Barchester Healthcare Homes Limited

# Westwood House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 inspected the service on 17 and 18 December 2018. The inspection was unannounced.

Westwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service can accommodate up to 49 people.

At the time of our inspection 39 people were living in the care home.

At our last inspection of the service on 18 May 2016 we rated them 'Good.' At this inspection we found the evidence continued to support the rating of 'Good'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated any serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Most people living in the care home and their relatives we spoke with told us they remained happy with the overall standard of care and support they or their loved one/s received at Westwood House. Staff consistently demonstrated warmth, respect and empathy in their interactions with people they supported at the care home. Our discussions with external community health and social care professionals supported this.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs including the environment, had been assessed and planned for and these were monitored for any changes. There were sufficient numbers of staff on duty to meet people's needs and safe staff recruitment procedures were in place and used. The environment was kept hygienically clean and staff demonstrated good awareness of their role and responsibilities in relation to infection control and food hygiene. People received their prescribed medicines safely and these were managed in line with best practice guidance.

People continued to receive an effective service. Staff received the training and support they required including specialist training to meet people's individual needs. People were supported with their nutritional needs. Staff identified when people required further support with eating and drinking and took appropriate action. The staff worked well with external health care professionals, people were supported with their needs and accessed health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed. Since our last inspection the premises had been refurbished and decorated.

People continued to receive care from staff who were kind, compassionate. Staff treated people with dignity

and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Staff knew how to comfort people when they were distressed and made sure that emotional support was provided. When people were nearing the end of their life, they received compassionate and supportive care. People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives. People were supported to maintain relationships with their relatives and friends.

People continued to receive a responsive service. People's needs were assessed and planned for with the involvement of the person and or their relative where required. People received person centred care and support that was tailored to their individual needs and wishes. Each person had an up to date and personalised care plan, which set out how their care and support needs should be met by staff. People received opportunities to pursue their interests and hobbies, and social activities were offered. There was a complaint procedure and action had been taken to learn and improve where this was possible.

The service continued to be well-led. The registered manager and senior nurses continued to be well-regarded by people living in the home, their relatives, external health and social care professionals and other staff who worked in the care home. The monitoring of service provision was effective because repeated shortfalls were identified and resolved. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence. The service had an open and transparent culture. People were asked to share their feedback about the service and action was taken in response.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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|---|---|
| **Is the service safe?**<br>The service remains good. | **Good** |
| **Is the service effective?**<br>The service remains good. | **Good** |
| **Is the service caring?**<br>The service remains good. | **Good** |
| **Is the service responsive?**<br>The service remains good. | **Good** |
| **Is the service well-led?**<br>The service remains good. | **Good** |

# Westwood House

**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 comprehensive inspection took place on 17 and 18 December 2018 and was unannounced.

The inspection team consisted of one inspector and an expert-by-experience. The expert-by-experience had personal experience of caring for someone living with dementia. Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted two commissioners who had a contract with the service.

To obtain the views of stakeholders about this care home we spoke with eight people who lived at Westwood House, eight visiting relatives and a community nurse assessor. We also spoke with a range of managers and staff who worked at the care home, including the registered manager, regional director, three registered nurses, three carers, the activities coordinator, the hospitality host, the head chef, the head of maintenance, business support and a housekeeper.

Throughout our inspection we observed the way staff interacted with people living in the care home and performed their roles and responsibilities. We also used the Short Observational Framework for Inspection (SOFI) to observe lunchtime meals being served on both days of our inspection. SOFI is a way of observing care to help us understand the experience of people who were unable to verbally communicate with us.

We looked at the care records of six people who lived at the home. We also saw a range of other written and electronic records, including those relating to the running of the service, quality monitoring audits, management of medicines, fire safety, complaints, policies and procedures, and staff recruitment, training and supervision.

Good

# Is the service safe?

## Our findings

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. People told us they felt safe living in the care home. One person said, "Yes I feel safe here…You know someone is always in charge and you know they will look out for you", while another person remarked, "Yes, it is totally safe here." Staff had received training in relation to these aspects of care and support. Staff understood and told us about their responsibilities to protect people's safety. One member of staff said, "The company has a help line we can call if we are worried about abuse", while another member of staff told us, "I wouldn't hesitate to report any abuse to management if I ever came across here." The registered manager was also clear about processes and when to report concerns to the local authority, police and the CQC.

