achievement. I loved seeing [name's] face today at lunch with the balloons and birthday cake."

When we asked staff about people's support needs, they responded in discreet and respectful ways to minimise causing any distress or lack of dignity to the person they were discussing. Where we were talking with the keyworker and the person they supported about the home, they both joined in the conversation. We were told by the person "That's good write that down."

We saw that staff addressed people with warmth and kindness, and understood people's needs well and minimised any embarrassment for them. For example one person had been sick and staff quietly moved them to the bathroom to assist them whilst other staff cleaned the sofa. They did not draw attention to what they were doing and spoke to people about the trip out that day.

Care plans showed that care was tailored to each person's individual needs, with details set out for staff to follow, to ensure that people received care in the way they had been assessed as needing. Care reviews in each person's file showed that the suitability of the way people were receiving care was monitored to ensure it met their needs.

However, the monitoring had not found that information in care plans did not always follow through on other care plans where it was relevant. For example one person's personal care plan said re bathing "not to be left alone" we were told this was due to eating things and the choke hazard, the plan of care did not refer to epilepsy. We saw that one person had signed their care plans and assessments indicating they had been involved. However, another person's care plan record said they had their own sofa and that was in their best interest, this was not signed or dated. For example one person's personal care plan said re bathing "not to be left alone" we were told this was due to eating things and the choke hazard, the plan of care did not refer to epilepsy. We saw that one person had signed their care plans and assessments indicating they had been involved. However, another person's care plan record said they had their own sofa and that was in their best interest, this was not signed or dated.

There were two vehicles at the home, a minibus and a jeep (which was at the garage). Most staff were registered to drive; other staff went out with people on the bus or train if they did not drive. People could choose where they wanted to go and what they wanted to do.

It was evident by the interaction we saw between staff and the people that lived at Myrtle Cottage, that there were good relationships and people trusted the staff. Staff told us that one person responded well to a particular member of staff. That particular member of staff said they have and will continue to work with the other staff to help them build relationships with the person, the member of staff told us. "It is great we get on but I am not here 24/7 so I am working with other staff."

Staff recognised the importance of encouraging people's independence. We saw people were supported to maintain their independence inside the home. For example, one person was encouraged to take their laundry to the laundry room. Others were encouraged, where able to make their drinks and snacks.

The manager told us how they were in the process of obtaining people's views of their care and what their relatives thought of the service.

Is the service responsive?

Our findings

Staff told us that people were able to participate in a range of activities. People were regularly supported to attend social clubs, community activities and other leisure activities. One person liked London and buses and staff had arranged to accompany them to London on the train the day after our visit. Their room was filled with buses and signs of London. On the day of our visit one person had one to one time with staff and they went to the pictures.

A member of staff told us that one person loved to trampoline but this was limited to the times they could go to a centre. There was a trampoline in the garden but it was not substantial enough. The member of staff told us they had spoken to the manager who had ordered an adult size trampoline which meant the person could use it whenever they wanted at home. There were also plans to find alternative venues. Another person loved their baths and enjoyed water, the home had a hot tub which was mostly used by this person to relax in. Another person liked to have a cigarette; staff had ensured they had their own summer house in the garden with sofas and a table so they could be comfortable.

We checked care records belonging to the people who were using the service. We found that care plans were highly detailed, setting out exactly how to support each person so that their individual needs were met. It was not clear how staff had involved people in the planning of their support with such lengthy detailed documents. Whilst people did have capacity assessments there was no evidence on how the service involved people in small every day decisions. Where people had best interest decisions the records did not show who had been involved in these decisions. The care plans were similar to care plans we had seen in other homes owned by the provider, with the addition of two three sentences related to the person themselves.

Staff had a good knowledge of person centred care and were able to tell us what this meant. They knew the people they cared for and the support they needed. Staff told us that people had been quite stable in their needs recently and as keyworkers they would ensure changes were addressed.

One person had been very anxious with the changes that had taken place recently with someone moving out and new staff starting work at the home. Staff told us the person had coped well, we asked the person how they had managed their anxiety they told us by talking to the manager and their keyworker. The person told us that the changes were alright and there might be another person moving in.

