

## Manorcourt Care (Norfolk) Limited

# Manorcourt Homecare

### Inspection report

Canter Meadow Court  
Ramsden Close  
Clacton On Sea  
Essex  
CO15 6LF

Tel: 01255440744

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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

Manorcourt Homecare is a domiciliary care agency. It provides personal care to people living in two independent living, extra care schemes and for people in their own houses and flats in the community. It provides a service predominantly to older people. People using the service lived in 20 of 30 flats in the Clacton extra care scheme and 9 of 18 flats in the Colchester extra care scheme. 27 people also received a service in their own residential houses and ordinary flats across Clacton on Sea, Colchester and the surrounding areas.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using Manorcourt Homecare receives personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where people received personal care we also took into account any wider social care provided. At the time of the inspection the registered provider was providing support to a total of 56 people across the independent living, extra care schemes and those people living in their own residential homes and flats.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

At the last inspection in July 2015, the service was rated 'Good'. At this inspection we found the service had maintained a rating of 'Good'.

People who used the service and their relatives told us they felt safe. They told us staff were reliable, caring, respectful in their approach and knew them well.

Robust recruitment procedures were in place. Staff had received training in safeguarding adults and were aware of the correct action to take if they witnessed or suspected any abuse.

The registered provider evidenced and promoted person centred care and support for people. Care records were very detailed and person centred and contained information about people's health and social care needs.

Risk assessments and care plans provided staff with sufficient detail to guide them on how best to support people. They contained information about people's preferences and routines and guided staff on how to promote people's independence. A system was in place to ensure care plans were regularly reviewed and

updated.

People were supported to access the community, healthcare appointments and places of interest to them.

Arrangements were in place to help ensure the prevention and control of infection and staff were provided with appropriate personal protective equipment such as gloves and aprons.

Staff received training in administration of medicines and systems in place ensured people received their medicines safely.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). Staff were able to tell us how they supported people to make their own decisions. The manager in the service was aware of the process to follow should a person lack the capacity to consent to their care.

Staff received an induction and were provided with a wide range of training that would help them carry out their roles effectively. Staff had regular supervisions and team meetings and told us they felt very well supported by the organisation and managers from the service. Staff told us they enjoyed the work they did and enjoyed working for the service.

People were supported with their nutritional needs.

The service had robust quality assurance systems and these were used to help improve the quality of the service provided. There was a complaints procedure for people to voice their concerns. Where complaints had been made, these had been managed appropriately.

People who used the service and their relatives had been asked to feedback on staff and the service they received. The registered manager, other supervisors and staff we spoke with demonstrated a commitment to providing high quality care.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Manorcourt Homecare

## 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 was an announced inspection. The provider was given 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to know that someone would be available.

The Inspection site visit activity started on 22nd February 2018 and ended on 26th February 2018. It included visiting people in their own homes at the Clacton extra care service as the main offices were located at that site and telephone calls to people, staff and relatives. We visited the office location on 22nd February 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection was completed by one inspector, who completed the site visit on the first day of inspection. Phone calls to people and relatives, were made on the second day of inspection by an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people. We also looked at notifications which had been submitted to us. A notification is information about important events which the provider is required to tell us about by law

A Provider Information Return (PIR) was requested prior to the inspection. This is a form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We gave the registered provider the opportunity to provide us with some key information about the service, such as what the service does well and any improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

We met with five people and one relative to gain their views about the service. We were able to observe people in the communal dining room area at one of the extra care facilities and observe staff interaction. We also met and spoke with three care staff, the office administrator, the compliance coordinator and the registered manager. Additional phone calls were made to 11 people across all the services, one relative, a further two staff and two healthcare professionals.

During the inspection we looked at a variety of records. These included care records relating to five people, five staff recruitment and training records. We also viewed other documentation which was relevant to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe when care workers were in their homes and that their possessions were safe. One person we spoke with said "You have a responsibility to keep your own belongings safe, but I have no doubts about the carers at all and I feel very secure in their company."

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures relating to safeguarding adults were in place. These provided staff with guidance on the types of abuse and on identifying and responding to the signs and allegations of abuse.

Training records we looked at showed us staff had received training in safeguarding. The registered manager and staff we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who it should be reported to. Staff were confident that if they raised any incidents the manager of the service would deal with them appropriately. The service had a whistleblowing policy. This told staff how they would be protected and supported if they reported abuse or other issues of concern. It also gave staff the contact details of other organisations they could contact if they were not happy with how the service had dealt with their concern. Staff we spoke with were aware of the company's policy.