We looked at documentation where safeguarding alerts had been raised in respect of people living in the home in the last 12 months and saw the provider had taken appropriate steps, which they followed up to ensure similar incidents were mitigated. For example, we saw where safeguarding investigations had been carried out any lessons learnt were shared with the staff team. The registered manager told us they worked closely with the London Borough of Lewisham to manage safeguarding incidents and to minimise their reoccurrence. At the time of our inspection there was one open safeguarding investigation being conducted by the local authority.

Risk assessments were in place and staff were knowledgeable about what action to take to reduce identified risk. For example, for some people, risk assessments were in place to help support people at risk of developing pressure sores. Where risk was identified staff knew what action they should take, such as moving people's position and using specialist pressure relieving equipment. We saw positive behaviour support plans were also in place for people who needed this support. Staff had been suitably trained in this area and knew how to prevent and appropriately deal with behaviours considered challenging. Several staff gave us good examples of action they would take to deescalate incidents of challenging behaviour which might occur at the service.

There were plans in place for emergency situations. For example, there was an emergency plan in place in case of fire, adverse weather conditions or damage to the premises. An external health care professional told us, "Fire safety and health and safety inspections were up to date, and their fire risk assessment reflects the recent refurbishment in the home." People's care plans contained a personal emergency evacuation plan (PEEP), which explained the help people would need to safely evacuate the building in an emergency. Records showed staff routinely participated in fire evacuation drills and received ongoing fire safety training. Staff knew what to do in the event of an emergency and demonstrated a good understanding of their fire safety roles and responsibilities.

Maintenance records showed environmental health and safety checks were routinely carried out in relation to gas safety and electrical installations, portable electrical appliances, legionella and water temperatures, the call bell alarm system, mobile hoists, passenger lifts. We also saw a range of fire safety checks that staff regular undertook, which included fire extinguishers, the fire alarm system and emergency lighting.

People were protected by the prevention and control of infection. The environment was clean and tidy and staff knew how to prevent the spread of infection. Catering staff had access to equipment to maintain good food hygiene practices, such as different coloured chopping boards. Cleaning responsibilities were allocated to housekeeping staff and checks were routinely carried out. Records indicated staff had received up to date infection control and basic food hygiene training, and there were clear infection control and food hygiene policies and procedures in place. Staff were knowledgeable about what practices to follow to prevent and control the spread of infection.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. Most people told us there were enough staff on duty to keep them or their loved one/s safe. We received one negative comment about the care home not always being adequately staffed, but overall the feedback was positive about staffing levels. Typical comments included, "Plenty of staff about who are always very visible in the communal areas", "They [staff] usually come fairly quickly when I call them, but it does depend on how busy they are" and "The staff are nice, but I don't think there's always enough of them on duty, which is something I'm discussing with the provider."

The provider had safe staff recruitment checks in place. When an individual applied to become a member of staff, the provider carried out appropriate checks to ensure staff were of good character and were suitable for their role. This included looking at people's proof of identity, right to work in the UK, employment history, previous work experience, employment and character references, criminal records (Disclosure and Barring Service) checks and registration PIN numbers for qualified nurses. The DBS check provides information on people's background, including any convictions, to help providers make safer recruitment decisions and prevent unsuitable people from working with people in need of support. The provider also routinely carried out DBS checks at three yearly intervals on all long serving staff to ensure their ongoing fitness and suitability for their role. The registered manager was responsible for interviewing all prospective new staff and checking any gaps in their employment history.

People received their prescribed medicines safely. Care plans contained detailed information regarding people's prescribed medicines and how they needed and preferred these to be administered. We saw medicines administration records (MARs) and the Controlled Drugs register were being appropriately maintained by staff who managed medicines on behalf of the people living in the care home. For example, there were no gaps or omissions on these medicines records, which indicated people, received their medicines as prescribed. Staff received training in the safe management of medicines and their competency to continue doing so was routinely assessed. A medicines audit undertaken by an external pharmacist in the last six months indicated they had no major concerns about the way the service managed medicines which they stated was safe. Internal audits were also routinely carried out by the provider to check medicines were being managed in a safe way.

Good

# Is the service effective?

## Our findings

Staff had regular opportunities to review and develop their working practices. We saw managers and senior nurses operated a rolling programme of regular one-to-one supervision meetings and annual work performance appraisals for all staff, as well as group meetings with their co-workers. Several staff told us these meetings helped them reflect on their working practices and identify their training needs. One member of staff said, "I do feel the managers support us", while another member of staff commented, "It's a supportive place to work."

However, contrary to recognised best practice and the provider's own staff supervision and appraisal policies and procedures, we found significant numbers of staff had not had a formal supervision meeting with their line manager for over three months or had their overall work performance appraised within the last 12 months.

