Mount Carmel

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

Mount Carmel provides residential rehabilitation for people with serious alcohol addiction. The primary model of treatment is the 12-step programme.

We undertook this inspection to find out whether Mount Carmel had made improvements to their service since our last comprehensive inspection in August 2016. At that inspection, we found the service was not compliant with regulations regarding safe care and treatment, good governance, staffing and the employment of fit and proper persons.

We found the provider had made improvements in relation to health and safety. The service had appointed a senior member of staff as the lead for health and safety. The service had also instructed an experienced specialist contractor to conduct a full health and safety assessment and make recommendations. The service now stored knives and cleaning products safely. The service fitted locks to bedroom doors. This meant that clients could store medication securely in their own rooms. The service was reviewing the procedures for infection control. All volunteers who prepared meals for clients had a food hygiene certificate.

The service completed risk assessments for all clients. The service had introduced systems for reviewing the quality of record keeping and risk assessments.

During this inspection, we found staff were committed to making improvements and addressing the concerns raised in the previous report.

However, we found some areas which the provider needs to improve:

The service continues to only employ staff to be on the premises during the day. This meant that clients were left without support and supervision from staff for long periods of time. We concluded that the absence of staff heightened the risk of serious incidents occurring. The service had not assessed the risks these arrangements present.

Summary of findings

Contents

Mount Carmel

Services we looked at:
Substance misuse services;

Summary of this inspection

Background to Mount Carmel

Mount Carmel provides residential rehabilitation for people with alcohol dependence problems. The primary model of treatment offered at the service is the 12-step programme. This programme is supplemented by therapy groups, peer support and individual counselling sessions. The service also provides yoga, acupuncture and meditation.

At the time of the inspection, all clients were funded by their local authority. The service could accept people who were funding themselves.

The service is registered to provide the following regulated activity:

- Accommodation for persons who require treatment for substance misuse.

There was a registered manager in post at the time of the inspection. Mount Carmel has been registered under the Health and Social Care Act 2008 since 7 January 2011. There have been five inspections carried out at Mount Carmel since that time. The most recent inspection was on 25 and 26 August 2016. Following this inspection, a warning notice was issued under regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Requirement notices were also issued under regulation 12 (Safe care and treatment), regulation 17 (Good governance), regulation 18 (Staffing) and regulation 19 (Fit and proper persons employed).

Our inspection team

The team that inspected the service comprised of two CQC inspectors and a specialist advisor with a professional background in nursing within substance misuse services.

Why we carried out this inspection

This was an unannounced focussed inspection to find out whether Mount Carmel had made improvements to their services since our last comprehensive inspection in August 2016. We did not review the domains of caring or responsive, or review the use of the Mental Capacity Act, as these were found to be compliant with regulations at the earlier inspection.

Following the August 2016 inspection, we told Mount Carmel that it must take the following actions to improve its service:

- The provider must ensure that all risks to the health and safety of clients, such as risks presented by kitchen knives, cleaning materials, the absence of alarms, the absence of records of people entering the building, medication not securely stored and unlockable bedroom doors are assessed and steps are taken to mitigate these risks.
- The provider must ensure that risks are assessed at the point of referral and that this assessment is updated during the admission. Risks must be assessed and steps taken to mitigate them.
- The provider must ensure that equipment is used in a safe way. For example, the temperature of the main refrigerator must be checked regularly and there must be a process to follow when there is a fault with the temperature.
- The provider must assess the risk of infections and take action to mitigate these risks.

Summary of this inspection

- The provider must assess the risks of the current staffing arrangements, including the appointment of clients as house leaders. There was no record of assessing the competency of house leaders.
- The provider must ensure that clients are able to store their medication securely.
- The provider must ensure that regular audits or equivalent checks are carried out to assess, monitor and improve the quality and safety of the services provided.
- The provider must ensure that checks are made with the Disclosure and Barring Service (DBS) for people volunteering at the premises.
- The service must ensure that records kept in relation to persons employed in the carrying out of the regulated activity, including supervision records, are kept and maintained securely.
- The service must ensure that arrangements are in place to ensure the safety of children visiting the premises. This includes records being kept of when children enter and leave the premises.

