Mental Health Residential Limited

Mental Health Residential Limited - 71 London Road

Inspection report

Southborough
Tunbridge Wells
Kent
TN4 0NS

Tel: 01892515520

Date of inspection visit:
25 April 2019

Date of publication:
21 May 2019

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

About the service:
Mental Health Residential Limited – 71 London Road is a residential care home for nine younger adults who need support to maintain their mental health. At the time of this inspection nine people were living in the service.

For more details, please read the full report which is on the CQC website at www.cqc.org.uk

People's experience of using the service:
People were positive about the service. A person said, "I've got what I need here and I'm okay."

People received safe care and treatment in line with national guidance from care staff who had the knowledge and skills they needed.

People were safeguarded from the risk of abuse and had been supported to take medicines safely.

Lessons had been learnt when things had gone wrong.

People had been helped to receive medical attention when necessary.

People and their relatives were consulted about the care provided and their consent had been obtained.

Care staff were courteous and polite and confidential information was kept private.

People were supported to be as independent as possible and to enjoy occupational and social activities in the community.

There were robust arrangements to manage complaints.

Good team work was promoted and regulatory requirements had been met.

Rating at last inspection:
The service was rated as 'Requires Improvement' at the inspection on 31 January 2018 and 7 February 2018 (the inspection report was published on 24 April 2018). At the inspection in January and February 2018 there were two breaches of regulations. This was because the registered persons were not operating a safe recruitment and selection procedure. Also, the registered persons had not made suitable provision to operate, monitor and evaluate the running of the service. At this inspection in April 2019 both of the breaches of regulations had been put right. More robust pre-employment checks had been completed to ensure that applicants fully demonstrated they were trustworthy and suitable people to work in the service. In addition to this, the registered persons had strengthened existing quality checks and introduced new

audits to enable them to more closely monitor the operation of the service. As a result of these changes the overall rating of the service has improved to 'Good'.

Why we inspected:
This was a planned inspection based on the rating we gave the service at the inspection in January and February 2018.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information 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?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was care.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Mental Health Residential Limited - 71 London Road

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 registered persons are 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.
We visited the service on 25 April 2019.

Inspection team:
The inspection was completed by one inspector.

Service and service type:
Mental Health Residential Limited – 71 London Road is a care home that provides accommodation and personal care for nine younger adults who need support to maintain their mental health.
There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Notice of inspection:
This inspection was announced. This was because the people who lived in the service had complex needs for care and benefited from knowing in advance that we would be calling to their home.

What we did:
We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Reviewed other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

Invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. This information helps support our inspections.

Spoke with five people living in the service.

Spoke with three care staff, the deputy manager and the manager.

Reviewed documents and records that described how care had been provided.

Reviewed documents and records relating to how the service was run including health and safety, the management of medicines, learning lessons when things had gone wrong, obtaining consent and staff training.

Reviewed the systems and processes used by the registered persons to assess, monitor and evaluate the service.

Used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot talk with us.

Good

Is the service safe?

Our findings

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

Safe: People received safe care and treatment.

Staffing and recruitment:
• At our inspection in January and February 2018 there were shortfalls in the recruitment checks that had been completed. We told the registered persons to make improvements in the systems and processes they followed when appointing new care staff. After the inspection the registered persons told us that they had put right the shortfalls we had found.
• At this inspection in April 2019 the necessary improvements had been made and safe recruitment and selection procedures were in place. The registered manager had introduced a new checklist to ensure that applicants had provided a full account of previous jobs they had done. References from past employers had been obtained as had disclosures from the Disclosure and Barring Service. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. The changes made had resulted in the breach of regulations being met.
• The registered manager had calculated how many care staff needed to be on duty. When doing this they had considered the care needs of the people living in the service.
• There were enough care staff on duty. Records showed that planned care shifts were being consistently filled. We saw people promptly receiving the assistance they needed. A person said, "There are always staff around when I need them."

Supporting staff to keep people safe from harm and abuse, systems and processes:
• People were safeguarded from situations in which they may experience abuse. Care staff had received training and guidance. They knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk.
• A person said, "I get on okay with the staff who look out for me."
• The registered manager kept a record that listed any concerns raised with them. They used the record to ensure there was a detailed account of the action they had taken in response to a concern. These activities included notifying the local safeguarding authority and the Care Quality Commission.
• At the time of our inspection visit there were no safeguarding concerns under investigation.