We discussed this staff support issue with managers who accepted that there had been shortfalls in relation to the frequency of staff supervision and appraisal meetings in the last six months and were committed to improving this. The registered manager was confident improvements would be made to the way the service supervised staff within the next three months when the two qualified nurses they had recently recruited would commence supervising and appraising staff they line managed. We were satisfied with the action the home planned to take and will assess this further at the next inspection.

The provider ensured staff had the right knowledge and skills to deliver effective care to people they supported. Staff were required to complete a thorough induction, which included shadowing experienced staff during their shifts. The induction, which was mandatory for all new staff, covered the competencies required by the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. It was mandatory for all staff to complete dementia awareness training. Staff demonstrated a good understanding of their working roles and responsibilities. Staff spoke positively about the training they had received and felt they had undertaken all the training they needed to effectively carry out their roles and responsibilities. One member of staff said, "The training we get is very good…Keeps you up to date with best care practice", while another member of staff remarked, "Training is ongoing here. I attended a dementia awareness course not long ago, which was excellent."

Consent was sought before care and support was provided. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 people lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded. For example, people's care plans continued to include guidance for staff regarding consent and an individual's capacity to make important decisions about how they wanted to live their life. Records showed all staff had received mental capacity and Deprivation of Liberty Safeguards (DoLS)

training. It was also clear from comments we received from the registered manager and staff they were knowledgeable about how to work in line with the Mental Capacity Act.

People were supported to eat and drink enough and maintain a balanced diet. People living in the home and their relatives told us the quality of the meals was 'good' and they always had a choice about what they or their loved one/s ate and drank. Typical comments included, "The food is wonderful here", "I think the quality and choice of the meals here is always good. I particularly enjoy the choices available at breakfast" and "The food tastes great to me and there's plenty of it. We always have coffee in the morning and in the afternoon, which I enjoy." We saw the choice of food was varied and people could decide when and where they ate their meals. For example, we observed several people having a late breakfast in the main dining area on both days of our inspection.

Risks to nutrition and hydration were assessed and people were offered the support they required. Staff closely monitored the amounts people ate and drank when risk was identified. Action was taken where this was required. nutritional assessments which informed staff about people's food and drink preferences and any risks associated with them eating and drinking, such as choking. All staff had completed food hygiene and nutrition training.

People had access to the health care services they required. Staff were knowledgeable about people's health care needs, they knew how to recognise when a person was unwell even when the person had difficulty communicating this. Staff requested health care support when this was needed and followed the advice given. There was good communication between staff and external health care professionals such as GP's, speech and language therapists and occupational therapists. Staff had received positive feedback from external health care professionals about recognising changes to people's health and wellbeing.

The premises met the needs of people living in the home and were accessible. We saw the programme to completely redecorate and refurbish the interior of the care home were well underway at the time of our inspection. People told us Westwood House was a comfortable place to live. One person's relative said, "It's a very pleasant environment." We saw signage was used throughout the home to help people orientate and identify rooms that were important to them, such as their bedroom or the main lounges and dining areas. We also saw communal areas such as hallways and bedroom doors, which had recently been redecorated, had been painted a range of different colours. This contrasting colour scheme also helped people differentiate between the different areas of the home.

Good

# Is the service caring?

## Our findings

People were treated with kindness and compassion. Most people and their relatives told us they were satisfied with the standard of care and support they or their loved one/s received at Westwood House. People spoke positively about the staff who worked at the home and typically described them as "caring" and "kind". Feedback we received included," A first class home. I'm so grateful to the staff…They are all lovely and always so helpful", "Lovely care home…The level of care is great and the way they [staff] speak to me and my [family member] is wonderful" and "It's a fantastic home and so are the staff that work here… Personally, I think this is one of the best care homes in the area."

External health and social care professionals were equally complimentary about the care home. Typical comments we received included, "The care provided here is excellent", "The staff continue to ensure the standard of care they deliver to both the nursing and residential residents remains high" and "This home provides my clients a very high standard of care."

Relationships between staff and people were friendly and positive. An external health care professional remarked, "The interaction between staff and my clients is always positive." We saw people looked at ease and comfortable in the presence of staff and conversations between them were characterised by respect and warmth. It was clear from comments we received from staff they knew the people they supported well and the things and people that were important to them. Staff knew people's preferences and the things they found upsetting or which might trigger distress.

The service ensured people they supported maintained positive relationships with people that were important to them. People told us they were not aware of any restrictions on times their family members or friends could visit them.

