

Northumberland County Council

Shared Lives

Northumberland

Inspection report

Merley Croft
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Morpeth
Northumberland
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 5 and 12 January 2016 and was announced because we wanted to ensure there would be someone at the service office when we called.

Shared Lives has an office base at Merley Croft in Morpeth. The service recruits and supports families who provide homes and supportive placements, within a family setting, for adults with learning disabilities. The service covers the whole of Northumberland. At the time of the inspection the registered manager told us they supported 51 people within 47 Shared Lives carers' homes.

A registered manager was in post and had been registered with the CQC since July 2012. 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. The day to day running of the location was carried out by a service manager, who would report to the registered manager.

People indicated they felt safe living with their Shared Lives carers. Carers had received training with regard to safeguarding adults and said they would report any concerns to the service or people's care manager. The service had dealt with any safeguarding concerns appropriately.

The provider had in place plans to deal with urgent situations. Staff said that carers could contact them any time during the week or could contact the office for support. Carers could also contact people's individual care managers for advice. Out of hours support was provided by the local authority's Emergency Duty Team. Carers said they were well supported and they always received a response to any concerns or queries.

Processes were in place to recruit staff and to carry out checks to ensure they were suitably experienced. Shared Lives carers went through an extensive assessment process, looking at a range of matters including their backgrounds, health and experience. All carers were required to be approved by a formal assessment panel before being matched with a person to support.

People receiving support with their medicines were assisted appropriately and carers confirmed they had received training in the safe handling of medicines.

Carers told us they had received a range of training, both as part of their induction and on an ongoing basis. They were positive about the training offered. Staff also confirmed they had access to a range of training. A new on line training system was being developed to make it easier for carers to access training and track that training was up to date.

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.

Staff were aware of the Mental Capacity Act 2005 and issues relating to personal choice. The registered manager confirmed that no one using the service was subject to restrictions imposed by the Court of Protection. Some people had deputyship orders in place to help them manage their finances.

People were supported to maintain their well-being. Carers worked with health professionals or therapists where they were actively involved in people's care. People were also supported to attend hospital or medical appointments. People had access to a plentiful choice of foods and drinks.

People said they were happy and well cared for. We observed relaxed relationships between people and their carers. They said their privacy and dignity was respected and they had their own rooms that they could access at any time.

People's needs were assessed and care records called "All about me" detailed the type of support they required. Documents contained goals that people wished to achieve. There were regular reviews of people's care. The registered manager told us there had been one recent formal complaint. This had been dealt with appropriately. People told us they were happy with the care provided and they had no complaints about the service.

The provider had in place systems to effectively manage the service and monitor quality. Regular reviews of placements took place to ensure people were receiving appropriate levels of care and support. Carers were contacted to solicit their views of the support they received from coordinators. The service was participating in research looking at extending Shared Lives services. Staff told us there were regular team meetings which covered business and care support matters. Records were up to date and stored securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe living with their Shared Lives carers. Carers had received training on safeguarding issues. Safeguarding issues raised with the service had been dealt with appropriately.

Risk assessments had been undertaken in relation to people's individual needs and the environment. Risks were regularly reviewed and plans updated as necessary.

Proper recruitment processes were in place. Detailed assessments and checks were carried out with prospective Shared Lives carers. Medicines were managed and stored appropriately and safely.

Is the service effective?

Good ●

The service was effective.

Records confirmed a range of training had been provided and completion of mandatory training was high. Shared Lives carers told us they had access to a range of training. Staff confirmed they received regular supervision and annual appraisals.

The registered manager confirmed that no one using the service was subject to restrictions imposed by the Court of Protection under the Mental Capacity Act (2005). People were asked to give their consent to care being delivered.

People told us they had access to a range of meals and drinks and could have foods that they liked.

Is the service caring?

Good ●

The service was caring.

People indicated they felt well cared for by their Shared Lives carers. Relationship between carers and people living with them were warm and friendly. Carers told us that they considered people they supported to be "part of their family."

Equality and diversity issues were considered when considering people's care needs. People indicated they were involved in reviewing their care needs.

People told us that carers respected their privacy. People were supported to maintain and develop their independence.

Is the service responsive?

Good ●

The service was responsive.

People had detailed and wide ranging assessments of their needs and comprehensive "All about me" documents which outlined their backgrounds, likes and dislikes and care requirements. Reviews were regularly undertaken.

People were supported to participate in a range of activities, work placements and social events. People also participated in carers' family events and activities.

There had been one recent complaint which had been dealt with appropriately and fully.

Is the service well-led?

Good ●

The service was well led.