Following the August 2016 inspection, we issued the service with a warning notice. This notice related to the following regulation under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

Regulation 12 Safe care and treatment

Following the August 2016 inspection, we issued the service with five requirement notices. These notices related to the following regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

Regulation 12 Safe care and treatment (Two requirement notices)

Regulation 17 Good governance

Regulation 18 Staffing

Regulation 19 Fit and proper persons employed

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about Mount Carmel. We carried out an unannounced inspection on 16 January 2017.

During the inspection visit, the inspection team:

- visited the premises, looked at the quality of the ward environment and observed how staff were caring for clients;
- spoke with two clients who were using the service;
- spoke with five former clients of the service
- spoke with the registered manager
- spoke with three other staff members; a senior counsellor, a nurse and a social worker;
- Looked at four care and treatment records
- carried out a specific check of how medicines were managed; and
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

Two clients told us they found the care and treatment at Mount Carmel to be a positive experience. They said that the staff were very supportive. They also said that structures and routines within the programme had helped them.

We asked specifically about their experience of being a House Leader and Deputy House Leader. They said that taking this responsibility had been a positive part of their recovery.

Summary of this inspection

We spoke to five former clients. They were all very positive about their experience of being at Mount Carmel and told us that the service changed their lives. They were all very positive about the care and compassion shown by the staff.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not rate standalone substance misuse services

We found some areas which the provider still needs to improve:

During the last inspection, we found that the provider had not assessed the risk of staffing arrangements. There were no staff at the building in the evening and at night. Whilst the service was considering ways of increasing staff presence at the service if risks increased, these plans were at a very early stage.

During our last inspection, we found that on-call staff authorised the client appointed as house leader to provide paracetamol to other clients if they needed it. The on-call member of staff authorised this by telephone without access to the patient's records. At this inspection, we found the service had not addressed our concerns about the authorising member of staff not being aware of potential risks of specific clients taking paracetamol.

However, the provider had made progress in addressing other concerns identified in the previous inspection.

During out last inspection in August 2016 we found that the provider had not addressed risks presented to the health and safety of clients. At this inspection, we found the provider had addressed these matters. Kitchen knives were locked in the office and signed for when were removed. All cleaning materials were stored in a designated cupboard. The service had fitted locks to all bedroom doors.

During our last inspection in August 2016, we found that the provider did not sufficiently assess risks prior to clients' admission to the service. At this inspection, we found the provider had addressed these risks. During admissions, the service updated risk assessments.

During the last inspection, we found that the provider did not assess the risks of infections or take action to mitigate these risks. During this inspection, the service had commissioned a contractor to provide a full review of infection control within the service.

During the last inspection, we saw that when clients were appointed as House Leader they had additional responsibilities. There were no records of assessments of the client's competency to fulfil this role. At this inspection, we found that the service had introduced criteria for the House Leader role. We saw that a senior staff member had assessed whether the client met these criteria.

Summary of this inspection

During the last inspection, we found that clients were unable to store their medication securely. During this inspection, we found that all bedrooms had been fitted with locks to ensure that medication was secure.

At the last inspection, we found that bedrooms and bathrooms were not designated for male or female clients. At this inspection, we found that bedrooms were clearly assigned as being for men or women. All bathrooms and toilets had a sign on the door to indicate whether they were for men or women.

At the last inspection, we found that medicines administration records (MARs) did not include the name of the person who prepared the record or a list of the client's allergies. At this inspection, we found that the local pharmacy wrote out the MARs. Staff updated these records if necessary. The pharmacy had filled in the area on the chart to indicate allergies.

At the last inspection, we found that incidents were not recorded consistently in a way that would ensure learning is embedded in the service. At this inspection, we found that staff recorded incidents. Staff and clients discussed incidents at house meetings to learn from what had happened.