People had their privacy and dignity promoted. People told us staff always addressed them by their preferred name and never entered their bedroom without their expressed permission. We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions. Staff had received training about privacy and dignity; and they knew how to protect people's privacy when providing personal care. Several members of staff told us they would always close a person's bedroom door and use a towel to cover their modesty when they were supporting an individual with any personal care.

People had their independence promoted. One person told us, "I like going out on my own to the local shops, especially at the weekend, which staff are fine about." Another person's relative said, "The staff allow my [family member] to be as independent as they can be and gently provide back up when they need it. I think staff are very discreet and good at observing people from afar." People's care plans included detailed information about people's dependency levels and more specifically what they could do for themselves and what help they needed with tasks they could not undertake independently. We saw accessible handrails located throughout the building which enabled people to move freely around the communal areas.

Staff understood and responded to people's diverse cultural and spiritual needs and wishes. We saw information about people's spiritual and cultural needs and wishes were included in their care plan. The chef gave us some good examples of meals they had prepared for people who had requested to eat food that reflected their cultural heritage and tastes. The provider had up to date equality and diversity policies and procedures in place which made it clear how they expected staff to uphold people's human rights and ensure their diverse needs were respected. Records indicated staff had received equality and diversity awareness training. Staff demonstrated a good understanding of people's personal histories, cultural heritage and spiritual needs and wishes. This helped them to protect people from discriminatory practices or behaviours that could cause them harm.

Communication was good and people were given information in accessible formats. When necessary, people had access to advocacy services if they required support making decisions. This meant that people were supported to make decisions that were in their best interest and upheld their rights. There was a 'key worker' system in place so that people had a staff member allocated to them to provide any additional support they may need.

Good

# Is the service responsive?

## Our findings

People received personalised support which was responsive to their needs and wishes. People had their needs assessed before they began living in the care home to check that their needs were suited to the service and could be met. An external health care professional told us, "The provider admits clients based on their own assessment and are always clear with me if they feel they would not be able to meet their needs." People were involved in the care planning process and their preferences about the way they preferred to receive their support was accurately recorded and staff were knowledgeable about these. For example, people's strengths, likes and dislikes, life history and preferences for how they wanted their support to be provided.

People, or those with authority to act on their behalf, were involved in routinely reviewing their care plan. As people's needs changed this was reflected in their care plan. The registered manager told us they continually reviewed care plans to ensure people's changing needs were properly recorded. An external health care professional told us, "The quality of the care plans for my clients who have nursing needs are excellent…Always accurate and up to date."

People were supported to make informed decisions and choices about various aspects of their daily lives. People told us staff supported them to make choices every day about the care and support they received. One person said, "I can choose what and where I eat, and when. I also get up when I like and I often go out on my own to the local shops and back", while another person told us, "The staff always respect my choice to have a shower every morning." During mealtimes we observed staff showing people plated up versions of the two main meal choices that were available to them, which enabled people to make an informed decision about what they wanted to eat. We also saw the chef had prepared an alternative lunchtime meal for someone who had preferred not to eat any of the meals choices that were available that day on the main menu. Several staff also told us how they encouraged people to choose what they wore each day by showing them various items of clothing from their wardrobe to select from each morning.

People received information in accessible formats. Care plans included detailed information about how individuals preferred to communicate their needs and wishes. For example, one care plan made it clear to staff if they did not speak to this individual in a concise way they might become confused which could trigger their distress. Staff were knowledgeable about people's different communication needs. We saw photographs of staff in the communal lounge to help people identify people who worked at the service.

People were supported to follow their interests and live fulfilling lives'. People living in the home and their relatives told us they were enough stimulating in-house and community based activities they or their loved one/s could choose to participate in. Typical comments we received included, "We often play bingo and card games here and today we're going to be making Christmas decorations. Tomorrow I think we're making cakes", "Every day I like to write Chinese characters, which I have done for many years, and then read the newspaper" and "My [family member] has been very involved here in the activities. It's been like a community for them. There have been lots of trips out to the seaside and other places."

During our inspection we saw people gather in various communal areas to make cakes and Christmas decorations, as well as children from a local school sing Christmas Carols. We saw people's care plans reflected their specific social interests and hobbies they enjoyed. The service also had a full-time activities coordinator and a hospitality host who between them provided a dedicated permanent resource at the service for identifying and delivering appropriate activities and events for people to take part in. The activities coordinator also told us about a weekly activity timetable they had developed which incorporated feedback they had received from people living in the home about their social interests.

