

Canterbury Oast Trust

Ivy Cottage

Inspection report

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Date of inspection visit:
05 April 2016

Date of publication:
25 May 2016

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 was an unannounced inspection carried out on 5 April 2016. The previous inspection on 19 November 2014 found breaches in records and quality assurance systems and these had been addressed.

Ivy Cottage provides accommodation and personal care for up to five people with a learning disability who may have an autism spectrum disorder. The service accommodates older people with a learning disability who may have complex needs. At the time of the inspection there were four people living at Ivy Cottage and one vacancy. The service is a purpose built bungalow with accommodation provided on one level. It is set in a rural area on the outskirts of Woodchurch village on Highlands Farm, which is a tourist attraction and where the provider has other registered services located. Each person has a single room and there is a communal bathroom, separate wet room, kitchen and lounge/diner. There is a garden with a paved seating area at the back of the bungalow.

The service is run by a registered manager. 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.

People received their medicines safely and when they should. Risks were assessed and staff took steps to keep people safe whilst encouraging their independence.

People were involved in the planning of their care and support. Care plans contained information about people's wishes and preferences. They detailed people's skills in relation to tasks and what support they required from staff, in order that their independence was maintained. People had regular reviews of their care and support where they were able to discuss any concerns or aspirations.

People were supported to make their own decisions and choices and these were respected by staff. Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood this process.

People were protected by safe recruitment procedures. New staff underwent an induction programme, which included shadowing experienced staff, until staff were competent to work on their own. Staff received training relevant to their role. Staff had opportunities for one to one meetings and team meetings, to enable them to carry out their duties effectively. Five staff had gained qualifications in health and social care. People had their needs met by sufficient numbers of staff. Staff rotas were based on people's needs, health appointments and activities.

People were relaxed in staff's company and staff listened and acted on what they said. People were treated

with dignity and respect and their privacy was respected. Staff were kind and patient in their approach, but often used good humour. Most staff were new, but because the team was small, had already built up relationships with people and were familiar with their life stories and preferences.

People had a varied diet and were involved in planning the menus, making their lunches and light snacks and helping with the evening meal. Staff encouraged people to eat a healthy diet. People had a varied programme of interactive and leisure activities that they had chosen and accessed the community as they wished.

People were supported to maintain good health and attend appointments and check-ups. Appropriate referrals were made to health professionals when required. People did not have any concerns, but felt comfortable in raising issues. Their feedback was gained both informally and formally. The registered manager had an open door policy, which people were well aware of, and they took action to address any concerns or issues straightaway to help ensure the service ran smoothly.

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 received their medicines safely and at the right times.

Risks associated with people's care and support had been assessed and steps were taken to keep people safe whilst encouraging their independence.

People were protected by safe recruitment procedures and there were sufficient numbers of staff on duty to meet people's support needs.

Is the service effective?

Good ●

The service was effective.

People's health was monitored and appropriate referrals made to health professionals. Advice and guidance from professionals was followed into practice.

Staff understood that people should make their own decisions and followed the correct process when this was not possible. People did not have their rights restricted and no one was subject to Deprivation of Liberty Safeguard.

People had access to adequate food and drink, special diets were catered for and people were involved in planning, shopping, preparation and cooking the meals as much as possible.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and staff adopted an inclusive, patient, kind and caring approach.

Staff encouraged and supported people to maintain their independence where possible.

Staff took the time to listen and interact with people so that they

received the care and support they needed. People were relaxed in the company of the staff and communicated happily.

Is the service responsive?

Good ●

The service was responsive.

People had a varied programme of activities, which they had chosen and enjoyed. People were not socially isolated and accessed the community as they wished.

People received personalised support and their care plans reflected their preferred routines and skills in order to maintain their independence.

The service sought feedback from people and their care managers, which had all been positive. People did not have any concerns, but felt comfortable in speaking to staff if they did.

Is the service well-led?

Good ●

The service was well-led.

There was an open and positive culture within the service, which focussed on people. Staff were aware of the provider's vision and values and these were followed through into their practice.

There were audits and systems in place to monitor the quality of care people received.

The registered manager adopted an open door policy and people took advantage of this as and when they needed to. Issues were resolved as they occurred and the service ran smoothly.

Ivy Cottage

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 April 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this information, and we looked at any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with all four people living at the service, the registered manager and three members of staff.

We observed staff carrying out their duties, communicating and interacting with people. We reviewed people's records and a variety of documents. These included three people's care plans, risk assessments, medicine administration records, the staff recruitment, training and supervision records, and incident reports, staff rotas and quality assurance surveys and audits.

