

Endurance Care Ltd

# Favor House

## Inspection report

38 Walter Nash Road East  
Kidderminster  
Worcestershire  
DY11 7BT

Date of inspection visit:  
22 March 2019

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

About the service:

Favor House is a care home that provides personal care for up to 7 people with learning disabilities within one adapted building over two floors. At the time of our inspection, 6 people were living at the home.

People's experience of using this service:

- ☐ Appropriate fire safety measures were not in place to protect people in the event of a fire. This included a failure to ensure all fire doors were fitted with self-closing devices and kept closed.
- ☐ People's risk assessments and risk management plans had not been reviewed and updated on a regular basis, to respond to any changes in risk.
- ☐ Improvements were needed in the handling and administration of people's medicines, to ensure this reflected good practice guidelines.
- ☐ Not all staff had received training on how to protect people from abuse, and abuse concerns had not always been reported to the relevant external agencies.
- ☐ Although pre-employment checks were in place, staff member's Disclosure and Barring Service (DBS) checks had not always been renewed in line with the provider's procedures.
- ☐ Staff training needs and their need for formal supervisions and appraisals had not been consistently addressed.
- ☐ The provider's quality assurance systems and processes had not been fully integrated into the service. The quality audits and checks completed by staff to date were not effective.
- ☐ The provider had not notified us about a change in management arrangements at the service or all required incidents affecting people's health, safety and welfare.
- ☐ Appropriate standards of hygiene and cleanliness were maintained throughout the home.
- ☐ People were supported to make choices about what they ate and drank and enjoyed the food and drink provided. However, complex needs or risks associated with people's eating and drinking were not always accurately recorded.
- ☐ People were supported to access community healthcare services, to ensure their health needs were monitored and met. However, their 'health action plans' had not been kept under regular review.
- ☐ The design of the home enabled people to eat and relax in comfort, socialise with others or spend time alone.
- ☐ Staff recognised the need to respect and support people's day-to-day decision-making.
- ☐ Staff treated people with kindness in their day-to-day care and support.
- ☐ People felt able to voice their opinions to staff and felt listened to.
- ☐ People were treated with dignity and respect and steps were taken to protect their personal information.
- ☐ People's care files were bulky and disorganised, and their care plans and needs assessments had not been reviewed and updated on a regular basis.
- ☐ People had support to participate in a range of social and recreational activities in the local community.
- ☐ The people and their relatives were clear how to raise concerns and complaints about the service

provided, and felt comfortable doing so.

- ☐ Staff worked well as a team and were satisfied with the management support available to them.
- ☐ Staff and management sought to work effectively with community health and social care professionals to achieve positive outcomes for people.

We found the service met the requirements for 'Requires Improvement' in four areas and 'Inadequate' in the one remaining area. The overall rating of the service was 'Requires Improvement'. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Why we inspected: The provider registered with the Care Quality Commission (CQC) in February 2018. This was the first inspection of the service under this provider and therefore their first rating.

Enforcement / Improvement action we have told the provide to take: Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any information of concern is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our Well-led findings below.

**Inadequate** ●

# Favor House

## Detailed findings

### Background to this inspection

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

Inspection team: One inspector carried out the inspection.

Service and service type: Favor House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a manager registered with the Care Quality Commission, but there was no registered manager in place at the time of our inspection. During our inspection visit, we met briefly with the newly-appointed manager of the service. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did when preparing for and carrying out this inspection:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch.

Prior to our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account during the planning of our inspection of the service.

During the inspection visit, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for.

We spoke with four people, four people's relatives, two community healthcare professionals, the manager, the area operations manager and three care staff.

We reviewed a range of records. These included four people's care files, accident and incident records, medicines records and two staff recruitment records. We also looked at staff training records, selected policies and procedures, records associated with the safety of the premises and quality assurance records.