At the last inspection, we found that entries into the out-of-hours contact book did not include a record of the member of staff that the house leader spoke to. At this inspection, we found this matter had been addressed. Staff had changed the way they recorded out-of-hours calls. The new records included details of the member of staff who took the call.

During our last inspection, we found that equipment was not being used safely. No action was taken when fridge temperatures were recorded as being above the maximum temperature. At this inspection, we found that fridge temperatures were recorded as being two or three degrees each day. There was no requirement for the service to take action

During our last inspection, we found there was no record of people visiting the premises. At this inspection, we found the service had introduced visitor's books for formal visits to the service and informal visits to specific clients.

Are services effective?

We do not rate standalone substance misuse services

We found the following areas of good practice.

Summary of this inspection

During the last inspection in August 2016, we found the provider did not keep staff supervision records on the premises. At this inspection, we found that supervision records were being stored appropriately.

During the last inspection in August 2016, we found that not all volunteers working in the kitchen had a food hygiene certificate. At this inspection, we found this matter had been resolved and staff were appropriately trained.

We found some areas which the provider still needs to improve:

During the last inspection, we found that the provider did not ensure that checks were made with the Disclosure and Barring Service (DBS) for people volunteering at the premises. At this inspection, we found that staff had applied for DBS checks for all seven volunteers. However, there were no interim arrangements in place to mitigate the risks of volunteers working without the necessary checks.

Are services well-led?

We do not rate standalone substance misuse services

We found the following areas of good practice

During the last inspection in August 2016, we found that the provider did not carry out regular audits or checks to assess, monitor and improve the quality and safety of the service provided. At this inspection, we found that the service carried out regular audits of care plans, discharge plans and risk assessments.

Detailed findings from this inspection

Substance misuse services

Safe	
Effective	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Since the last inspection in August 2016, the service had introduced new policies to support health and safety. The service had designated a senior member of staff as health and safety lead. The service had also commissioned an independent contractor to conduct a full assessment of all health and safety procedures. The contractors visited on 4 January 2017. The service was expecting to receive the contractors report shortly after this inspection.
- In August 2016, we found that the service had given little attention to infection control. A bin in a toilet did not have lid. Disposable towels were in a pile next to taps instead of being placed in dispensers. In the staff room, we found ant powder and window cleaner stored amongst condiments. There was no environmental risk assessment. We issued a requirement notice telling the provider to address these matters. At this inspection, we found that the service was improving the arrangements for infection control. All toilets had signs with instructions for people to wash their hands. There was a sharps bin in the office that the acupuncturist used to dispose of needles. A client also had their own sharps box in their bedroom as they received injectable medication. The service had commissioned an independent health and safety specialist to complete a full assessment of infection control. The service was waiting for a report of this assessment that had taken place on 4 January 2017.
- In August 2016, we found many environmental risks. Clients had unrestricted access to potentially risky items, such as kitchen knives and cleaning materials, without specific risk assessments taking place. We also found that bedroom doors were not fitted with locks. We sent a warning notice to the service in September 2016 stating that the service must address these risks. At this inspection, we found that clients no longer had unrestricted access to kitchen knives. Staff locked these knives in their office. Staff and clients were required to sign for the knives when they took them to the kitchen. Staff checked to ensure that all the knives were returned. Staff stored cleaning materials, including bleach and detergent, in a large cupboard in the cellar specifically for this purpose. The service kept records of when clients and staff removed cleaning materials from the cupboard. The service had fitted locks to all bedroom doors. This meant the service managed environmental risks more appropriately.
- In August 2016, there was no signage to indicate which bedrooms, bathrooms and toilets were for men and which were for women. Some client had to walk through areas occupied by the opposite sex to reach bathrooms and toilets. At this inspection, we found that the service had designated bedrooms and bathrooms for men or women. The layout of the upper floors of the building enabled the service to arrange bedrooms in clusters of between two and four rooms. Signs indicated whether the cluster of rooms was for male or female clients. The service allocated a toilet and bathroom to each cluster of rooms.
- In August 2016, the records showed that temperatures had exceeded the maximum temperature on 15 of the previous 25 days. One some occasions, temperatures had reached eight or nine degrees. The service had not taken any steps to address this problem, raising the risk of there being harmful bacteria in the food. We issued a requirement notice telling the provider to address this matter. During this inspection, we found that staff checked the temperature of the fridge each day. Records of these checks showed the temperature was either two or three degrees centigrade each day. This is within the recommended range.
- In August 2016, we found there were no call buttons within the premises and staff did not carry personal alarms. At this inspection, we found there were still no alarms. However, the service had carried out risk assessments related to the clients currently in the