We contacted two health and social care professionals who had had recent contact with the service and received feedback from a healthcare professional.

After the inspection we contacted two relatives of people living at Ivy Cottage by telephone to gain their views and feedback on the service provided.

Is the service safe?

Our findings

People told us they received their medicines when they should and felt staff handled their medicines safely. Relatives felt medicines were handled safely. In a recent quality assurance survey a professional indicated that medicines were appropriately managed within the service.

There was a clear medicines management policy in place. Staff had received training in medicine administration and had their knowledge competency checked. Medicines were ordered and checked when they were delivered to ensure sufficient quantities had been received. Medicine Administration Records (MAR) charts showed people received their medicines when they should. Medicines were stored securely and temperature checks were carried out to ensure their quality. At the previous inspection handwritten entries on the MAR charts had not always been signed, dated or witnessed, to provide clear up to date information about people's medicines. During this inspection all handwritten entries were appropriately recorded.

A stock of medicines purchased at the chemist was held and the doctor had authorised that these could be given with people's existing prescribed medicines. For example, paracetamol for pain relief. There was guidance in place to ensure medicines prescribed 'as required' were administered safely.

There was an auditing system for when people took their medicines in and out of the service, such as when they visited family. There was a system in place to make sure medicines were returned to the pharmacist when they were no longer required.

Accidents and incidents involving people were recorded. The registered manager reviewed each accident and incident report, to ensure that appropriate action had been taken following any accident or incident, to reduce the risk of further occurrences. For example, contacting health and social care professionals to carry out further assessments of one person's needs. Reports were then sent to senior management who monitored for patterns and trends.

People were protected by recruitment procedures. We looked at three recruitment files of staff that had been recruited since the last inspection. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

People and relatives told us the equipment and the premises were well maintained and always in good working order. There had been some redecoration to the service since the last inspection resulting in a clean, fresh and homely environment for people to live. Three bedrooms had been redecorated and had had new flooring, the shower room had a new large extractor fan and new sink with taps, the kitchen had new worktops, fridge and freezer. Repairs and maintenance were dealt with by the Estates department and records showed when there was a problem things were fixed quickly.

People's needs were such that they did not require much equipment. One person used a walking aid and there were grab rails appropriately fitted around the service. There were records to show the equipment and

premises received regular checks and servicing to ensure it was safe and remained in good order.

People told us they felt safe and would speak with a staff member if they were unhappy. Relatives also confirmed that they felt their family members were definitely safe at Ivy Cottage. During the inspection the atmosphere was happy and people were relaxed. Staff were patient and people were able to make their needs known. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. There was a safeguarding policy in place. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local authority's safeguarding protocols and how to contact the local authority's safeguarding team.

Risks associated with people's health and welfare had been assessed and procedures were in place to keep people safe. For example, risks associated with promoting people's independence, such as preparing or help cook a meal or hot drinks. Other risk assessments were in place to enable people to safely access the local community by going swimming or traveling on public transport. Where people had behaviours that challenged, guidance was in place to help staff manage these safely.

People had their needs met by sufficient numbers of staff. People felt there were enough numbers of staff on duty. During the inspection staff responded when people approached them and were not rushed in their responses when responding to their needs. There was a staffing rota, which was based around people's needs and activities. In addition to the registered manager there two staff on duty 9am to 6pm and one member of staff at other times who also slept on the premises at night. Staffing levels were kept under review and during a period when one person's health had deteriorated staffing levels were reviewed and increased until the increase was no longer required. There was an on-call system covered by management. The service used existing staff, the provider's bank staff and outside agency to fill any gaps in the rota. At the time of the inspection there was one vacancy, which was being recruited to.

Is the service effective?

Our findings

People told us they were "Happy" and "Liked" living at Ivy Cottage. Relatives were satisfied with the care and support their family members received and said their family members "Liked living there". In a recent quality assurance survey people and a care manager were satisfied with the services provided and the care manager felt staff demonstrated a clear understanding of the care needs of people they supported. A healthcare professional told us that they felt generally staff had a good knowledge and understanding of people's care and support needs.

People smiled, reacted and chatted to staff positively when they were supporting them with their daily routines, often with good humour. Staff were heard offering choices to people throughout the inspection. For example, what to wear, what they wanted to eat, whether they wanted to go out and what they wanted to do.