People who were identified as being at risk of social isolation were appropriately supported by staff. A relative told us, "The best thing about the home is my parents are less isolated and dependent on family and friends for social interactions since they moved in." An external health care professional also remarked, "The home has developed a person-centred approach to activities with more one-to-one activities available for people living with dementia."

The service had built up strong links with the wider community. The service regularly hosted a mother and toddler's group in the main communal area where people living in the home could interact with mothers and their young children. In addition, children from a local school and a range of entertainers and musicians regularly visited the care home to perform concerts and shows.

The provider had a complaints procedure which they followed. People said they knew how to make a complaint if they were dissatisfied with the service they received at the care home and were confident that any concerns they might have would be dealt with by the provider. We saw people the provider supported had been given a copy of their complaints procedure. All complaints were recorded along with the outcome of the investigation and action taken. We saw that staff had acted to investigate a complaint and had resolved the concern.

People's preferences and choices regarding their end of life care were recorded in their care plan. A relative told us, "All the managers and staff know about [family members] end of life care needs and wishes. The care my [family member] has received here at the end of their life has been exceptional." People's families were involved in helping their loved one/s to express their end of life care wishes and ensuring they were met.

People were reassured that their pain and other symptoms will be assessed and managed effectively as they approached the end of their life, including having access to support from specialist palliative care professionals. The service worked in close partnership with palliative care professionals from St Christopher's Hospice and local GP's to ensure they always had access to specialist advice and guidance regarding best end of life care practice.

Good

# Is the service well-led?

## Our findings

The service continued to have the same registered manager in post. A registered manager is a person who has registered with the CQC to manage a service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The leaders of the care home had the right skills, knowledge, experience and integrity to manage it well. The service had a hierarchy of management with clear responsibilities and lines of accountability. The registered manager was supported by a line manager known as a regional director and a deputy manager and clinical nurse lead who were both based in the care home.

People the provider supported, their relatives and professional representatives all spoke positively about the way the service was managed. People who lived in the home and their relatives all knew who the registered manager and senior nurses were, that they were ever present in the care home, approachable and easy to talk to. One person living in the care home told us, "You can always talk to the manager…Her door is always open", while another person's relative remarked, "You can ask to see the [name of registered manager] anytime…She will always see you and nothing is too much trouble".

The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people they supported.

The service had an open and inclusive culture and understood the importance of gaining the perspective of people they supported, their relatives and professional representatives. We saw the service had a range of mechanisms in place to obtain people's feedback including, regular group discussions with people living in the home and their relatives, and care plan review meetings. The service also has an 'ambassador' who is a person that lives at Westwood House and is responsible for meeting other service users on an individual or small group basis to ascertain their views about the home, which they feed back to managers. In addition, people living in the home and their relatives were routinely invited to complete satisfaction surveys about the care home.

Staff were also actively involved in developing the service and were encouraged to propose new ways of working. Staff provided feedback about the management team which suggested they found it easy to approach them and that their views were listened to. Staff meetings were routinely held where they were asked for their feedback and if appropriate, this was acted upon. The provider rewarded staff for demonstrating excellence in the work place through an employee of the month award.

There was clear oversight and scrutiny of the service. An external health care professional told us, "I think the performance and quality of the service is monitored extremely well by the management team in the home and the providers senior managers." A report compiled by the local authority of Lewisham following a quality monitoring visit they carried out at the service in July 2018 indicated they were satisfied with the overall standard of care people living at Westwood House received.

In addition, internal audits were routinely carried out by the providers to check that staff were working in the right way to meet people's needs and keep them safe. These audits included checks on care planning and risk assessing, management of medicines, staff recruitment, training and supervision, fire safety, accidents and incidents, infection control and food hygiene, and health and safety. These audits were used to improve the quality of the service.

We saw managers and senior nurse followed up the occurrence of any accidents, incidents or near misses involving people living in the home and developed improvement plans to help prevent them from reoccurring. The registered manager gave us several examples of situations where they had used incident reporting to identify trends and patterns to develop risk prevention and management plans which had resulted in a significant decrease in the number of falls people had in the home. we about the service provided at Westwood House.

There was a clear vision and culture that was shared by managers and staff. The culture was clearly person-centred and staff knew how to empower people to achieve the best outcomes.  This helped the registered manager gauge staff's understanding of the provider's values, share information on 'best practice' and monitor how well staff were following guidance.

Staff worked in partnership with other agencies. For example, the provider regularly discussed the changing needs or circumstances of people living in the home with external health care professionals, local authority commissioners and social workers, and palliative care nurses. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.