# Is the service safe?

## Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; using medicines safely

- ❑ The provider did not have appropriate fire safety measures in place to protect people in the event of a fire. Two of the home's fire doors were not fitted with self-closing devices and had been left open. A further ground-floor fire door had been propped open with a laundry basket. Fire action notices had not been displayed within the home to tell people what to do in the event of a fire. In addition, the home's emergency evacuation procedure contained incomplete information about the home's fire assembly points. We discussed these concerns with the provider. They arranged the necessary work on the home's fire doors, and ensured appropriate fire safety signage was displayed.
- ❑ Whilst steps had been taken to assess the risks associated with people's individual care and support needs, the risk assessments and risk management plans produced had not been reviewed and updated on a regular basis, to identify and address any changes in risk. For example, we saw one person had a number of risk assessments which had not been reviewed since January 2017. In addition, where people were known to display challenging behaviour that posed a risk of harm to themselves and others, the provider had not produced clear, up-to-date behaviour support plans for staff to follow. However, the staff we spoke with showed good insight into the risks to individuals.
- ❑ Not all staff had completed, or attended refresher training on, the provider's 'medication management course', and staff did not undergo regular medicines competency checks.
- ❑ Where people were prescribed 'as required' (PRN) medicines, staff had not always been provided with written guidance on the expected use of these. Where 'PRN protocols' were in place, the information these contained was not always sufficiently clear. This included a lack of clarity regarding the circumstances when medicines were to be offered, or the minimum required interval between doses of people's PRN medicines.
- ❑ People's medication administration records (MARs) had not always been completed in line with national guidelines. For example, we saw people's MARs did not always indicate the date range they related to. They also included hand-written entries, which had not been checked for accuracy and signed by a second trained member of staff.
- ❑ People's medicines were stored in locked drawers within the home's office, which felt warm. The provider did not have a system in place for monitoring the temperature of medicines storage, to ensure this did not exceed the recommended range. The temperature at which medicines are stored affects the rate at which they break down.

The provider's procedures for assessing, reviewing and managing the risks to people's health, safety and welfare were not sufficiently robust or effective. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- ❑ Staff training records indicated two members of staff had not yet completed the provider's safeguarding

training, to help them understand their role in protecting people from abuse. The remainder of the staff team had not completed refresher safeguarding training, which they had been due to attend between April and July 2018. However, the staff we spoke with were clear about the need to report any abuse concerns to the provider without delay.

- The provider had procedures in place designed to ensure the relevant external agencies were notified of any witnessed or suspected abuse. However, we were not assured these procedures were consistently followed. We identified two incidents, in August and November 2018, during which people had been victims of a minor physical assault by another person who lived at the home. These events not been reported to the local adult safeguarding team or the Care Quality Commission (CQC).

#### Staffing and recruitment

- People, their relatives and staff themselves felt staffing levels at the home were appropriate and enabled people's needs to be met safely. One person said, "They [staff] are always around to help." Staff explained that any staff absences were covered through voluntary overtime to promote continuity of care.
- The provider carried out pre-employment checks on prospective staff to ensure they were safe to work with people. However, two staff member's enhanced Criminal Records Bureau (CRB), checks had not been renewed since 2003 and 2004 respectively, in contradiction with the provider's procedures. These checks on a person's criminal convictions and cautions are now completed by the Disclosure and Barring Service (DBS). Following our inspection visit, the provider confirmed fresh DBS checks had been requested for the staff members in question.

#### Preventing and controlling infection

- Staff training records indicated only three members of staff had completed the provider's infection control training to help them understand how to protect people, visitors and themselves from the risk of infections.
- Staff had been provided with, and made use of, personal protective equipment (i.e. disposable gloves and aprons) to reduce the risk of cross-infection.
- We found appropriate standards of hygiene and cleanliness were maintained throughout the home.