People told us there were enough staff to care for them and they had not experienced any missed visits. Two people told us they wished the care workers could be more consistent as they preferred to see a small number of care staff that they could get to know. One person said, "Recently you see a carer once, then you never see them again – they seem to change every day and I don't like that. I'd really like to see the same carers and get to know them properly – and for them to get to know me too. It was different years ago. You got regular carers then." Another person said, "You do get a lot of different carers and I'd prefer not to have so many different faces turning up." And added, "I've counted up thirteen different carers coming at the moment and I do think that's too many. It would be nice to have more regular carers."

We saw that a robust and safe system of recruitment was in place. We looked at five staff files. The staff files we saw contained a photograph of the person, an application form including a full employment history, interview questions and answers, health declaration, two professional references and proof of address and identity. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to ensure people are protected from the risk of unsuitable staff. We saw policies and procedures to guide staff on the company's expectations about recruitment, sickness, disciplinary procedures, training, supervision and appraisal.

We looked at five people's care records. They contained very detailed risk assessments that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence. These included medicines, moving and handling, accessing community facilities, using vehicles, poor nutrition, getting in and out of bed, skin integrity and prevention of pressure sores. Personal Emergency Evacuation Plans (PEEPS) had been completed. Where people had restricted independent mobility these guided staff and emergency services in the support the person would need in

the event of a fire. Care records also included risk assessments for hazards in the property, use of household electrical items such as cookers and any risks for a member of staff working alone including risk to staff arriving in the dark. People who used mobility aids such as wheelchairs or walking frames told us that the care workers assisted them safely and appropriately with these aids.

There were safe systems in place for managing people's medicines and people received their medicines as prescribed. Medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. The training matrix and staff files we saw showed that staff had been trained in the safe administration of medicines and had their competency to administer or prompt medicines checked regularly. We looked at five people's Medicines Administration Record (MAR). We found they were fully completed to confirm that people had received their medicines as prescribed. MARs were regularly audited within the service to ensure accurate records were being kept. We saw that one audit had found that a staff signature was missing from a MAR. Managers had taken appropriate action to ensure the person had received their medicines correctly, and had also discussed the procedure for reporting errors in recording at a subsequent team meeting and addressed this directly with individual members of staff. People who received help with medications from the care staff told us they always received their medications on time and that they were administered appropriately.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded appropriately. This included a description of the incident and any injury, action taken by staff or managers, recommendations to prevent recurrence and whether any other organisation needed to be notified; such as CQC. We saw that these were then reviewed to ensure appropriate action had been taken and signed by the registered manager.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection. This included the use of personal protective equipment (PPE) including disposable gloves and aprons. Training records showed that all staff received training in infection prevention and control. Staff told us PPE was always available and used. During our inspection we saw that PPE was used when staff were supporting people.

We looked to see what arrangements were in place in the event of an emergency that could affect the provision of care. The service had a business continuity plan. This informed managers and staff what to do if there was an incident or emergency that could disrupt the service or endanger people who used the service. The offices were located on the ground floor of the Clacton extra care facility and were accessible via its own entrance. The building was owned by a landlord. There was a fire alarm, extinguishers and emergency lighting for use in the event of a fire. The alarms and emergency lighting were tested frequently to ensure they were in good working order. Extinguishers were serviced regularly by a suitable company. The registered manager told us any faults or repairs were quickly attended to. We were told an estate manager was in charge of the maintenance of the building and was easily contactable at all times.



## Is the service effective?

### Our findings

All of the people we spoke with told us that their visits were generally on time and that if staff were late they were given an explanation, which was usually that there had been a delay with the previous visit. Some people told us that office staff sometimes rang them to inform them if the visit was going to be late and how long the delay might be, but this did not always happen. All of the people we spoke with told us the care staff stayed the full time allotted in their care plan. One person told us, "The calls are usually on time and the carers manage to do everything they need to do in the time they've got. They don't have to rush so it feels ok for me." Another person said, "The carers are sometimes late, but you have to be understanding because they have lots of people to see and they can be delayed through no fault of their own. And they never rush you even if they're late."

