

Auxilio Care Limited

Richmond Supported Living

Inspection report

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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

We carried out this inspection on 7 September 2016. We told the provider we were coming 48 hours before the visit so they could arrange for people and staff to be available to talk with us about the service.

Richmond Supported Living is a service which provides personal care support to people with learning disabilities or physical disabilities in their own homes. There are eight flats and at the time of our visit, six people lived at the service. Support staff are based on site 24 hours a day.

The service has 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. A registered manager was in place and had been since October 2014 when the service opened. We have referred to them as the manager in this report.

People told us they felt safe using the service because support workers were skilled and knowledgeable, and knew how to care for them well. Support workers had a good understanding of what constituted abuse and who to contact if safeguarding concerns were raised.

Checks were carried out prior to support workers starting work to ensure their suitability to work with people who used the service. Support workers received an induction to the organisation, and a programme of training to support them in meeting people's needs effectively.

Staff understood the principles of the Mental Capacity Act (2005), and gained people's consent before they provided personal care support.

People who required support had enough to eat and drink during the day and were assisted to manage their health needs. Support workers referred people to other professionals if they had any concerns.

People had consistent support worker teams who they were familiar with and who provided support as outlined in their care plans. There were enough staff to care for people they supported and bank staff were used when required.

People told us support workers were kind and caring and had the right skills and experience to provide the care they required. People were supported with dignity and respect. Support workers encouraged people to be independent and the focus of the service was to develop people's skills and confidence further.

Care plans contained relevant information for support workers to help them provide personalised care including processes to minimise risks to people's safety. People received their medicines when required from staff trained to administer them.

People knew how to complain and had opportunities to share their views and opinions about the service they received. This was through regular review 'team' meeting and also surveys.

Support workers were confident they could raise any concerns or issues with the manager knowing they would be listened to and acted on. People and staff told us the management team were effective and approachable.

The management team gave support workers formal opportunities to discuss any issues or raise concerns with them. There were some processes to monitor the quality of the service provided. These checks and audits ensured support workers worked in line with policies and procedures.

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 support from staff who understood the risks relating to their care. Staff had a good understanding of what constituted abuse and who to contact if they had any concerns. There was a thorough staff recruitment process and induction. There were enough experienced staff to provide the support people required. There were safe procedures for administering medicines and staff were trained to do this.

Is the service effective?

Good ●

The service was effective.

Support workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) and gained people's consent before care was provided. People were supported with their nutritional needs and were supported to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by workers who they knew well and considered to be kind and caring. Support workers ensured they respected people's privacy and dignity, and promoted their independence where possible. People were given choices about how they spent their time and how they received their care. People were supported to maintain relationships with their family members.

Is the service responsive?

Good ●

The service was responsive.

People received support from consistent workers who understood their needs. Care records contained detailed information for support workers so they could support people in the ways they preferred. People were given opportunities to

share their views about their care at review meetings and the manager responded promptly to any concerns raised.

Is the service well-led?

Good ●

The service was well-led.

People were happy with the service and felt able to speak to the manager if they needed to. Support workers were supported to carry out their roles by the management team who were available and approachable. Support workers were given opportunities to meet with managers and raise any issues or concerns they had. The management team reviewed the quality and safety of service provided. This was through surveys, regular communication with people and checks to ensure care staff worked in line with policies and procedures.□

Richmond Supported Living

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.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

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. We found the PIR reflected the service provided. We also contacted the local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority. They had no information about the service.

The inspection took place on 7 September 2016 and was announced. We told the provider we would be coming. This ensured they would be available to speak with us and gave them time to arrange for us to speak with people and staff. The inspection was conducted by one inspector.

During our visit we spoke with two people, one relative, one professional, three support workers, a senior support worker, the registered manager and the provider.

We reviewed three people's care records to see how their care and support was planned and delivered. We looked at two staff files to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits, safety records and accidents.

Is the service safe?

Our findings

People told us they felt safe at the service because staff were skilled and knew how to support them. One person told us, "I love it here, I am not worried about anything."

Staff were confident the service they provided kept people safe. One support worker told us, "I feel people are very safe here. We make sure they are." A senior support worker told us, "The service is very safe, I have no concerns and I would not hesitate to raise them if I did." One person had felt unsafe when first living in their flat, due to a problem before they came to the service. The manager had fitted an additional lock to their door and this made them feel more secure.

There were enough staff to complete the care tasks and meet people's needs. One support worker told us, "We are not short staffed at all." Another support worker told us, "We are not overstretched and we have some bank staff we can use if needed." People were supported by staff with a number of weekly care hours which they could use flexibly to meet their individual needs.