A range of checks and audits were undertaken. Quality monitoring by the provider's quality department showed the service was highly compliant with a number of quality indicators.

Staff talked positively about the support and leadership of the registered manager. Carers said all staff were accessible and supportive. Staff said they were happy working at the service.

Regular staff meetings took place and staff said management listened to and acted on their suggestions. The service was participating in a research project looking at service development. Records were up to date.

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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.

This inspection took place on 5 and 12 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a shared lives service and we needed to be sure that someone would be present at the service offices.

The inspection team consisted of an adult social care inspector.

Provider Information Return (PIR) was not requested prior to the inspection. 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 reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support our planning of the inspection.

We visited three Shared Lives carers' homes and spoke with three of the people they were supporting. We also spoke with a person who was currently applying to become a Shared Lives carer. Additionally, we contacted five health and social care professionals to ask about their views of the service. We spoke with two coordinators for the service, the registered manager and the operations manager.

We reviewed a range of documents and records including; five care records for people who used the service, three records for Shared Lives carers and three records of staff employed by the service. Additionally, we examined training records, complaints and compliment records and accidents and incident records. We

also looked at records of staff meetings and a range of other quality audits and management records.

Is the service safe?

Our findings

We asked people if they felt safe living with their carers and they indicated that they did. Carers said that if they had any concerns about the safety of any of the people they were looking after they would contact the person's care manager or the Shared Lives service for advice. Carers confirmed they had received training in relation to safeguarding vulnerable adults as part of their training and on-going support.

The provider had a safeguarding policy in place. There had been three recent potential safeguarding events linked to the service. We saw that these had been dealt with appropriately and that the service had worked collaboratively with people's care managers and the safeguarding adults team. The registered manager had formally notified the Care Quality Commission of the safeguarding concerns in line with legal requirements. Records confirmed that staff employed by the service had received training in safeguarding adults. This meant people were protected against the risks of potential abuse.

When individuals were applying to become Shared Lives carers a range of checks and assessments were carried out. These included checks on an individual's background and an assessment of their current health. A health and safety assessment was also undertaken of the property, including checks that electrical and gas appliances were safe and regularly serviced, that the homes had smoke detectors in place and items such as tools were stored appropriately. Carers were also required to have identified an emergency exit plan from their homes in case of an event such as a fire. This meant appropriate consideration of risks had been undertaken across the service. Reviews of risk and safety were part of the rolling programme of visits by the service co-ordinators.

Risk assessments had been carried out at the service office base including display screen assessments and stress risk assessments. Shared Lives carers told us that they could contact a co-ordinator or a person's care manager for advice and support. For any issues out of office hours, when the Shared Lives service or a care manager were not available then the local authority emergency duty team could be contacted. This meant that system were in place to manage any urgent concerns or situations.

The registered manager told us that when considering how best to support people thought was given to matching the needs and skills of each person to an individual carer. Referrals to the service from people's care managers also highlighted any particular issues that needed to be taken into account.

Carers were aware of the need to keep the Shared Lives service informed of any accidents or incidents and note these in people's records. The registered manager told us there had been no serious accidents or incidents involving people supported by the service in the last 12 months.

The service was delivered by the registered manager, three co-ordinators and a part time administrator. The staff group currently supported 47 households who accommodated 51 people. Staff told us there was enough capacity to provide support at the current level. They said their input was patched to specific localities to ensure best use of their time, although they supported each other across the whole county, as required. Carers told us they received regular visits from the service co-ordinators and they had no difficulty in contacting them if they needed additional advice or support. Carers also confirmed that in the early

stages of a placement co-ordinators would visit weekly to provide additional support. This meant there were enough staff employed within the service to support the current number of carers and people.

Staff personal files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made, references being taken up, one of which was from the previous employer, and Disclosure and Barring Service (DBS) checks being made. DBS checks ensure staff working at the service have not been subject to any actions that would bar them from working with vulnerable people. Carers recruited to the service went through an intensive interview and assessments process, which included background checks, discussion of the motives for taking on the role, consideration of scenarios linked to the service and health checks. Before any individual was accepted as a carer their application and assessment report was considered by a panel of experienced professionals, existing carers and service users. Carers told us the assessment process was both thorough and sensitive. This meant appropriate recruitment processes were in place when both recruiting permanent staff and carers to the service.

Some people were supported with taking medicines. Carers had received training in relation to managing medicines safely. Records contained details of the individual medicines people were taking, when they were given or when they were observed taking them. Where carers held people's medicines on their behalf these were stored in locked cupboards. Where people managed taking medicines themselves they were provided with a locked box to keep the medicines safe in their rooms. Medicines were reviewed as part of the rolling programme of checks carried out by co-ordinators. This meant medicines were managed safely and effectively.