There was a complaints procedure in place. People said they would talk to staff about any issues they had. The complaints policy and procedure included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. There had been five complaints recorded since the last inspection.

The manager explained the on call system which staff could use for support. This was the new manager of the home being available Monday 9am to Friday 5pm then an on call system for out of hours and over the

weekend where the managers of the homes took it in turn to be on call. The on call manager had lists of people living in the five homes they covered, and contacts for relatives, GPs and safeguarding contacts. The expectation was they would visit each of the five homes over the weekend and on the Monday they would give the manager of each home a report of any incidents. The new manager explained that this was usually done by a phone call to the managers each Monday. They had received this call each week they had been at the service.

Is the service well-led?

Our findings

The service had a condition of its registration that the provider should have a registered manager in place; however, the home's current registered manager had changed post and only oversaw the home on a general basis as they were now the area manager. The daily management of the home was left to the deputy manager and a senior staff member.

A newly appointed manager specifically for Myrtle Cottage had been working for the provider for five weeks. They had already begun looking at the service to see what actions needed to be taken and shared their action plan with us. They told us they were in the process of making the necessary arrangements to submit an application to the Commission to become the registered manager. They had previously been a registered manager so were aware of their obligations.

Staff we spoke with had a good understanding of their role and responsibilities, and of the day to day operations of the home. They could describe how they were expected to perform, and the purpose of their roles.

A staff meeting was held on the 20 April 2016. This was the first meeting with the new manager. The minutes included action to be taken, by when and by whom. For example there was to be a keyworker meeting held before the end of May 2016 led by the manager to speak with staff about the role of the keyworker and what was expected. Another example was that staff had the responsibility to book themselves on training which was due or out of date, by the end of May 2016.

There were regular weekly discussions with staff and the people at the home to discuss the coming week for meals and anything they wanted to do. The last records we saw were for the 30 April 2016 when staff and people looked at the coming week's menu, discussed planned trips and checked if there were any issues with people's rooms.

There was a quality audit system which was used within the service. It comprised of weekly checks carried out by the staff on, for example, fire, infection control, vehicle checks, kitchen cleanliness and food safety, incident and accidents. The area manager, currently registered as the manager, carried out bimonthly audits of the service and produced an action plan. These were in addition to a yearly audit by the provider's quality audit team.

Due to the lack of regular management input some areas had not been reviewed as regularly as needed. The provider's last quality audit in January 2016 had identified a number of areas that required improvement. However during our visit we identified these same concerns. For example, no fire evacuation had been carried out with staff, PAT testing had not been completed, and temperature checks of some medicines were not taking place. This meant the audit had been ineffective in driving the required improvements.

We discussed the action with the area manager. We found that some work had been completed such as daily and weekly visual checks for the car used for people to access the community. People's monies were now

checked as used and weekly with a monthly check by the provider. The area manager said that things had improved but there were still mistakes. Legionnaire's water temperature checks were being carried out and recorded and shower heads were being cleaned as requested by car staff.

Records were not always accurate. For example the fire drill record did not show that staff had carried this out as needed every six months. Staff told us they had not received this training. Each care plan and risk assessment had a sheet for staff to sign to say they had read and understood the record. These had not been consistently signed by staff. There was also at the back of each care plans a monthly review record. Again there was not always a record every month to indicate that care plans had been reviewed. Records had been put in place for the calibration of the food probe and the measurement of food cooked, however we saw these had not been completed as the provider requested.

The lack of effective assessment and monitoring of the quality and safety of the services provided and inaccurate records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The area manager told us that there was a service user forum held every three months, this was run by them and that two people had taken turns to represent people living in the home. We saw records of two service users' satisfaction surveys from January 2016, one for food and one for care. Feedback had been given to the resident group in an easy to read summary with pictures. Feedback included a menu pack to be used to help with menu planning, and there was one in place. "Care plans will be reviewed every month with you." We found this this had not taken place.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment
	The lack of safe care and treatment with regards to equipment, medicines, fire safety and food. Regulation 12 1 (a) (b) (g) (h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	Regulation 17 HSCA RA Regulations 2014 Good governance
	The registered person had not ensured accurate records of care were maintained and systems to assess quality were effective. Regulation 17(1)(2)(a)(c)