service and determined after consideration that alarms were not necessary. The service had a lone working policy that included guidance to staff on how to minimise risks when working alone.

Safe staffing

- At the inspection in August 2016, we found that the service operated a shift pattern that meant staff were on the premises between 8.00am and 7.30pm during the week and between 10.00am and 5.00pm at weekends. Outside these hours, a member of staff was on-call. This meant that clients were left without support and supervision from staff for long periods of time. As most clients had a history of poor physical health, poor mental health, self-harm or suicide attempts, we concluded that the absence of staff heightened the risk of serious incidents occurring. We issued a requirement notice telling the service to address this matter. At this inspection, we the service continued to operate the same shift patterns. At this inspection, we found that the service had introduced a policy on staffing levels. The policy states that the service will ensure there are enough staff to provide a safe environment for clients, staff, ex-clients and visitors. However, the policy did not state how the service made these decisions or how the staffing levels would be determined. The service had not assessed the risks of there being no staff at the premises in the evenings and at night. We discussed this with the manager. At the time of the inspection, there were four clients at the service. They had all been at the service for at least two months and, therefore, the staff knew them well. The manager felt there was a low risk. However, the manager recognised that the risk would increase if there more clients, particularly if the service had admitted clients and the staff did not yet know them well. The service could accommodate up to 18 clients. The manager said the service could extend the time of the evening shift or introduce 'sleeping' night shifts to mitigate heightened risks. However, there were no formal plans for the service to implement these proposals and there were no comprehensive risk assessments or analysis of the safety of current staffing arrangements.
- When staff were not at the premises, a house leader and deputy house leader were responsible for contacting the on-call member of staff if there were any problems. At the inspection in August 2016, we found that the house leader and deputy leader were clients that staff appointed to these positions on a rota basis. There was no assessment of the competency of the client to be the house leader. We issued a requirement notice telling the provider to address this matter. Since the last inspection, the service had introduced criteria for the house leader and the deputy house leader. These included being in the last stage of treatment, not presenting a risk of self-harm or violence, and fully understanding their duties. A senior member of staff signed a confirmation that the house leader met these criteria.

Assessing and managing risk to patients and staff

- In August 2016, we found that staff did not carry out individual risk assessments when clients were admitted. We found that in eight out of 11 records, information in the admission form was based entirely on the clients own testament. This created a risk that the service did not have comprehensive information about the client and that staff did not identify all the risks the client presented, either to themselves or to other people. We sent a warning notice to the service in September 2016 stating that the service must address these risks. At this inspection, the records of all four showed that the service had gathered background information about the client prior to admission. This included a history of the client's physical and mental health, and an assessment of their history of using drugs and alcohol. Records included details of various complex needs of clients their addiction For example, the records indicated where there were specific issues relating to mental or physical health which needed to be considered to provide holistic care. All records included information from the client's GP. On one record there was a report from the client's psychiatrist confirming that the placement was appropriate. Staff completed risk assessments on admission based on the information gathered about clients. Records showed that staff had updated risk assessments during the admission.
- In August 2016, we found that staff did not use a recognised tool for assessing risks. We found that the service did not have any plans to mitigate the risks that clients presents. This meant that staff may not have addressed risks and that staff would not know how to respond if incident occurred. We sent a warning notice to the service in September 2016 stating that the service must address this. At this inspection, we found that staff

completed risk assessments using a matrix. Staff used this matrix to determine whether risks were low, medium or high. A member of staff completed a risk management plan that they agreed with the client.