Assessing risk, safety monitoring and management:
• Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected.
• When risks to a person's health and safety had been identified steps had been taken to reduce them. An example of this was the service installing a wet room because some people experienced reduced mobility that made it difficult for them to safely use a bath.
• People received safe care. Plans had been developed for each person to prevent and respond to a relapse in their mental health. These plans identified how to recognise when a person was becoming unwell and the steps to take including seeking advice from mental healthcare professionals. Care staff knew what these

plans said and used the information to anticipate and effectively support people to maintain their mental health.
• People had been helped to avoid preventable accidents. Care staff had assessed each person's ability to safely go out into the community. They had considered each person's ability to safely cross the road, relate to members of the public and manage using public transport. Some people went out on their own while others preferred to have care staff with them. A person said, "I like to have the staff with me when I go out so I don't get flustered."
• The service was equipped with a modern fire safety system that was designed to enable a fire to be quickly detected and contained so people could be moved to safety.

Safe use of medicines:
• People had been helped to manage medicines in line with national guidelines. There were suitable systems for ordering, storing, dispensing and disposing of medicines.
• Most people were being supported to manage their own medicines. Care staff gently reminded them to order their medicines, store them securely and take them in the right way. A person said, "The staff check I'm taking my medicines on time and they make sure I don't run out." Other people had asked care staff to hold and dispense their medicines.
• Care staff had received training and had been assessed by the registered manager to be competent to safely support people to take medicines. There were guidelines for care staff to follow that said when and how each person needed to take medicines. Care staff followed these guidelines and supported people to take medicines in the right way.
• There were additional guidelines for care staff to follow when dispensing variable-dose medicines. These are medicines that a doctor had said can be used when necessary. An example of this was medicines that helped people manage when they were becoming distressed.
• Care staff completed a record of each occasion on which they assisted a person to take medicines. The registered manager regularly audited these records and checked the medicines held in stock to make sure medicines were being managed in the right way.

Preventing and controlling infection:
• There were suitable measures to prevent and control infection. There was written guidance for care staff to follow in how to reduce the risk of infection. The registered manager had regularly checked that care staff were following the guidance.
• Care staff had received training about the importance of good hygiene and knew how to put this into practice.
• Care staff correctly described to us the importance of regular hand washing. They also encouraged people living in the service to keep their clothes clean and maintain a normal standard of personal hygiene. A person said, "I might forget to change my clothes sometimes if staff didn't remind me."
• There was an adequate supply of cleaning materials. Fixtures, fittings, furnishing, beds and bed linen were clean.

Learning lessons when things go wrong:
• Accidents and near misses were managed in the right way so that lessons could be learned. The registered manager considered each incident to establish what had happened and why. They also looked for trends and patterns to see if this contributed to understanding how things could be done better in the future.
• When things had gone wrong practical steps had been taken to reduce the likelihood of the same thing happening again. An example of this was care staff helping a person to avoid social situations in the community in which previously they had become distressed.

Good

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.

Good: People experienced positive outcomes from care delivered in line with national guidance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• The registered manager had assessed the care each person needed and wanted to receive before they moved into the service. This was so care achieved effective outcomes in line with national guidance. The assessments had considered if people needed to use special equipment such as hoists and easy-access baths. They also noted if a person had a healthcare condition requiring items such as special dressings.
• The assessment had also established what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. An example of this was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of care staff who provided their close personal care.

Staff skills, knowledge and experience:
• New care staff had received introductory training before they provided people with care. Care staff had completed training that was equivalent to the Care Certificate. This is a nationally recognised system to ensure that new care staff know how to care for people in the right way. New care staff had also completed a number of 'shadow shifts' to observe and learn from a more experienced colleague.
• Care staff had also received refresher training to keep their knowledge and skills up to date. The subjects covered included how to safely support people to maintain their mental health and how to assist people who experienced reduced mobility. They also included how to help people manage healthcare conditions such as epilepsy and diabetes.
• Care staff had regularly met with the registered manager to review their performance, the training they had received and to promote their professional development.
• Care staff knew how to care for the people in the right way. An example of this was care staff knowing the importance of providing care in a way that did not overwhelm a person. We saw a person becoming concerned when a member of care staff gently reminded them about doing their laundry. The care staff recognised the person was not ready to discuss the matter and changed the subject. The person became more settled and later on we saw them chatting with the same care staff about gathering their clothes together and taking them to the laundry.