Care plans were put together using some pictures. Some people had signed their care plans, stating 'My care plan has been explained to me at a level and pace appropriate to me'. Care plans contained clear information about how a person communicated and this was reflected during the inspection. Staff were patient and responded to people's verbal communication. One person used Makaton (a type of sign language) and the signs that they were familiar with were displayed and contained within their care plan. Pictures and photographs were used to enable some people's communication, such as during menu planning and the menu board, activity programmes and what was happening and the complaints procedure. The registered manager and staff told us that a picture rota board was also being implemented.

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 Mental Capacity Act 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager was aware of their responsibilities regarding DoLS. No one living at the service was currently subject to a DoLS and no restrictions were in place.

People's consent was gained by themselves and staff talking through their care and support or by staff offering choices. Staff had received training and understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager talked about a best interest meeting that had been held to ascertain the future care and support arrangements for one person. The person, their family and health and social care professionals had all contributed to the decision making.

Staff understood their roles and responsibilities. Staff had completed an induction programme, this included shadowing experienced staff, completing a workbook and attending training courses. The new Care Certificate had been introduced and new staff had completed this training. The new Care Certificate

was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Staff felt the training they received enable them to meet people's needs. There was a rolling programme of training in place so that staff could receive updates to their training and knowledge. Staff training included emergency first aid, infection control, health and safety, moving and handling, Makaton, diabetes, dementia awareness, and conflict resolution. The registered manager told us they intended to book further staff on Makaton training that was planned.

Five of the eight staff team had a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff had one to one meetings with the registered manager where their learning and development was discussed. Records showed staff had received regular one to one meetings. Team meetings were held where staff discussed people's current needs, good practice guidance and policies and procedures. Staff said they felt well supported.

People had access to adequate food and drink. During the inspection people helped themselves to drinks and snacks as they wished. People told us they liked and were happy with the food. There was a varied and healthy menu, which incorporated people's favourite meals. The meal on the day of the inspection looked healthy and appetising. A 'this week's menu' was displayed in the dining room using pictures. The main meal was served in the evening and lunchtime was a light meal or sandwiches. Some people prepared their own breakfast and lunch or packed lunch and helped with the evening meal. During the inspection people sat and had their evening meal in the dining room with staff, which was sociable and relaxed. A dietician had been involved in monitoring one person and their advice and guidance was followed through into practice. Special diets were catered for, as one person had a gluten free diet, one person had a fortified diet to help them maintain their weight and another person was a diabetic. One person used adapted cutlery to aid their independence and staff had recently purchased crockery that kept food warm for another person who was a slow eater.

People's health care needs were met. Good health was promoted and people had an annual health check-up and a review of their medicines. Records showed people had access to appointments and check-ups with dentists, doctors, chiropodist and opticians. Appropriate referrals had been made to health professionals. For example when a person's health had deteriorated the service had worked with the community learning disability team and the mental health team, who carried out assessments and worked with the person and service to move the person to more appropriate accommodation in order to meet their needs. People's health needs were monitored. Any health appointments were detailed clearly including outcomes and any recommendations, to ensure all staff were up to date with people's current health needs. Some people were supported to undertake exercises each day as recommended by health professionals. In a recent quality assurance survey a professional had indicated that staff incorporated any advice into people's care plans.

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People said they liked the staff and they were all kind and caring. Relatives were complimentary about the staff. They said staff were "Definitely caring". During the inspection staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily.

The staff team was mostly new staff since the last inspection although it was a small team, enabling staff to be able to develop relationships with people and aid continuity and a consistent approach by staff to support people. Throughout the inspection staff talked about and treated people in a respectful manner.

Staff were knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could discuss things with them that they were interested in, and ensure that support was individual for each person. Staff were able to spend time with people.

A healthcare professional told us that in their experience people were treated with dignity and respect, staff were caring towards people and each other, and they had found that staff strived to maintain and develop people's independence. Relatives told us that people's privacy and dignity was always respected. Care records were individually kept for each person to ensure confidentiality and held securely.

People were involved in discussions and review meetings to plan their care and support and made choices about their care and support. Staff encouraged everyone to make their own choices and facilitated this by offering a choice. For example, of two items, such as food.