People who lived in Extra Care accommodation told us the systems for calling for help worked well. One person told us, "I've got a cord to pull on if I need help when the carers aren't here, so I do feel safe." Another person told us "I pulled the cord once and it worked well. I got help straight away." A third person told us, "I've got a wrist band which I had to use once and it worked."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We found the service was working within the principles of MCA and people's rights and choices were respected.

Care records contained evidence the service had identified whether a person could consent to their care. People in their own homes are not usually subject to the Deprivation of Liberty Safeguards (DoLS). However records showed that staff had received training in MCA and DoLS. The registered manager and staff we spoke with had a good understanding of MCA and were able to tell us how they involved people in the care they received and how they ensured people gave consent before care was provided. Records showed that staff had been involved in best interests meetings. Records also showed that people who used the service, or where appropriate their representatives, had given consent to the support they were receiving. One staff member told us, "We always offer choices." A relative told us " They understand my [relative] very well, I always hear them [staff] asking [relative] whether they want this or that." All of the people we spoke with told us that the care staff sought consent for any care provided and explained what they were about to do.

We looked to see if staff received the induction, training, supervisions and support they needed to carry out their roles effectively. The registered manager told us that when staff started to work for the organisation they received an induction. This included working alongside experienced staff, completing essential training, an introduction to the organisation and competency checks to ensure staff could carry out their

roles effectively. All of the people we spoke with told us they thought the care workers were well trained and able to do the care tasks required in their care plans. One person said, "The carers all seem to be well trained – they certainly do everything I need them to do. I gather they have to do an induction, so that's good." Another person told us, "The carers know me and they know my care plan. It all works out." A third person added, "The carers are good. They are conscientious and actually quite meticulous in what they do." One staff member told us "I had an induction, I went through all the e-learning and was shadowed for a week or so."

We saw from the training matrix and five staff personnel files that staff received ongoing training and refresher training which included; first aid, basic life support, MCA & DoLS, medicines administration, food hygiene, end of life care, safeguarding adults, the prevention of pressure sores, nutrition, promoting independence, behaviours that can challenge, continence, dementia care and dignity in care. Staff told us they received supervision every two to three months and yearly appraisals. Staff personnel files we looked at contained detailed records of the supervisions and appraisals that staff received. Staff were positive about the training and support they received. One staff member told us; "It's very good here for training and support" and another told us "We get lots of training which is what we need."

Staff were trained in safe food hygiene and nutrition. People lived in their own homes or with family support and could eat what they wanted. In the extra care facilities a communal dining area was available for those who wished to dine there. We saw that a person's nutritional needs were recorded in their care records and if any special needs were noted there was guidance for staff to follow, such as specialist diets or swallowing difficulties. People who received help with meals in their own homes told us there was limited time to prepare food so meals were limited to snacks and microwave meals, these people told us they were happy with that and were supported to eat a healthy balanced diet. All of the people we spoke with who had meals prepared by the care staff told us the food in their fridges had been selected by themselves so they were able to eat food of their choice from the fridge. These people also told us they had snacks available within reach between visits.

People who lived in the Extra Care accommodation gave us mixed reviews about the food on offer in the communal dining area. One person said, "You can get a decent hot meal at a reasonable price at lunchtime and it saves you the bother of cooking." Another person said, "I go down for lunch perhaps three times a week and the food is pretty good." A third person said, "I go for the odd lunch and they're ok, but I prefer my own meals." In slight contrast a fourth person said, "I don't go to the dining room because I'm vegetarian and they don't do veggie meals. I like salads and healthy foods and I did ask if they served that sort of food, but they don't. I suppose they have to cater for the majority and most people like traditional meals."

Care records showed that people had access to a range of health care professionals including G.P's, consultants, occupational therapists, speech and language therapists and district nurses. People said that the service worked with all health care professionals involved in their care. None of the people we spoke with who received visits in their own homes had ever needed medical help during visits from care staff but these people thought that the care staff would call for a doctor or an ambulance if needed.

People we spoke with who lived in Extra Care accommodation all loved their flats and surroundings. One person told us, "It's beautiful here and so private. You only get the help you need and you couldn't wish for nicer surroundings. I feel very lucky."