Supporting people to eat and drink enough with choice in a balanced diet:
• People were helped to eat and drink enough. Most people shopped for their own supplies and cooked for themselves. Care staff offered varying amounts of support when people asked for it. This included accompanying people when they went shopping, helping them to budget and planning their weekly menu. A person said, "I like to cater for myself as I know what I want and when I want to have my meals. The staff are always there if I need them."
• Care staff prepared the main meal at weekends and they encouraged people to dine together to make meal times more of a social occasion. A person said, "When the staff do the cooking at the weekends we get

a different meal each day. I have vegetables at the weekend that I can't be bothered to do for myself."
• Care staff gently encouraged people to have a balanced diet without too many high-fat foods. One person was also being supported to avoid sugary foods that made it more difficult for them to manage a healthcare condition.
• Care staff helped people to monitor their weight. One person was being encouraged to follow a weight-reduction diet. They were also being supported to go to a local gym so that they could exercise and achieve their goal of increasing their fitness.

Staff working with other agencies to provide consistent, effective, timely care/ Supporting people to live healthier lives, access healthcare services and support:
• The registered manager and care staff supported people to receive coordinated care when they used or moved between different services. An example of this was the registered manager liaising with a person's care manager (social worker). This was because the person had developed physical adaptive needs that could not be fully met in the service. The care manager had then made enquiries to find a service that was suitable to meet the person's increasing needs for care.
• When people needed hospital treatment care staff passed on important information to hospital staff. This included information about a person's healthcare conditions, mental health and physical adaptive needs. This was done so that their hospital treatment could be provided in an effective way.
• Care staff had promptly arranged for people to see their doctor if they became unwell. They had also arranged for a person to see specialist dentist when they had needed a lot of dental work to be completed.

Ensuring consent to care and treatment in line with law and guidance:
• The Mental Capacity Act 2005 and the Mental Health Act 1983 provide a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Acts require that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals this is usually through the Mental Capacity Act's application procedures called the Deprivation of Liberty Safeguards (DoLS). It can also be through formal orders made under the Mental Health Act 1983.
• We checked whether the service was working within the principles of the Acts and whether any conditions on authorisations or orders to deprive a person of their liberty had the appropriate legal authority and were being met.
• People had been supported to make everyday decisions for themselves whenever possible. An example of this was people being helped to decide what goods and services they wanted to buy. This included care staff helping people to save money for larger purchases. A person said, "The staff help me with my money if I ask for it. They don't interfere unless I ask. Sometimes I'd spend too much if it was left to me."
• Decisions had been made in each person's best interests. This included consulting with relatives and healthcare professionals when a significant decision needed to be made about the care provided. An example of this was the registered manager consulting with relatives when a person had declined the medical attention they needed. The registered manager's action had ensured that the person received consistent information from both care staff and their family about the benefit of agreeing to the treatment.
• No one living in the service was subject to a DoLS authorisation. However, six people were subject to an order under the Mental Health Act 1984. These orders and their conditions were recorded in each person's care plan. Care staff knew about the orders and were correctly complying with their conditions so that people only received care that respected their legal rights.

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

• The accommodation was designed and adapted to meet people's needs and expectations.
• There was enough communal space and each person had their own bedroom.
• Most parts of the accommodation were light and airy. However, there were some shortfalls that detracted from the homely atmosphere. In a communal bathroom the radiator was badly rusted and in the shower room the grouting in the steam enclosure was discoloured and unsightly. In the utility room the casing on two boilers was unsightly. This was because it was discoloured with age, scratched and partly covered with old service stickers.
• The registered manager assured us and records confirmed they had already noted each of the defects. They had also requested that the landlord complete the necessary repairs.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:
• People were positive about the care they received. A person said, "The staff are good here and I've no complaints. They're not bossy and are more like friends who are there to help you." Another person said, "The staff are fine with me – never had a problem with them."
• People had been invited to share information with care staff about their lives. This included information about their family members, significant events and their hopes for the future. Care staff used this information to engage people in conversations about the care they wanted to receive.