People confirmed that they were able to get up and go to bed as they wished and have a bath or shower when they wanted. Care plans detailed the times people liked to get up and go to bed and whether they preferred a bath or a shower. Daily reports made by staff reflected these preferences were respected. People were able to choose where and how they spent their time. People accessed the bungalow as they chose and were involved in some household chores and some prepare or were supported to prepare their lunch. People were able to spend time in the lounge/diner or the garden in good weather and their own room. Rooms had been decorated to people's choice and people talked about how they had gone shopping with staff for items for their rooms. We heard during the inspection one person liked Elvis and during the inspection chose to spend time in the dining area listening to their music and during handover staff discussed other people chose to spend time alone in their rooms and this was respected. Bedrooms were individual and reflected people's hobbies and interests.

People's care plans contained some information about their life histories and about their preferences, likes and dislikes. They also contained information about the person's family and the contact arrangements. People's family and friends were able to visit at any time although people enjoyed busy lives so visiting was generally geared around these. Relatives confirmed they were always made to feel welcome by staff that were able to discuss their family member's care and support with them. Some people were supported to

visit their family.

People's independence was encouraged and maintained. People had a house day where they were supported, in most cases with lots of encouragement, to clean their room, do their laundry and other household chores. During the inspection people talked about packing up their own lunch boxes ready for their day activities. Records, discussions and observations showed that people also helped with the shopping at the supermarket, preparing and cooking meals and snacks and other household chores, such as laying and clearing tables and loading the dishwasher. Staff talked about one person whose confidence and independence had really developed since moving into Ivy Cottage. This was confirmed in communication with a care manager.

Staff told us at the time of the inspection that people who needed support to make decisions were supported by their families or their care manager, and no one had needed to access any advocacy services. Information about advocates, self-advocacy groups and how to contact an advocate was displayed within the service, should people need it.

Is the service responsive?

Our findings

People were happy with the care and support they received. People knew about their care plans and had regular review meetings to discuss or express their aspirations and any concerns. Relatives were also happy with the care and support their family members received.

Three people had moved into the service since the last inspection. Their admissions had included staff carrying out pre-admission assessments during visits people had made to Ivy Cottage. Two people had transferred from other services owned by the same provider and their care folders containing all their information had transferred with them. The provider had also obtained written information from professionals involved in people's care and support. People were able to 'test drive' the service by spending time, such as for meals or an overnight stay getting to know people and staff. The care plan was then developed or reviewed from these assessments, discussions and observations.

Care plans contained information about people's wishes and preferences. People had been involved in developing their care plan. Some pictures and photographs had been used to make them more meaningful. Care plans contained details of people's preferred routines, such as a step by step guide to supporting the person with their personal care, such as their bath or shower in a personalised way. This included what they could do for themselves and what support they required from staff, which could be as little as verbal prompts.

Health action plans were also in place detailing people's health care needs and involvement of any health care professionals. Care plans gave staff an in-depth understanding of the person and staff used this knowledge when supporting people. Care plans were kept up to date and reflected the care provided to people during the inspection. Staff handovers and team meetings were used to update staff regularly on people's changing needs.

People were involved in six monthly review meetings to discuss their care and support. This included the person, their family and staff. Once a year the person's care manager was invited to attend.

People had a programme of varied activities in place, which they had chosen. Some people who had moved in had chosen to continue with activities they had done previously and this was respected. People attended various interactive sessions run by the provider included literacy, computers, art and craft, music and horticulture. Some people also attended activities in the community, such as a woodwork, computers and swimming. People had time to relax at home, listening to music, knitting and doing sewing cards, colouring and watching television or DVD's. During the inspection one person was on a house day and encouraged to help do their chores.

People were aware of their activity programme and other outings that were coming up, they used an activity picture board to talk about what they did and enjoyed. Outings had included going on a boat trip and lunch, the cinema, a Chas and Dave concert, a shopping trip, fish and chips in Rye, discos and other events held at Highlands Farm, a local tourist attraction and facilities owned by the provider. People had planned

and were looking forward to a holiday at a holiday park at the end of April.

The service met the needs of people including those with complex health needs. Ivy Cottage benefited from being small and purpose built, but had a personal homely atmosphere. Accommodation was on one level and health professionals had been involved in assessments in relation to the premises and equipment to ensure it met people's physical and health needs. People had access to a garden, where they could spend time alone or with others. Paths assisted people to be able to access the garden. People's rooms had the equipment they needed to meet their needs, such as grab rails and were decorated in their choice of colour and personalised with their own accessories. The bathrooms and toilets contained equipment that helped people to remain independent. Kitchen worktops and the fridge and freezer had been changed to a colour that suited the needs of people living with dementia. Taps had been installed in the shower room that only required a push to access water and automatically turned off after a period of time. Similar options were being considered for the shower. Visual notices and photographs were positioned around the service to help people orientate themselves. This ensured individual needs were met by the adaptation, design and decoration of the service.