A 'floating' support worker was available each day to provide any additional support needed. Support workers supported people in 'teams' and people were familiar with their staff team. Any unplanned staff absences were covered by existing staff or 'bank' staff. No agency staff were used. Bank staff were employed 'as and when' required and knew the people at the service well.

The provider regularly reviewed staffing levels to ensure there were enough staff to keep people safe and provide effective care. For example, the provider had identified that one worker was not enough to meet people's needs at night, and had employed an additional support worker. People could call staff if they required assistance during this time.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who used the service. Two references were sought and background checks were completed. One support worker told us, "I had my DBS (disclosure barring service) check, then two references. I did not start until then. I had two interviews and then [senior support worker] 'inducted' me." The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services. We checked two staff files and saw these checks had been completed.

Staff were recruited using different methods, depending on the skills required. For example, one person had been recruited through a charity, as they had specialist skills relevant to the person they were to support.

Staff received support during a period of induction to ensure they were able to support people safely. One support worker told us, "Over two days they took me out, we looked at policies and procedures, risk assessments and forms". They went on to say, "Then in my first week I did first aid training, 'Raising concerns' training, moving and handling (using a hoist) and had a driving assessment. Some of this was on a DVD and other training was from [manager] and [senior support worker]. This very much equipped me and

made me feel more confident." Staff were also given an employee hand book so they had a clear understanding of their responsibilities and worked in line with the provider's policies and procedures.

Staff understood the importance of safeguarding people and their responsibilities to report any concerns. One support worker told us, "There are several forms of abuse, verbal abuse, sexual, it could be someone misusing finances. I would report it to the manager; they are open, or report it to the directors." Another support worker told us, "Safeguarding could relate to age, physical abuse, and ethnicity. We try to make sure everything around is safe. We talk to people and make sure they feel safe." They told us if they had any concerns they could go above the manager to the provider or local authority and report this. The senior support worker told us, "If [manager] is not around we have policies and procedures in relation to how we deal with the issue and the safeguarding team number. There is a whistleblowing policy and we have had this training." A whistleblowing policy was documented and staff were aware of this.

Staff undertook assessments of people's care needs and identified any potential risks to providing their support. These were initially completed by the manager and then updated by them, or the senior support worker when people's needs changed. Risk assessments were in place for people in areas such as use of wheelchairs, skin care, moving people and medicines. One person could release aggression physically and a management plan and risk assessment documented how staff could keep the person, other people and staff safe. Another person was at risk when eating, however a risk assessment had not been completed for this. The manager assured us they would complete a risk assessment and management plan to ensure staff understood how the risks to this person should be managed.

People received medicines correctly from staff trained to administer them. One relative told us, "[Person] has one tablet in the morning, their medication is well monitored." One support worker told us, "I have had the full training about administration and storage of medicine. [Manager] has come in a few times and watches us do this." Another support worker told us they felt confident in this area and told us, "I have no problems with medication." There was a procedure in place for the management of any medicine errors.

Some people took medicine 'as required', known as 'PRN'. Most people were able to tell staff when they needed this and for people that could not, guidelines were in place to tell staff what the signs might be. One person required an inhaler as PRN and staff had supported them to be able to manage this independently when they went out.

Medicines were stored and disposed of safely. People were encouraged to order their own medicines from the GP with staff support, and these were stored in people's flats. At the time of our visit no medicine required refrigeration, however staff were unable to tell us the correct temperature required for safe storage of these types of medicines, should it be required. This posed a risk as if medicine was stored at the incorrect temperature, it could become ineffective. We made staff aware of this information during our visit.

Staff were aware of procedures to take in an emergency, such as a fire. One support worker told us, "In a fire we would evacuate the building using the ramps and there is a meeting point in the garden." Another support worker told us, "We have fire drills each month, we had one just the other day. People did the right thing and everyone evacuated the building." A fire test was carried out on the day of our visit and we saw safety equipment had been serviced. Other checks were carried out such as safety checks of water, gas and electrics to ensure the safety of the environment. Records of accidents and incidents were completed by the manager so they could monitor people's safety.

Is the service effective?

Our findings

People told us they were happy with the care support they received. Comments included, "I know staff know what to do, it is the way they help you." One relative told us, "I have no concerns. [Manager] is on hand and I can't speak of the staff more highly."

Staff received training considered essential to meet people's care and support needs. One support worker told us, "I did training about using a hoist the other week and I am confident in what to do now." Another support worker told us, "We have had lots of training, first aid, medication, safeguarding, it has been very good. With communication training we learned about using symbols and other techniques." One person told us they thought the staff were skilled, and knew they completed training to help them do their jobs.