Is the service effective?

Our findings

Carers told us that they had received a range of training and support to allow them to carry out their roles effectively and efficiently. They said the training was accessible, both in terms of location and the level of information that was delivered. Two carers told us that recent training on dementia and Down's syndrome had been particularly interesting and informative. The registered manager showed us a new training system that was being developed to support carers. This was an on-line system that would allow carers to access a range of training and information from their own homes, limiting the need for them to travel. The new system would also replace the current spread sheet used to ensure training was up to date by automatically alerting the service that refresher training was required.

Staff formally employed by the service also confirmed they had undertaken a range of training. Quality monitoring information indicated that, with the exception of moving and handling all mandatory training was up to date. Mandatory training is training the provider requires staff to undertake on a regular basis. Staff also confirmed that they received regular supervision and appraisals. Records confirmed this and indicated that staff were able to discuss a range of issues related to their work life and personal circumstances. This meant both staff and carers were able to access and participate in appropriate and regular training events. Staff had access to regular support and supervision sessions.

Carers told us that co-ordinators from the service were very good at maintaining contact and communicating with them. People we spoke with told us that whilst their main point of contact was their care manager, co-ordinators spoke with them when they called at their homes, if they were in. Co-ordinators told us that whilst their primary role was to support carers, they also took time to ensure people using the service were safe and settled. One co-ordinator told us, "If they are there I like to have a conversation with them (People who use the service). But I like to have time with the carers. It's confidential; it's their one to one time. It's time to build up a good rapport and relationship with them."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager told us that no one currently being supported by the service was subject to any restrictions on their freedom or were under orders from the Court of Protection. The Court of Protection is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made because they may lack capacity to do so.

Carers were aware of the need to ensure that care managers were kept informed, or advice sought, for significant issues such as medical treatment, where an assessment of capacity may be required. Some

people had their finances managed and supported under a deputyship order. A deputyship order allows a person's relatives or the local authority to oversee their financial arrangements to ensure they are dealt with properly and people are protected from the risks of financial abuse. This meant carers were aware of the need to protect people's rights and ensure they were supported to make important decisions where they were able

People's and carers' records contained copies of consent forms and agreements to say they were happy for their information to be shared. People's individual care documents "All about me", contained an indication of who people wanted contacting in the event of an emergency or other issues, along with a section entitled: "I would like people to know", where people could choose what information to share with others. Records also contained a copy of an agreement between the person using the service, the carers and the Shared Lives service. This agreement set out what the expectation was from all parties and had been signed by people, carers and a Shared Lives representative to say they would abide by the agreement. This meant there were clear expectations on how everyone involved in the Shared Lives service would respond.

People were supported to access health appointments to help maintain their well-being. Carers described how they supported people to attend medical appointments, therapy sessions and outpatient appointments. Records showed that people had regular contact with opticians and dentists. We saw that some people were supported to have annual check-ups with their general practitioners. This meant people were supported to maintain their health and wellbeing.

People told us they were provided with a range of meals and drinks and could make choices about what they ate. The "All about me" document contained an indication of people's food likes and dislikes. Carers said that they got to know people and also the types of meals they preferred. They said they tried to support people with a healthy diet but were aware that people had the right to make their own choices. People were able to participate in shopping trips or would sit with the carer and compile a shopping list of items they would like to have for meals. Daily diaries indicated that people were provided with a range of meals and also went out for meals, with the carer's family or sometimes with their own family members. This meant people were supported to access appropriate meals and drinks.

Carers said that people were accepted as members of their family and had access around the house in the same way. People were provided with their own bedrooms, which they were able to decorate to suit their own tastes. Most people had full or reasonable mobility and did not require any special adaptations in the home. One carer told us she had fitted additional grab rails in the bath/ shower room just to provide extra support for people, if needed.

Is the service caring?

Our findings

We asked people if they were well cared for. People indicated that they did feel well cared for. One person told us, "I love it here. I have friends." Another person said, "(Name of carer) is very good. She is good at helping me."

During our visits to the homes of people registered as carers with the Share Lives service, we saw that there was a relaxed and friendly relationship between people and their carers. There was a good deal of laughing and joking during our conversations. Carers knew people very well. They were aware of their backgrounds, family life and family members and their likes and dislikes. One carer told us, "I keep forgetting that it is work. (Person's name) is very much part of the family."

The registered manager told us that some people supported by the service identified themselves as being LGBT (Lesbian, gay, bisexual, and transgender). We saw that this issue had been covered in their care assessment. We also saw that their "All about me" documents contained a section related to their sexual orientation and how staff and carers would help people further explore these feelings and potentially develop a loving relationship. This meant that people were accepted as individuals and supported to express their individuality.