## Is the service caring?

### Our findings

All of the people we spoke with thought that the care workers were kind, caring, friendly and patient. People were very complimentary about the care workers. Comments from people included, "The carers are all great, very kind and caring people and they really do take an interest in you.", "The carers are absolutely fantastic. I don't know what I'd do without them.", "I'm impressed with the carers, they're really friendly, patient and kind as well as competent." And, "All the carers are brilliant. They're all very caring." Additionally we were told, "I enjoy the company of the carers, they're always cheerful and I look forward to them coming. It brightens my day up." And, "We all have a good laugh together. It's lovely being in their company."

Staff and managers we spoke with were caring and respectful in the way they spoke about people who used the service. They were able to tell us what was important to the people they supported, their likes and dislikes and the care they required. One staff member said, "Everything I do is what they ask me to do and is what they want."

Care records we looked at placed great importance on promoting people's independence and covered people's preferences and routines. They contained a personal profile and detailed what the person wanted to do and how they liked it to be done. We saw one care record that included how the person liked to brush their own hair, and choose their own clothes. Records also showed that the service identified what support people needed with communication, including ways of involving and informing people about their service. Where people who used the service had difficulty communicating there was guidance to staff on how best to communicate with the person.

All of the people we spoke with told us that the care workers showed them respect and upheld their dignity whilst delivering care. One person told us, "The carers always shut the curtains and blinds before they do anything else. I don't want to be on show to all and sundry!" Another person said, "The carers close all the doors in case anyone comes into the house while I'm getting dressed." Additionally all of the people we spoke with told us that the care workers listened to them and respected their wishes, for instance doing tasks differently to respect their individual wishes. One person said, "I like my toast done a certain way so that's what the carers do for me." Another person said, "I'm very fussy. I like things done my way, for instance I showed the carers how to cook bacon and eggs without using fat and they do watch and learn."

All of the people we spoke with told us they thought the care staff helped them to stay as independent as possible. One person said, "I've got some mobility problems and I use a frame but that doesn't mean I can't get about. So the carers let me get to where I need to be and I do as much as I can for myself, they only do what I can't do." Another person said, "I'm a very independent person so I do as much as can for myself. I get things ready for the carers before they come so they just do the things I want them to with washing and dressing. It works very well." We found that staff were friendly, caring and respectful with the people they supported. Staff involved people and gave them time to communicate their wishes and offered people choice in how the support was provided.

Policies and procedures included protecting people's confidential information and showed the service

placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. All care records in the office were stored securely to maintain people's confidentiality.

## Is the service responsive?

### Our findings

People told us they had been involved in planning the care they or their relative received. One person told us; "I've just had my review and I'm all up to date. It's all very efficient." Another person told us, "A senior carer came to see me about three weeks ago and we talked about whether I needed any changes. I didn't need anything different." Most people we spoke with thought their current care plan reflected their needs and wishes and could recall being involved in reviews of their care plan involving the registered manager of the service.

The registered manager told us that before a person started using the service they had a needs assessment completed by a member of staff from the agency. Social services or other professionals also supplied details about a person's needs. The assessment covered all aspects of a person's health and social care needs and identified the support they required. Part of the assessment process looked at any specialised equipment that may be needed and training was provided when required. Care records confirmed this and contained assessments which were detailed and showed what support the person required and how the service planned to provide it. The assessment process ensured agency staff could meet people's needs. We saw that the assessments were used to develop care plans and risk assessments.

We looked at five people's care records. We found they contained risk assessments and care plans were very detailed, person centred and written using very respectful terms. They provided staff with sufficient detail to guide them on how best to support people. Care records were divided into headings, for example personal care, diet and nutrition, communication, mobility, pain relief and medication. Each section had what the need was, what the goal was and detail around how staff could support the person to reach the desired outcome. The plans contained details of how people's independence could be promoted.

Care records were reviewed monthly or sooner if needed, and updated if people's needs had changed. These reviews included the views of the person who used the service or their representative. Staff completed daily records which were detailed and told us exactly how a person had been supported at each visit. Care records showed that people were supported to access a wide range of activities and places of interest to them. This included; shopping, walking, cooking, cleaning, and attending places of religious worship. Care plans also gave information to staff on the support a person might need when out in the community.