- In August 2016, we found that medicines administration records (MARs) did not include a list of any allergies the client had or the signature of the person who had prepared the record. At this inspection, we found that local pharmacy completed MARs. Staff updated these records if necessary. Staff completed details of client allergies and sensitivities on prescription charts. If the client had no allergies, this was marked a 'none' on the record. The service also kept a record of the medication it had in stock for each client.
- In August 2016, we found that clients stored their medication in their bedrooms. Bedrooms doors did not have locks and there were no lockable cabinets in the rooms to store medication. This meant there was unrestricted access to medication in the building. We issued a requirement notice telling the provider to address this matter. At this inspection, we found that the service had fitted locks to all bedroom doors.
- In August 2016, we found that staff provided the client appointed as house leader with eight paracetamol each evening. The house leader could telephone the on-call member of staff to authorise them to give tablets to other clients. The service did not provide training to house leaders in administering paracetamol. House leaders may have not been aware of the risks and potential adverse side effects. Further, the on-call member of staff would not have had access to the clients' notes when giving authorisation and may have been unaware of contra-indications. At this inspection, we found the service had introduced criteria for appointing clients as house leader and deputy house leader. This included the clients understanding the guidance on paracetamol. A member of staff counted the paracetamol when the house leader returned to the medicines cupboard each morning. The service had introduced a protocol for recording 'homely remedies' in the medication policy. However, the service had not addressed concerns about the authorising member of staff not being aware of potential risks of specific clients taking paracetamol.
- In August 2016, we found that the service did not record visits to the premises. At this inspection, we found that the service had had introduced two visitors books. One book was for formal visitors to the service, such as professionals and contractors. The other was for visits to clients by friends and family members.
- At the last inspection, we found there were insufficient arrangements in place to ensure the safety of children visiting the premises. There were no records kept of children entering or leaving the premises. We issued a requirement notice telling the provider to address this matter. At this inspection, we found that the service had introduced a new child protection policy.

Track record on safety

- In August 2016, we found there were no records of any incidents. At this inspection, we found that the service had introduced a new policy on incident reporting and handling in December 2016. This policy defined serious incidents as being an accident or incident in which someone suffered serious injury, permanent harm or unexpected death whilst in receipt of treatment. There had been no serious incidents at the service since the last inspection. However, the service had recorded eight minor incidents since the inspection. These incidents included an acupuncture needle being lost, a client's money going missing, a fire alarm going off and a missing kitchen knife. There were six entries in the accident book in the four months since the last inspection. Staff recorded minor cuts sustained in the kitchen and a client falling from a broken chair in the accident book.

Reporting incidents and learning from when things go wrong

- In August 2016, we found entries in the record of contact with staff out-of-hours did not included details of who made the call or who received the call. The service had updated the system for recording calls to the out-of-hours duty member of staff in November 2016. Records now showed the time, date and name of the member of staff who was contacted. Records also showed details of the matter and the action the member of staff had taken. In the four months since the last inspection, there had been 12 calls to the duty member of staff. Three calls were to inform staff that a client had drunk alcohol. On each occasion, this resulted in the service discharging the client. Two calls were for staff to authorise the house leader to give paracetamol to a client.

Substance misuse services

- The policy included a procedure for handling incidents. Staff were required to ensure that serious incidents were recorded in the incident book within 24 hours and minor incidents were recorded with 48 hours. However, the requirement to investigate incidents did not extend to clients who had recently been discharged or former residential clients who returned to service for support on an ad hoc basis. This meant that there was a risk that incidents where there might be learning and improvement within the service were not investigated.
- Staff and clients discussed incidents at house meetings. For example, two clients reported that small amounts of money had gone missing. At the next house meeting clients were reminded to lock their rooms. Staff also reminded clients of the importance of personal boundaries and staff advised clients to avoid lending money to other clients. At another meeting, staff reminded clients of the policy for signing kitchen knives in and out of the office after a kitchen knife had gone missing. This meant that we could see that learning and changes in practice took place after incidents.