People indicated that they had been involved in developing the "All about me" document that helped staff and carers provide the support that people wanted. Co-ordinators told us that they took time to sit down and speak with people about what they wanted and what their preferences were. The manager told us the service was currently reviewing their "All about me" documents to make them more centred on the person and more accessible to them. Shared Lives co-ordinators had put these new documents together with personal photographs that had meaning to people. For example, photographs of their childhood, their parents and siblings when younger, holidays and other significant events. Co-ordinators had visited people at their activities or work placements to take photographs about their work and real life photographs of activities then enjoyed doing. Some people had also been supported to visit their GP practice or dentist's to have photographs taken of them standing outside the surgery, demonstrating that this was their particular doctors or dentists. This made the information contained within the "All about me" documents highly personal and fully relevant and recognisable to people.

Carers we spoke with understood about the need to maintain confidentiality. They told us the matter had been covered in training, as part of their ongoing support or within their induction. They recognised the difficulty this presented by the way the service operated, in that people were seen as family members and that "normal family rules applied", but that special consideration always needed to be made for the people living with them.

The manager told us that no one using the service was currently being supported by an advocate. She told us that people were predominately supported by their care manager or family members, if they required support to make significant decisions. She said that if a person would benefit from the support of an independent advocate this would be arranged by their care manager.

People we spoke with told us that they had their own rooms which they could access at any time. They took pride in showing us their rooms, which were highly personalised. People had music centres and televisions in their room, meaning they could spend time in private, away from other family members if they wished. They told us that carers and their family members respected their rooms as being their personal space. Some people also had other areas of the carer's home to use. For example, one person had an area in a conservatory where they could listen to music or watch a DVD on a portable device. This meant people's right to privacy was supported and respected.

People were encouraged to maintain and develop their independence. One carer told us how a person, who had rarely gone out on their own prior to living with them, now went out unaccompanied each morning to fetch a daily paper from the local shop.

Is the service responsive?

Our findings

The registered manager told us that care managers would initially make a referral to the service, with details of the person's background and highlighting any particular needs. The Shared Lives service had a website, which included information and photographs of all the carers currently employed by the service. This helped people who were interested in living with a Shared Lives carer to view information about carers, including where they location in the county. The manager said that whilst they could not guarantee that people could live with carers they identified on the website, because it was important to match people and carers, it helped in considering possible options, such a choosing carers who lived close to people's family members.

People's care records were highly individualised and personal to them. Care delivery was supported through the development of the "All about me" document. Co-ordinators told us they spent time getting to know people, chatting with them to find out about their likes, dislikes and background. From these discussions they then worked with the person to develop the "All about me" documents. People we spoke with confirmed they had helped to develop these documents. This meant information contained within people's plans was individual and person centred.

Carers told us they had received a copy of the "All about me" document to refer to, but felt that the most important thing was building a relationship with people and learning about them directly. They told us that whilst the "All about me" document provided really useful information, living with the person on a day to day basis was how they learnt most about them as an individual. They told us that like everyone, the people living with them had their own ways of dealing with or approaching situations, which it was not always possible to write down. Learning about and understanding these ways was extremely important to ensuring that the person settled at the carer's home and felt comfortable.

"All about me" documents contained a range of information to help support people. There were personal details, including contact details for family members, care managers and other key contacts. Documents contained information about how the person's financial matters were supported and any health issues that they may require help with. One person's plan noted that they required carers to check that they had checked their blood sugar twice a day. Another plan identified possible triggers that may make a person become anxious and concerned. Personal likes and choices were highlighted, such as places they liked to visit or go on holiday to. People also included things they would like to achieve. For example, one person had highlighted that they would like to go on a cruise in the future. This meant documents reflected people's individual needs and personal choices.

Reviews of people's individual care were carried out by their care managers, but Shared Lives co-ordinators were invited to attend these reviews to ensure there were clear links between the formal review process and the Shared Lives documentation. Additionally, Shared Lives co-ordinators made monthly visits to carers and spent time reviewing daily records, medicines records and financial records to ensure the support delivered matched that required by people living with the carers. Where there were any identified issues the co-ordinators made recommendations or suggestions about how the care and support should be changed.

This meant people's care was reviewed and up dated, as necessary.

The manager told us that whilst the co-ordinators supported people with developing their main care documents, to reflect their views and needs, the main responsibility for reviewing care remained with their care manager. People and the carers from the Shared Lives service told us there were regular reviews with care managers and Shared Lives co-ordinators. People said that they were fully involved in the review process, if they wished to be.