#### Learning lessons when things go wrong

- The provider had systems and procedures in place to enable staff to record and report any accidents or incidents involving the people who lived at the home, in order to prevent things from happening again.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- ☐ Staff learning and development needs had been consistently monitored and addressed.
- ☐ The provider had developed a programme of 'mandatory' and 'service-specific' training for staff, designed to give them the knowledge and skills needed to work safely and effectively. However, staff training records indicated staff were not up to date with their training and refresher training. For example, only one member of staff had valid 'basic emergency first aid training', and only two staff members had valid 'food hygiene and safety' training. No details were recorded of staff members' moving and handling training. One staff member told us, "A lot of my training needs updating." The provider had a training plan in place designed to bring staff training up to date over the course of April and May 2019.
- ☐ Staff had not participated in regular one-to-one meetings ('supervisions') with a senior colleague or manager, in line with the provider's procedures. Staff supervision meetings had last been completed, with four members of staff, in March 2018. There were no records of staff members having received an annual appraisal. Formal staff supervision and appraisal plays an important role in ongoing staff development.
- ☐ We were not assured the provider's induction programme incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. When we requested a copy of the provider's induction programme, the area operations manager advised us this was currently being further developed. They also informed us no new members of staff had been employed at the service to date.

This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured staff received the training, supervision and appraisals necessary for them to carry out their role and responsibilities.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ People's individual requirements were assessed before they moved into the service. However, there had not been any new admissions to the service for several years.
- ☐ We were not assured people's needs and wishes were kept under regular review by staff and management. We found people's individual needs assessments, risk assessments and care plans had not been consistently reviewed and updated on a three-monthly basis, in line with the provider's procedures.

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

- ☐ We were not assured any complex needs or risks associated with people's eating and drinking were always appropriately assessed and accurately recorded in their care files. For example, one person's risk assessment indicated their food had to be cut up, due to a risk of choking. Staff informed us this information was inaccurate, as they required physical assistance to cut up meat alone, and not due to a known risk of

choking. We did not identify a record of any specialist assessment or guidelines produced by the local speech and language team in this person's care file.

- People and their relatives spoke positively about the quantity and quality of the food and drink on offer at the home. One person described the food as 'lovely', whilst another person listed their favourite meals, which included curries and cooked dinners. A relative said, "[Person's name] eats well; they have lots of fresh vegetables and proper meals."
- People told us, and we saw, they were supported by staff to choose what they wanted to eat and drink on a day-to-day basis.
- Staff promoted a positive, unrushed mealtime experience. For example, we saw one person was enabled to eat their meals alone in the home's dining room, as this was their expressed preference.

Supporting people to live healthier lives, access healthcare services and support

- People had 'health action plans' in place. However, these documents had not been reviewed and updated on a regular basis. A 'health action plan' is an accessible plan designed to ensure people's health needs are regularly assessed and met. The area operations manager informed us referrals had been made to the local learning disability nurses to review each person's health needs.
- Information had been recorded in people's health action plans about their long-term health conditions. However, we found one person needed a clearer epilepsy care plan regarding the nature and management of their epilepsy.
- People and their relatives were satisfied with the support staff gave people to attend routine medical appointments, and to seek urgent medical advice and treatment when they were unwell. A relative explained, "[Person's name] has regular diabetic check-ups with the GP."
- A healthcare professional we spoke with praised the way staff prepared for people's annual well person checks.

Staff working with other agencies to provide consistent, effective, timely care

- In people's care files, we saw examples of how staff and management had worked with community team and professionals to achieve positive outcomes for people.
- The community professionals we spoke with confirmed staff and management sought to maintain effective working relationships with them.

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

- The design of the home ensured people had appropriate space socialise with others, eat in comfort or spend time alone. During our inspection visit, one person made regular use of the home's enclosed back garden.
- The provider had completely renovated a combined bathroom and shower-room on the first-floor to create space for an additional communal toilet.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment 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.