Are substance misuse services effective? (for example, treatment is effective)

Assessment of needs and planning of care

- In August 2016, we found that recovery plans were generic. Care plans did not state clearly the action that would be taken to support the client's recovery. We concluded there was a risk that individual needs may not be recognised. At this inspection, we found that staff completed care plans for all clients within the first week of admission. Care plans gave details of how the service and client would manage key areas of treatment. For example, one care plan provided full details of how alcoholics anonymous meetings and therapy would address the clients specific needs. Care plans included plans for facilitating recovery beyond the immediate need to address alcohol addiction. Two care plans included details of how the clients could re-establish and maintain a relationship with their children. Care plans included details of clients' physical health needs. Staff had regularly updated some care plans. However, it was not always clearly recorded in a consistent manner when care plans had been updated and reviewed. This meant that there was a risk that work which was done to develop and support clients' progress may not be evidenced.

Skilled staff to deliver care

- In August 2016, we found that the service did not apply for Disclosure and Barring Service (DBS) checks for volunteers. We issued a requirement notice that told the service to address this. At the time of this inspection, seven former clients were volunteers at the service. The service had applied for DBS certificates for all these volunteers in December 2016. The service had received a certificate for one volunteer. The service did not have any interim arrangements in place to ensure the safety of the service whilst they were waiting for certificates. The service had not followed CQC guidance on people starting work urgently, set out in the CQC guidance on DBS checks. There were no assessments of risks presented by volunteers working at the service without a DBS certificate. In response to our concerns, the service assured us that all volunteers had recently been through the residential programme and very well known to the staff. Volunteers did not work unsupervised.
- At the last inspection, we found that only three out of five volunteers who cooked evening meals for clients had a food safety certificate. At this inspection, we found that all volunteers who helped to provide meals had a food safety certificate.
- In August 2016, we were unable to read supervision records because supervisors kept the notes at their homes. We issued a requirement notice telling the provider to address this. At this inspection, we found that all records were now stored in a locked cabinet in the main office. All members of staff received formal supervision at least six times each year, as required by the supervision policy. The quality of supervision notes varied. Some records were comprehensive and demonstrated discussions about specific work with clients. However, two records focused predominantly on personnel issues such as employment contracts and relationships with other members of staff without evidence that supervision was used as a time to reflect on client facing work. We saw that one supervision record for one member of staff was blank and had not been completed. This meant that while supervision was taking place and was recorded, there were areas where the recording of supervision could be improved. .

Substance misuse services

Are substance misuse services well-led?

Good governance

- In August 2016 we found that formal audits were not taking place. At this inspection, we found that the service had introduced audits of care plans and risk assessments. All clients care plans and risk assessments had been audited and gaps had been identified. However, it was not always clear to see how the issues identified had been rectified. The audits had been introduced recently and were still being developed.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The service must ensure that it carries out an assessment of the risks presented by staff not being at the premises in the evening and at night. As most clients had a history of poor physical health, poor mental health, self-harm or suicide attempts, we concluded that the absence of staff heightened the risk of serious incidents occurring. The service must ensure there are procedures in place to increase the staff presence at the premises at times of heightened risk.

Action the provider SHOULD take to improve

- The service should only allow people to begin work before a DBS certificate has arrived if the safety of people using the service would be put at risk if the person was not in their role. The service should follow CQC guidance DBS checks.
- The service should ensure that on-call staff who authorise house leaders to issue paracetamol are aware of any possible contra-indications that specific clients may have.
- The service should ensure the quality of supervision and recording supervision is consistent for all staff.
- The service should ensure that its policy on incident reporting and handling includes incidents involving former residential clients who continue to receive support from the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service did not ensure that sufficient numbers of staff were deployed in order to meet the requirements of the Part 3 of the Health and Social Care Act 2008. Staff were not at the premises at evenings or night. There was no assessment of the risks this presents. There was no procedure for increasing the hours staff were at the premises at times of heightened risk. Regulation 18 (1)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.