People were supported to participate in activities. Many people participated in general family activities, such as trips out or family holidays. Most people also had personal activities they were supported in, including gymnastics, swimming, work placements and social clubs. One person told us how they enjoyed going to a disco event each week. Another person talked about participating in indoor bowls. Carers also told us that people were supported to go to local cafes or public houses for meals. Carers were aware that people could become withdrawn if not encouraged to maintain a range of activities.

People were also supported to maintain contact with their family. Occasionally family members would visit people at the carer's home. In many cases people were supported to visit family members for weekends or Sunday lunch. One person showed us photographs of a time when they attended a family wedding. This meant people were supported to develop interests and activities and maintain contact with wider family members.

The manager told us there had been one recent complaint which had taken a while to deal with due to the complexity of the matter. We saw that this issue had now been drawn to a close and a full explanation of all the issues provided and the action taken. Where appropriate the complaint response letter contained an apology. This meant the provider was fulfilling their duty of candour to be open and honest with people about any mistakes or issues with the service. People told us they knew how to make a complaint and said if they were unhappy that would talk to a member of the Shared Lives team or their care manager. People told us they were happy and had no reason to make a complaint. This meant that complaints were dealt with appropriately.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since July 2012. She was present on the day we visited the office base and assisted with the inspection.

Co-ordinators told us their role was to work with the carers to ensure that people who lived with them received the appropriate help and support. They said it was important that people were supported to sustain a good social life and were able to achieve what they wanted to achieve. They told us that each of the team co-ordinators brought different skills to the team, such as local knowledge of services, a background in learning disability services or an understanding of physical disabilities.

Co-ordinators said the registered manager was very supportive. They told us they could seek advice from the manager at any time. Comments included, "(Registered Manager) is a fountain of knowledge"; "If you ask (registered manager) something she will always do it or come back to you"; "She is cracking. To put it simply she cares. I know she will really listen and give advice" and "She has been very supportive." Shared Lives carers told us they were very happy with the support they received from the team and could contact staff in the office with any queries.

Staff said they felt the registered manager was trying to develop the team and they were currently very happy in their roles. Comments included, "I love it; enjoy it. I enjoy what I do and hopefully make a difference" and "I'm very happy here. I've no worries at the moment."

The manager told us, and staff and records confirmed that there were regular monthly team meetings. These covered a range of business issues, any updates on policies and procedures along with discussion of any significant issues affecting carers or people who used the service. Staff also said that because the team was so small it was easy to discuss any issues outside of these formal meetings.

The manager told us there had been a range of service developments since the previous inspection. The service website had been overhauled to make it more accessible and provide more information both for prospective carers and people who may want to consider living in a Shared Lives home. The service was also developing an agile working model. This involved coordinators using tablet devices when going on home visits to record information. This meant that carers and people could review the information written down immediately and agree it was a true record. This information could also then be quickly added to the system on return to the office, ensuring that records were as up to date as possible. The manager also told us about a research project that they were supporting. The project was looking at how this and other similar services across the country could potentially expand and develop to support people with more complex needs. This meant the service was looking at how to develop and extend the ranges of services offered.

Checks were made on the quality of the service. Co-ordinators visiting carers checked on medicine, finance and daily records to ensure they were up to date and correct. They also reviewed the safety of the environments on a regular basis. The manager received a quarterly quality monitoring report from the

provider's performance team. This gave information on training completion for staff, supervision and appraisals undertaken, sickness levels and details of any accidents or incidents formally recorded. Any items that required addressing would be noted, although there were no current outstanding items. The manager told us that she and the operations manager carried out checks on people's and carers' files to ensure these were up to date, although did not currently have a system to formally record these. There was also a system of "peer review" visits across the provider organisation where managers from another service would review and spot check sister services to highlight any issues, in the style of a mock inspection. This meant a range of quality checks and audit processes were undertaken.

Carers had recently been sent questionnaires to solicit their views on the service and the support that they received. The responses had been analysed and any issues were being picked up by the overall team or being discussed with individual co-ordinators in supervision sessions. The provider ran a corporate quality questionnaire called "Two minutes of your time." However, the manager felt that this was not always appropriate for people who used the service and was too general to fully cover the type of work undertaken by the service. She said they had previously carried out their own questionnaires and would be looking at how this could run alongside the corporate system, to better facilitate responses from people who used the service.

The manager and co-ordinators told us they worked closely with people's care managers to ensure that placements ran smoothly. The manager told us that she was looking to base co-ordinators in local social care service offices one or two days a week. The intention of this was to make them more visible to other professionals and to support them working even more closely with care managers and other community staff. We found records relating to the service were up to date and stored securely.