- ☐ Staff training records indicated only two staff had completed the provider's training on the MCA and DoLS, and that their knowledge in this area had not been refreshed. However, the staff we spoke with understood the need to respect and support people's decision-making. We saw they enabled people to make day-to-day decisions about, for example, what they wanted to eat and drink or how they wanted to spend their time.
- ☐ People's care files included information about their ability to make day-to-day decisions and the support they may need with more serious decisions.
- ☐ The area operations manager assured us the need to apply for DoLS authorisations had been considered, based upon an individual assessment of people's mental capacity and their care and support arrangements.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Requires improvement: Shortfalls in the quality and safety of people's care did not reflect a caring approach on the part of the provider.

Ensuring people are well treated and supported; promoting equality and diversity

- ☐ During our inspection, we saw a number of respectful, caring interactions between individual staff members and the people they supported. However, the shortfalls in quality we identified during our inspection did not assure us the provider was caring. These included the failure to regularly review risks to people to help them stay safe, the failure to monitor and address staff training needs to ensure people were supported by staff with the right knowledge and skills, and the lack of effective audits and checks to monitor the quality and safety of people's care.
- ☐ People and their relatives spoke positively about the caring attitude staff adopted towards their work. One person told us, "They [staff] are kind." A relative said, "All of the staff are care-focused ... They think the world of [person's name]."
- ☐ People were clearly at ease in the presence of staff, who they freely engaged in conversation about the day's upcoming events. Staff listened to people, and prioritised their needs and requests. A healthcare professional praised the positive rapport staff had developed with people. They told us, "Staff have a lovely, jokey rapport with the residents. The residents have a really good relationship with staff."
- ☐ Staff showed concern for people's comfort and wellbeing. One person sought, and was provided with, regular reassurance from staff, which helped them manage their anxiety levels.
- ☐ Staff understood their role in promoting people's equality and diversity and the need to avoid any form of discrimination in planning or delivering people's care.

Supporting people to express their views and be involved in making decisions about their care

- ☐ People told us, and we saw, staff listened to them and helped them to make day-to-day decisions.
- ☐ People's communication needs had been assessed and recorded to promote effective communication.
- ☐ The provider understood where to direct people for independent support and advice on their care, and helped people to contact these service as needed. We saw one person had been supported by an independent advocate to make decisions about their medical treatment.

Respecting and promoting people's privacy, dignity and independence

- ☐ People and their relatives were satisfied staff understood how to promote people's privacy, dignity and independence. One relative described how staff promoted their loved one's independence through giving them the opportunity to participate in a range of community-based activities, including playing volleyball.
- ☐ Staff gave us examples of how they ensured people were treated with dignity and respect on a day-to-day basis. One staff member explained, "It's just about being pleasant with them [people], closing doors during personal care and listening to their points of view."
- ☐ Staff took steps to protect people's personal information by ensuring this was not left out in the home's

communal areas, but returned to the home's office.

# Is the service responsive?

## Our findings

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

Requires improvement: People's needs were not always met. Regulations may or may not have been met.

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

- ☐ People's care files were bulky and disorganised, containing large amounts of out-of-date information that had not been archived effectively.
- ☐ People's care plans were individual to them, but had not been kept under regular review to ensure they accurately reflected people's current needs and wishes. For example, one person's care plans had not been reviewed and updated since February 2018.
- ☐ Staff told us people's care plans were of limited use to them, as they were not always up to date or easy to follow. One staff member explained, "I don't use them [care plans], but I think they do need updating. If I needed to know them [people] by looking at the care plans, or someone needed care away from the home, they would not be sufficient."
- ☐ People had the opportunity to participate in social and recreational activities in the local community. One person described how they enjoyed playing sport on Thursdays, shopping with staff and attending a social club on Mondays. During our inspection visit, three people were supported by staff to attend a local day activity centre, where they did arts and crafts and music-based activities.
- ☐ The area operations manager was aware of the requirements of the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. They assured us the provider had the facility to produce information for people and their relatives in alternative, accessible formats, as needed.