The manager was qualified to undertake training, and carried out some training themselves, as well as using external trainers and using DVD's. They told us they checked staff learning through competency checks, tests and quizzes and we saw these were documented. A schedule was completed to document when training was completed and when it was next due, so staff skills were kept up to date.

Staff also completed the 'Care Certificate'. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty (DoLS) were being met. The provider understood the requirements of the Mental Capacity Act (2005). No one using the service required a DoLS authorisation; however they were aware of when this may be applicable for people.

The manager understood their responsibilities under the MCA and sought advice from other professionals if they felt further support was required for people. One person had lost weight recently and the manager told us, "We had a best interest meeting to support them." They had requested a further capacity assessment be completed by a professional in relation to this as they felt the person did not always have a full understanding of their nutritional needs.

Some people at the service lacked capacity to make certain decisions, such as how to manage their finances. These people had a person who could support them to make 'best interest' decisions, for example a relative or advocate. Some other people could make everyday decisions for themselves and other people had capacity to make all decisions.

Staff worked within the principles of the MCA. One support worker told us, "With capacity we would look at verbal and non-verbal communication. The manager assesses capacity and we are guided by them. [Person] has capacity to make most of their decisions. If not they will speak with their [relative]." A senior support worker told us, "I have done the mental capacity training. It is about whether someone can make their own decisions." Staff knew they should seek people's consent before providing care and support. We observed staff doing this during our visit.

Staff had completed some training in the MCA, however further training was being arranged by the manager. They told us, "I am arranging more training for this as I feel there are some grey areas. Some assessments we have when people come, have not always been accurate. The training will provide some scenarios, case studies and questions where we can test staff."

People's nutritional needs were met by support workers if this was part of their care plan. One person told us, "They help me cook, I choose what I want to eat and I go with the staff and pick this up." Another person told us, "Staff help me with lunch, I can't cook." One support worker told us, "[Person] will open their own fridge and say what they want, they go out shopping." Some people's family members cooked for them. People were supported by staff to either go to the supermarket to buy groceries or order these 'on line'. Staff supported another person to cook who only required prompting, for example to read food labels and check food was cooked properly.

One person had lost some weight and had been referred to a dietician. A food diary was completed to monitor their food intake and staff supported them by offering regular snacks as sometimes they did not want to eat. The diary was not always completed correctly by staff with dates or amounts of food recorded. The manager had reminded staff of the importance of completing this in the staff communication book. The manager told us they would remind staff again of the importance of maintaining accurate records to assist in managing this person's weight loss.

Staff assisted some people to eat and were aware of their special dietary needs. One person required assistance in relation to swallowing and was supported by a speech and language therapist. One support worker told us, "[Person] can eat almost anything provided this is blended and all drinks are thickened. The SALT (speech and language therapy) team have been involved. They have swallowing problems." Speech and language therapists support people who have difficulties with communication, eating, drinking and swallowing.

People were supported to manage their health conditions and to access other professionals when required. One support worker told us, "Part of my responsibilities is to take people to GP appointments. I also take people to see psychology and psychiatry when there is a need to." Referrals were made to social workers, psychologists, psychiatrists and district nurses. Other people had been referred to dieticians if required. Staff supported people to attend appointments such as visits to the GP or hospital.

Is the service caring?

Our findings

People told us support workers were kind, caring and supportive. Comments from people included, "Staff are caring, they let me make my own choices," and "I am happy, it has been all good so far." One relative told us, "I think the staff are very caring, I can't fault anyone here. They are very kind, caring and considerate. I am absolutely delighted."

A professional told us, "I have no concerns. They have been fantastic. They have been really supportive of [person] and go 'above and beyond'. I feel [person] is happy here and they will talk with me. [Person] loves it. They have someone here 24 hours a day, the nicest staff, who are very caring."

As staff supported people regularly, they had developed good relationships with them. One support worker told us, "With [person] they love their staff, they look forward to seeing them coming in."

Staff provided emotional support to some people at the service if this was required. The manager told us, "It is always led by the service user, we support them. For example, [person] might get upset and we have a chat with them." One support worker told us how they always had a chat over breakfast and that they got on well with the person they supported. They told us, "Sometimes [person] will wake up in a bad mood and share this. I can tell how they feel. I try to be supportive and 'break the ice' with them."

People were supported to maintain relationships with their families and friends. One relative stayed over regularly and another person kept in touch with a relative by text message sometimes, and staff supported them to do this. One person chose to stay with their family member every few weeks and staff supported them with transport. Another person was supported to keep in touch with people and staff from their previous home, so they could continue to join them for parties and days out.