Respecting and promoting people's privacy, dignity and independence:
• People's privacy, dignity and independence were respected and promoted. Care staff recognised the importance of not intruding into people's private space.
• People could use their bedroom in private whenever they wished. Care staff knocked and waited for permission before going into bedrooms. Bedroom doors had locks to which people had a key so they could secure their private space when out. If a person had not locked their bedroom door when they were out care staff still assumed that they did not want anyone to go in.
• People had been assisted to wear clean clothes of their own choice. A person said, "The staff help me with managing my laundry otherwise I'd let it build-up and not have enough clean clothes."
• Care staff assisted people to use everyday objects in the right way. An example of this was an occasion when a person attempted to use a cup that had not been washed up after use by another person. A member of care staff quietly suggested that the person get a clean cup from the cupboard which they then did.
• Care staff were consistently courteous, polite and helpful. They addressed people using their chosen names. They gave each person the time they needed to express themselves. Care staff also checked that they had correctly understood what a person had wanted to say.
• Communal bathrooms and toilets had a working lock on the door.

Supporting people to express their views and be involved in making decisions about their care:
• People had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. An example of this was a member of care staff quietly asking a person if they wanted to be accompanied out into the community later in the day. When they declined due to bad weather the care staff chatted with them about going out another day when the weather forecast was more favourable.
• Most people had family, friends or solicitors who could support them to express their preferences. One person did not have these contacts and the registered manager had arranged for a lay advocate to visit them. Lay advocates are people who are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.

• Private information was kept confidential. Care staff had been provided with training and guidance about the importance of managing confidential information in the right way. They asked to see our inspector's identification badge before disclosing sensitive information to us.
• Care staff only discussed people's individual care needs in a discreet way that was unlikely to be overheard by anyone else.
• Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff. Care staff knew about the importance of not using public social media platforms when speaking about their work. A person said, "The staff keep private things private and don't talk about me to other people unless they have to."

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
• Care staff had consulted with each person, their relatives and healthcare professionals about the care to be provided and had recorded the results in an individual care plan. The care plans were being regularly reviewed by care staff so they accurately reflected people's changing needs and wishes.
• People told us that care staff provided them with all the support and practical assistance they needed as described in their care plan. A person said, "The care staff do help me with everyday stuff like getting to appointments on time. They don't take over though."
• People received personalised care that was responsive to their needs including their right to have information presented to them in an accessible manner. When necessary care staff quietly repeated explanations they had given to a person about their care. If it appeared a person had not understood what had been said, care staff used other means to engage a person's interests. An example of this was a member of care staff opening the door of the refrigerator in the kitchen to highlight to a person that they need to go shopping for supplies.
• People spent their day as they wished. A person said, "There's no hustle and bustle here, I decide what I do and when." People were supported to pursue occupational activities. Two people were supported by care staff to work in local shops and other people had been encouraged to consider enrolling for college courses.

• Care staff also supported people to pursue their hobbies and interests. One person enjoyed playing at a local snooker club and had been accompanied by care staff to attend a national tournament in London. Another person was supported to be a member of a local chess club.
• Each person had the opportunity to be supported to go on holiday with part of the cost being met by the service.
• Care staff recognised the need to provide care that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. This included people who were lesbian, gay, bisexual, transgender and intersex.
• People had been supported to develop friendships with people who did not live in the service. This included being helped to provide hospitality to any guests they invited to visit them at home.