Improving care quality in response to complaints or concerns

- ☐ The people and relatives we spoke with were clear how to raise concerns and complaints about the care provided, and said they would feel comfortable doing so.
- ☐ The provider had a complaints procedure in place, designed to ensure any complaints were handled fairly and consistently.

End of life care and support

- ☐ At the time of our inspection visit, no one living at the home was receiving end-of-life or palliative care.
- ☐ We saw evidence staff and management had initiated conversations with people and their relatives to establish people's wishes regarding their future care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- ☐ We were not assured the quality audits and checks in place at the service, which included a 'weekly team leader's check' and medication audits, had been completed meaningfully. These audits and checks had not enabled the provider to identify and address the shortfalls in the safety and quality of people's care we identified during our inspection. This included our concerns regarding fire safety measures, the lack of robust risk assessment and risk management processes, and the lapses in staff training.
- ☐ The area operations manager informed us the provider's broader quality assurance systems and processes had not yet been integrated into the service, and that this would be addressed as a matter of priority.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ We were not assured the provider fully understood the legal requirements upon them. They had not notified us of all required incidents affecting the health, safety and welfare of the people who the service. These 'statutory notifications' play an important part in our ongoing monitoring of services. We identified two incidents of physical aggression between people who lived at the home, in August 2018 and November 2018, which had not been reported to us.

This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. The provider had not notified us of all incidents that affect the health, safety and welfare of the people who used the service.

- ☐ The provider is required to have a registered manager for the service. During our inspection visit, we were informed the previous registered manager had left the service in September 2018. The provider had not notified us of this change in the service's management arrangements.

This was a breach of Regulation 15 of The Care Quality Commission (Registration) Regulations 2009. The provider had not notified us of a specified change in the running of the service.

- ☐ We were not assured the provider and senior management team had sufficient oversight of quality performance issues and risks at the service. Following our inspection visit, the area operations manager shared with us a copy of a 'weekly management report', which the provider planned to introduce at the service without delay. This report was designed to give the provider clear insight into any new risks, health and safety concerns or safeguarding issues involving the people who used the service.

- During our inspection visit, we met with the recently-appointed manager of the service, who was also responsible for the day-to-day management of another of the provider's associated homes. Following our inspection visit, the area operations manager informed us the provider was in the process of recruiting a new registered manager for the service.
- We saw staff worked well together as a team and were enthusiastic about people's care and support. The staff we spoke with were satisfied with the management support available to them. One staff member told us, "It was well-managed [under previous registered manager], and it hasn't really changed for us down here ... If I've got a problem I would go to [manager]." Another staff member said, "We know where [manager] is if we need her."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they liked living at Favor House, felt comfortable sharing their views with staff, and were listened to. One person said, "It's a lovely place."
- People's relatives were satisfied with their level of involvement in their loved ones' care. They told us staff kept them up to date with any changes in their loved ones' health or wellbeing, and that they were invited to attend any formal care review meetings.
- The community professionals we spoke with described effective working relationships with staff and management. One community professional told us, "They [provider] are pretty willing to engage."



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 15 Registration Regulations 2009 Notifications – notices of change  The provider had not notified us of a change in the service's management arrangements.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had not notified us of all incidents that affect the health, safety and welfare of the people who used the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured staff received the training, supervision and appraisals necessary for them to carry out their role and responsibilities.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider's procedures for assessing, reviewing and managing the risks to people's health, safety and welfare were not sufficiently robust or effective.</p>

### The enforcement action we took:

A condition was placed on the provider's registration which meant they had to send us monthly reports to demonstrate how they identified and mitigated risks to people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality assurance systems and processes were not sufficiently robust or effective.</p>

### The enforcement action we took:

A condition was placed on the provider's registration which meant they had to send us monthly reports to demonstrate how they identified and mitigated risks to people.