Staff supported people ensuring their privacy and dignity. One person told us, "They give me privacy when I want it." Another person told us, "They support me with dignity, I don't feel awkward with staff (with personal care)." One support worker told us, "That is a high priority here. With showering each day, towels are used to cover people while dressing, we shut the door and make sure curtains are closed." Another support worker told us how they supported one person to use the toilet privately, as at times they did not always want to do this.

Staff treated people with respect when supporting them with care. However it had been documented by a staff member that when one person was upset they, 'Kicked off.' We raised this with the manager and provider who agreed this was not respectful and they would discuss this use of language with the staff member.

People were supported to increase their independence. One person told us staff had arranged for them to have some special cutlery which helped them to eat. Another person only required prompting to take their medicines themselves, having progressed from staff supporting them completely. One support worker told us, "I encourage [person] with dressing. I get their trousers on to start with and they will then pull them up."

With dirty clothes I get them to put this in the machine then collect the dry clothes."

Staff gave people choices. One support worker told us, "[Person] loves the TV, they turn the channels over. They choose what to eat and can eat themselves. When dressing they will choose what to wear, I only guide them in case it is the wrong way round. They put their clothes in the washing." One person was able to care for themselves and do household tasks, however staff supported them with their mental health so they were able to continue to do this. Another person liked to go out independently. Staff supported them to work out their route first, and any possible barriers, so they were then confident to go out alone.

People chose how they spent their time, some people preferred to get up late and go to bed late, and staff supported them in their flats with care at the times they preferred.

The manager and staff knew when to offer people additional support to help them make decisions if this was required. One person told us, "I am okay with most things, I'm not good with money, someone helps me with that." One person had used the services of an advocate in the past to help them communicate their views. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision.

Is the service responsive?

Our findings

Staff supported people in the ways they preferred and were flexible to their needs. One relative told us, "I can't fault anything. They are there if they need someone in the night. They go out of their way to offer them choices." One support worker told us, "The service is good here, it's focused on client's needs. This is a high priority and we put them first."

Prior to coming to the service, people were assessed by the management team to ensure they could meet their needs. They ensured as far as possible that people received care from consistent teams of support workers who they had a relationship with. The manager told us, "Each flat has its own rota, the care is pre-planned so people get consistency, a lot of input from the same staff." They explained each flat had its own core team of staff and told us, "We match up the needs of the service users to the support workers." For example, some people had a sensory impairment so support workers who used sign language supported them.

A keyworker system was in place where one support worker was allocated to a person to support them with their particular needs. Staff knew people they supported well. One support worker told us about someone they supported. They told us they were 'bubbly', liked going out, going for walks and enjoyed their food. Staff told us about another person who used 'touch' to communicate with people, and staff were aware that they liked to walk around a lot as this made them feel calm. We saw staff supporting this person to walk in the garden. This person also communicated using their own language and staff were aware of this. A communication diary called 'All about me,' documented how staff should communicate with people.

Care records contained information about people's backgrounds, routines and preferences, so staff could support them in the ways they preferred. For example, one person preferred no female support workers and this was arranged. Another person preferred to be called by a certain name and this was used by staff.

Care records detailed people's health conditions and overall care needs. Aims and outcomes of people's care were documented. Some people received support with some personal care needs or emotional needs, whilst other people received continuous support.

Staff completed records with information about the person and any changes to their needs. One support worker told us, "I have time to fill in the care records, we have someone 'floating' who can support you while you do that."

One person had problems with sleeping and staff had recorded their sleep pattern on the advice of a professional, to monitor this. Another person was at risk of weight loss, however we were unable to see their weight recorded or a referral to the dietician, although the manager told us this had been done. Their daily notes were completed by staff; however some information was not signed by staff, so it was unclear who had written this. This posed a risk because if there were any issues, it would not be clear who had provided the care. We discussed this with the manager who told us they would ensure staff completed care records correctly and signed these. They told us, "I have already said to staff, if the record is not completed, 'it did

not happen'."

People and their families were involved in reviews of care. Comments from people included, "We have a 'team' meeting to discuss how things are going." Team meetings were the name used for review meetings with people and staff. The senior support worker told us, "Reviews are done, the social work ones, [Manager] does. In team meetings the client can raise any concerns and they are held every month."

People told us they had no complaints, knew how to complain and would be confident to raise any concerns with the manager, provider or staff if they needed to. One person told us, "It's good, I really don't have too much to complain about." One support worker told us, "There is a policy, complaints go through the manager, then directors." One person told us how they had asked not to have a certain support worker before, and the manager had arranged this straight away. The noise from an upstairs flat had been a problem before, for one person but this had now been addressed. The manager told us the noise had been from another person's wheelchair and so they had made some adjustments to the wheels, which lessened the noise for the person living below. There had not been any complaints made however the manager told us there was a procedure they would follow to record and respond to any complaints raised.