People told us they would speak to a staff member if they were unhappy. They felt staff would sort out any problems they had. There had been no complaints received by the service since the last inspection. There was a complaints procedure displayed within the service using pictures and words. At the previous inspection one complaints procedure was not entirely clear and information had been added to address this. During the inspection the office door was always open when occupied and people freely came in and spoke with the registered manager or staff as they wanted. The registered manager told us that any concerns or complaints would be taken seriously and used to learn and improve the service. Relatives told us they did not have any concerns and felt comfortable in raising anything that might arise.

People participated in a monthly residents meeting where they had the opportunity to voice their opinions about their care and support and any concerns they may have had. People were asked about any concerns or changes they wish to make.

People had opportunities to provide feedback about the service provided. People had review meetings where they and their families could give feedback about the care and the service provided. At the previous inspection people had not been given the opportunity to complete a quality assurance questionnaire following their review. We saw that people that had had a review meeting since moving to Ivy Cottage had completed a questionnaire. Those seen on file were all positive.

Is the service well-led?

Our findings

The registered manager started working in Ivy Cottage on 1 July 2015 and had since registered with the Commission. The registered manager had worked for the provider previously for some considerable years. The registered manager worked across two services, which were next door to each other. In Ivy Cottage they were supported by an assistant manager. The registered manager worked two and a half days in Ivy Cottage between Monday to Friday 8am to 4pm. People knew the registered manager and felt they were approachable. There was an open and positive culture within the service, which focussed on people. In the last quality assurance survey people said it was easy to see the registered manager and assistant manager to discuss any problems. Relatives told us the registered manager was always accessible either by telephone, in person or by email.

A healthcare professional told us they felt the service was well-led and that the registered manager and assistant manager were caring and diligent in their approach. They went on to say that at the end of 2015 the service coped well when a person's health and behaviour deteriorated, doing their utmost to ensure the unit was staff and the impact on other people was kept to a minimum. In a recent quality assurance survey a professional had indicated that the service communicated clearly and worked in partnership with them.

Relatives felt the service was well-led. People and relatives spoke highly of the registered manager. Relatives said they felt comfortable in approaching and speaking with them.

Staff felt the registered manager motivated them and the staff team. Staff felt they had been through a period of change with different managers, staff and people moving in and out of Ivy Cottage, but things had now turned around and settled.

Within the service the provider displayed their vision, mission and values. Staff told us that the chief executive and senior management held a communication meeting twice a year that all staff could attend. The vision, mission and values were always on the agenda and discussed. Staff told us that these included promoting people's independence and enabling people to do as much for themselves as they can.

Staff said they understood their role and responsibilities and felt they were supported. They had team meetings, supervisions and handovers where they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included regular checks on the medicines systems, infection control procedures and practices and health and safety checks.

Trustees and senior managers visited the service to check on the quality of care provided. Staff told us that these visitors were approachable and made time to speak with people and themselves and listen to what they had to say. The registered manager attended regular managers meetings, which were used to monitor the service, keep managers up to date with changing guidance and legislation and drive improvements.

People, their relatives and social workers all completed quality assurance questionnaires to give feedback about the services provided. Responses had all been positive.

The provider organised service user panel meetings where the business and future of the trust was discussed. Each service including Ivy Cottage could have a representative on the panel, which was a person that used the service. People had the opportunity in the meeting to shape things that were happening within the trust. For example, discuss what changes they felt were needed or any new activities they wanted. People could access the provider's website to see what had been discussed. The atmosphere within the service on the day of our inspection was open and inclusive. Staff worked according to people's routines.

During 2014 the provider set up a group for siblings of people living within their services for support and to share experiences, learn from each other and build a network for membership. The group met twice a year.

The provider produced a regular newsletter and 'in-touch' magazine to keep people and staff informed about news and events that were happening within the trust. This was produced bimonthly in paper copy and online for more effective communication.

Recently staff at Ivy Cottage had been awarded the Canterbury Oast Trust trophy cup. This is a cup filled with 'goodies' and nominated by people and staff for the team they felt deserved it. Ivy Cottage had been awarded it in recognition of their work in supporting a person through a difficult time when their health had deteriorated.

Staff had access to policies and procedures within the office. These were reviewed and kept up to date by the provider's policy group. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service.