The service had a detailed policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of the registered manager and contact telephone numbers of other organisations they could contact if they were not happy with how their complaint had been dealt with. The service had a system for recording any complaints and the action the service had taken. For example, we saw two people had contacted the office recently to complain about a care worker who they felt was not as skilled as they would like. In both cases the care worker did not visit them again so the people were happy about the response. One person said, "I told the office this was no good for me. They sorted it out and I haven't seen that carer again." Another person also added, "Last week I had to ask them not to send one carer any more. I'm patient but I just couldn't cope and it was making me worried. So they don't send [member of staff] now." The manager advised that where care

workers fell short of expected standards retraining was organised and supervision to ensure the member of staff was supported in their role.

All of the people we spoke with knew how to contact the office staff if they had a problem. Some people had contacted the office if their expected visit had not arrived. and found the office staff helpful because they telephoned them back to tell them what had happened and when the visit would be. One person said, "[Member of office staff] is always helpful on the end of the phone. They will always help me." Another person said, "I've rung the office a couple of times when the carers were late. The people I spoke to were very helpful and rang me back to tell me the carers were dealing with an emergency and would be with me soon." A third person added, "The office staff are always helpful and one of them came to my house once when the usual carer was off sick to make sure I got a visit." The service also had a system for recording compliments so that good practise could be recognised and shared with staff.

## Is the service well-led?

### Our findings

All of the people we spoke with thought the service was well managed and would recommend the service to other family or friends. One person said, "I've been with Manorcourt for two years now and I'm absolutely delighted with it. It couldn't be better."

The service had a registered manager who was present on the day of our inspection. 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.

Relatives we spoke with said the registered manager was; "Approachable and pleasant" and, "Very helpful" All of the people we spoke with knew who the managers of the service were and were happy with their responses. They told us they would contact managers if they needed to and felt confident any issues would be listened to and action taken. One person said, "I think the communication with the managers is good. They want to know what you think." One staff member told us, "They are really supportive; when you ring they are always helpful."

All the staff we spoke to told us they enjoyed working for the organisation. One member of staff said; "They are very good to work for. I worked somewhere else that was much worse and would not change now." Another said, "The managers are all really nice. I would recommend the service to a family member or someone I cared about if they needed care."

The office was open during normal office hours and there was an on call number to contact outside of these hours for advice or unforeseen emergencies. Staff we spoke with told us that they could always contact a manager and that the on call system was effective.. One told us, "We can always ring if we need support."

We found there was a robust system of quality assurance. When someone first started using the service a check was made after a couple of weeks to make sure the service being provided was meeting their needs. Whilst people we spoke with could not all recall receiving a questionnaire to comment on the service, two people told us they recently received telephone calls from a manager to ask how the service was going for them. One person said, "I got a call from [member of office staff] recently and they asked how the carers were treating me. It was good to know they were checking up."

There were a number of weekly and monthly checks and audits including care plans, risk assessments, medicines records, daily records and call visits. We saw that any issues were highlighted and any action taken was documented. The providers and managers within the service also held monthly risk, safety and governance meetings where any issues found were discussed and actions taken to prevent reoccurrence or improve the quality of the service. These meetings looked at issues about health and safety, safeguarding, complaints, incident and accidents, training, medicines and staff competencies.

The service regularly asked for feedback from people who used the service and family members. Each month people and their relatives were asked to comment on the staff who support them. This feedback was reviewed by the registered manager and any areas of action needed and taken were recorded. We saw that one report stated that the person who used the service was "Happy with the whole team and especially happy with one team member."

The registered manager told us that regular, "spot checks" were carried out by managers on each member of staff. These checks were recorded and feedback given to staff. The service had a range of policies and procedures to help guide staff on good practice. These included privacy and confidentiality, safeguarding, whistleblowing, infection control, meeting nutritional needs, medicines management, health and safety, accident reporting, DoLS and MCA and infection control. Staff told us they would follow these and received regular communications from the manager when these were updated or they needed to focus on particular areas of good practice.

People who used the service or their families were given a service user guide. This explained the service's aims, objectives and services provided. It also gave details of staff qualifications, registration, contact details including out of hours, and service users rights. These documents gave people sufficient information to know what they could expect when they used this agency. We were told that the guide could be provided in large print, or other user-friendly forms, if required.

Before our inspection we checked the records we held about the service, including notifications. Notifications of significant events such as deaths, accidents, incidents and safeguarding allegations allow us to see if a service has taken appropriate action to ensure people are kept safe. We saw that the service had notified us of such events as required by law. We were able to see that the registered manager had taken appropriate action to deal with incidents. The registered manager was able to tell us what other events should be notified and how they would do this.