Is the service well-led?

Our findings

People told us they were very happy with the management of Richmond Supported Living. One person told us, "[Manager] is definitely approachable." One relative told us, "The service is very good. It had to be somewhere very special for us. We liked where it was positioned and the care is 24/7. We are very happy."

Staff had no concerns about the quality of care people received. One support worker told us, "I have not had anything that concerns me, the service is run well." Another support worker told us, "I am not worried, any concerns I report to the manager. I am happy with the management and happy the clients are well looked after."

The management team consisted of the registered manager, the provider and a senior support worker. People told us the manager would try to deal with any problems and resolve them as quickly as possible. One support worker told us, "I feel the service is good, there is always someone around you can consult." One support worker told us, "They look after any issues in a professional manner."

Staff told us the management were approachable. One support worker told us, "The manager is approachable, and when I started, more than welcoming. They are open to listen to ideas and advice. They come in and see if there are any problems, catch up with the clients, we as staff can call on them." Another support worker told us, "If staff are not happy, or a problem could not be dealt with by the manager, we have a number of directors and they are also approachable."

The manager operated an on-call system so they could be contacted by staff out of office hours. One senior support worker told us, "I feel well supported, I can ring managers for advice."

Staff told us they felt supported by the management team and had one to one supervision meetings to review their performance. The manager told us, "I do all of the supervisions, they are every six to eight weeks." They explained they planned to make these varied with an observation, a supervision (one to one meeting) and also a 'reflection' account for staff to complete. One support worker told us, "Anytime we have one to ones it is very useful. [Manager] will tell us if we need to improve and ask our opinion." Another support worker told us, "I think supervision is most useful. We closely talk about the service users and any personal problems. We have time to do this." Appraisal meetings were held annually and gave staff the opportunity to discuss their goals and development needs.

The manager completed observations of staff practice. They told us, "I do these as 'impromptu' observations." They had not recorded these observations, however intended to do this. They went on to say, "If there is an error or staff are not working well, we would first cover this during supervision and have a discussion. This may lead to a disciplinary meeting." We were aware that there had been some disciplinary meetings held by the manager previously when concerns about work practice had been identified.

Staff meetings were held around every two months and gave staff a formal opportunity for group discussion. One support worker told us, "Meetings are quite often, the manager always asks us if there is anything we

want to raise." Another support worker told us, "The staff meetings are operational; we discuss all of the service users and staff. If there are any problems it gives you a platform to discuss this." Notes of the meeting were documented.

The manager told us they felt supported by the provider and they received one to one support as well from an external provider, which they found useful.

The provider used some quality checks to make sure the service was meeting people's needs, however identified that these could be improved further. Audits were completed of financial records and medicine records to identify any issues, concerns or points for staff learning. Checks were completed by the manager of care records and staff practice, however these had not all been documented. The senior support worker told us, "I do checks each day. I check the folders and we record on audit sheets, sign and date them."

Satisfaction surveys offered people and relatives the opportunity to feedback any issues they may have. In July 2016 four surveys had been completed by people. Comments included, 'I like the fact that all the staff are very friendly and I get on with them,' and 'Staff and managers are friendly, approachable and do a good job.' One person had requested a piece of equipment to help them with their care and the manager told us they had contacted the occupational therapy team so they could be assessed for this. An occupational therapist supports people to carry out everyday activities essential for their health and well-being.

The provider told us about their plans for the service, "We would like to get the vacant flats filled, we want to continue to do what we planned, to get people as independent as possible with work, college or jobs, develop their independence." The manager told us, "We would like more input from family members and relatives, develop some more feedback methods. Find out more of what they see of the service."

The provider told us challenges could be financial management and keeping the service sustainable as they were growing. However they had plans in place for this. The manager told us a challenge could be the use of resources to keep the service safe, also finding staff who were right and with the view 'it is not just a job'.

The manager told us what they were proud of at the service, "The service has got good feedback." One person had complimented them in a public forum, and staff were aware of this, which had made them all feel very proud. They went on to say, "We have staff who really care, who are passionate about supported living. When I see the service users happy, they are coming along then we know we are doing something right. This gives them an opportunity to live as full a life as possible."

The manager understood their responsibilities and the requirements of their registration. For example, information such as safeguarding concerns. We had received these statutory notifications from the manager. During our visit we noted that the registration information for the service required an amendment. We informed the provider of this and they submitted the necessary information to us to complete this.