People's concerns and complaints:
• People and their relatives had been given a copy of the service's complaints procedure. The procedure reassured people about their right to make a complaint and explained how complaints would be investigated. A person said, "If I had a beef about something I'd go to the manager who'd sort it for me."
• Care staff recognised that some of the people living in the service had special communication needs and might not be able to speak about any concerns they may have. Consequently, care staff looked out for indirect signs that a person was dissatisfied with their care. These signs included a person declining to accept support or becoming anxious during its delivery. Care staff said that when this occurred they

discussed the matter with the registered manager so that any necessary further enquiries could be made.
• The registered provider had a procedure for the registered manager to follow when managing complaints. This required the registered manager to clarify what had gone wrong and what the complainant wanted to be done about it. The registered manager told us that no complaint would be considered as closed until the complainant was satisfied with the conclusions reached and solutions offered.
• Records showed that the registered manager had correctly followed their guidance when investigating the one complaint they had received since our inspection in January and February 2018. A person had been annoyed by other people living in the service smoking near their bedroom. The registered manager had installed an air purifier near to the complainant's bedroom that had resolved the matter.

End of life care and support:
• There were suitable arrangements to support people at the end of their life to have a comfortable, dignified and pain-free death.
• The registered manager said that in consultation with relatives and healthcare professionals a person nearing the end of their life would be asked how they wished to be supported. The registered manager was aware of the need to carefully approach this subject so that a person's mental health was not unnecessarily upset.
• The registered manager told us that arrangements could be made to enable the service to hold 'anticipatory medicines'. This is so that medicines are available for care staff to quickly dispense in line with a doctor's instructions if a person needs pain relief.

Good

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created had promoted high-quality, person centred care.

Continuous learning and improving care:
• At the inspection in January and February 2018 we found that the registered persons had not established suitable arrangements to assess, monitor and improve the quality and safety of the service. Quality checks had not quickly addressed problems in the running of the service leading to shortfalls in recruitment practices.
• After the inspection the registered persons sent us an action plan that described the improvements they had made to address the breach of the regulations. They said that new and more detailed quality checks would be introduced to strengthen their oversight of the service. They told us these strengthened checks would include but not be limited to the recruitment of staff.
• At this inspection in April 2019 we found that more robust systems and processes were being used to quality-check the operation of the service. These checks included the provision already described in this report concerning safe recruitment. They also included other checks of the management of medicines, infection control, and learning lessons from accidents and incidents and staff training. In addition to this, a new system had been introduced that involved the registered manager regularly checking that each person's care plan was up to date and accurately described each part of the care provided.
• The registered persons had made suitable provision to operate, monitor and evaluate the running of the service. This had resulted in the breach of regulations being met. Therefore, the rating for this key question has increased to 'Good'.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
• Care staff were supported to understand their responsibilities to meet regulatory requirements. They had been provided with written policies and procedures to help them to deliver safe care and treatment. Care staff were told about updated advice from the Department of Health about the correct use of equipment, medical devices and medicines.
• There was a senior member of staff on call during out of office hours to give advice and assistance to care staff.
• Care staff had been invited to attend regular staff meetings to further develop their ability to work together as a team. Records showed that at recent meetings they had discussed important subjects such as the need to keep accurate and comprehensive records of the care they were providing for each person.
• Care staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. Care staff were confident they could speak to the registered manager or chief executive if they had any concerns about people not receiving safe care. They also knew how to contact external bodies such as the local safeguarding authority and the Care Quality Commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• People had been supported to comment on their experience of living in the service. There were regular meetings at which people living in the service had been invited to suggest improvements to the service. A person said, "It's all okay here. If I have something to say about the place the staff listen to me and do stuff I want."
• Relatives had also been invited to complete questionnaires to give feedback.
• Suggested improvements had been acted upon. An example of this was the redecoration of some of the communal areas in the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.
• The registered persons had established a culture in the service that recognised the importance of providing people with person-centred care. A person said, "This is my home and I like it how it is. I'm left to get on with my own things which is how I like it."
• The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well. They had consulted guidance published by the Care Quality Commission. There was a system to identify incidents to which the duty of candour applied so that people with an interest in the service and outside bodies could reliably be given the information they needed.
• It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.
• Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others:
• The service worked in partnership with other agencies to enable people to receive 'joined-up' care. The registered manager subscribed to a number of professional publications relating to best practice initiatives in supporting people who need support to maintain their mental health.
• An example of this was the registered manager knowing about important changes being made to the strengthen the provision made to ensure people only receive care that is lawful and the least restrictive possible. This had enabled the registered manager to anticipate the changes and ensure that the service was ready to implement them.