

Silverlake Care Limited

Silverlake Care

Inspection report

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Date of inspection visit:
07 December 2016

Date of publication:
25 January 2017

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

Silverlake Care delivers personal care to people in their own homes. At the time of our inspection, 23 people were receiving the service. The service predominantly supports older people and can support people with complex and specialist support needs.

We last inspected the service on 11 November 2013 where no concerns identified.

On the day of inspection we met the 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 told us they felt safe with the staff that came to their home. Staff were trained in safeguarding and understood the signs of abuse and their responsibilities to keep people safe. Recruitment practices were followed that helped ensure only suitable staff were employed at the service.

Risks of harm to people were identified at the initial assessment of care and their care plans included the actions staff would take to minimise the risks. Staff understood people's needs and abilities because they had the opportunity to get to know people well through shadowing experienced staff during induction before working with them independently. Equipment used to support people was regularly tested to ensure it was safe to use.

People were supported by regular members of staff in a timely manner. Staff were trained in medicines management, to ensure they knew how to support people to take their medicines safely to keep accurate records.

Staff received the training and support they needed to meet people's needs effectively. Staff felt supported by management team and were encouraged to consider their own personal development.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of MCA and DoLS. People made their own decisions about their care and support. When people lacked capacity the best interest process was followed.

People were supported to eat meals of their choice and staff understood the importance of people having sufficient nutrition and hydration. People were complimentary about the meals staff cooked. Staff referred people to healthcare professionals for advice and support when their health needs changed.

The service received compliments that highlighted the caring culture of the service. People and relatives praised staff for their caring nature and empathy. People told us staff were kind and respected their privacy,

dignity and independence. Care staff were thoughtful and recognised and respected people's wishes and preferences.

People and relatives said that the service was responsive to their needs. The service assessed people's needs so they received support when they needed it.

People received person centred care from a service that had a flexible approach and was responsive to unforeseen circumstances.

People knew how to complain and were confident any complaints would be listened to and action taken to resolve them. When areas of improvement were recognised plans were put in place to resolve them.

People and relatives agreed that the service was managed well. Management understood the service being provided. Staff and management talked about the open door policy which meant management team were approachable. The registered manager understood their responsibilities in terms of notifying CQC of significant events at the service.

The provider's quality monitoring system focused on the experience of people. It included asking people for their views about the quality of the service and field supervisions and observations. We found that there were no robust quality assurance systems to assess the quality of some work, such as reviewing the quality of daily records and auditing medicines. Due to staff knowledge the impact on people was minimal.

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 were protected from harm. Staff could identify and minimise risks to people's health and safety. Accident and incidents were recorded and staff understood how to report suspected abuse.

The service had arrangements in place to ensure people would be safe in an emergency.

People were supported by sufficient number of staff on a regular basis. Staff were recruited safely.

Medicines were managed and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and training to support people's needs and staff felt supported.

The requirements of the Mental Capacity Act (MCA) were met and staff had a good understanding of the MCA and Deprivation of Liberty Safeguards.

People's nutritional needs were met.

People had access to health and social care professionals who helped them to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

Staff understood the importance of building caring relationships with the people they supported.

The service understood what is important to people and took this into account when requests were made to change support times.

People told us staff were kind, respected their privacy and dignity and encouraged them to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and reviewed to ensure they received appropriate support.

People's care was person centred and care planning involved people and those close to them.

Staff were responsive to the needs and wishes of people.

People and relatives knew how to make a complaint and were confident any concerns they had would be acted on.

Is the service well-led?

Good ●

The service ensured there was a positive culture that was person centred, open, inclusive and empowering for people who used the service.

Staff knew and understood the organisational values which were reflected in the support we observed.

There were effective quality assurance systems that focused on the experience people received.

Silverlake Care

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 was 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.

The inspection took place on 7 December 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available to meet with us. This inspection was carried out by one inspector. The inspector visited the office, visited people in their homes and spoke to staff. Follow up calls to people, relatives and staff were made.

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 reviewed the information we held about the service. We looked at information received from relatives, social workers and commissioners and in the statutory notifications we had received during the previous 12 months. A statutory notification is information about important events which the provider is required to send to us by law.

Before the inspection, we sent surveys to people who used the service, relatives and friends of people who used the service, to obtain their views of the care and support. Surveys were returned from 18 people, three relatives, four staff and two community professionals. During our inspection visit, we spoke with the registered manager, the director of care, one member of staff, two people and one relative. Follow up calls were made to another five people and four members of staff. We also received feedback from a social work team and commissioner.

We reviewed two people's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks the management team made to assure themselves people received a quality service.

Is the service safe?

Our findings

People said they felt safe receiving support from Silverlake Care. One person said, "I am most positively safe." Another person said, "I'd be the first to say if I didn't feel safe." A relative said, "The support is definitely safe. I feel with the care from Silverlake my loved one can stay at home, which she wants to do."

All people and relatives who filled out our survey said that people are safe from the risk of abuse. People were supported by staff who were able to describe different types of abuse and knew how to report suspected abuse. All staff had received safeguarding training and had good working knowledge of safeguarding procedures. One member of staff said, "If there were any problems I would report it to the office." Information about raising concerns was made available to people in their support files, which were left in their house. The registered manager understood their responsibility to raise safeguarding alerts with the local authority when they had any concerns.

Staff were able to identify and minimise risks to people's health and safety and wellbeing. When potential harm had been identified, risk assessments had been put in place to keep people safe. A variety of risks had been identified that included moving and handling, malnutrition and dehydration. One person was at risk of dehydration. Their risk assessment stated that staff needed to encourage them to drink regularly. Their relative said this was happening and we observed this during our visit. Another person who was at risk of social isolation explained how Silverlake ensured this risk is managed. They said, "I keep roughly to the same carers so we have things to talk about." The person said this makes her feel better and went on to explain, "When I am low they help me out."

People's risk assessments were linked to the tasks in the care plan so staff could gain an understanding of why that support was being offered. For example, one person's care plan stated that staff needed to remind them to wear their emergency call alarm. This action was linked to the person's risk assessment that explained this was to ensure their safety when staff were not with them. Staff we spoke to explained that this was an important thing to ensure was in place for the wellbeing of the person.

Although not many accidents and incidents happened they were recorded and monitored by the provider so they could identify any patterns or trends and take action to prevent further incidents. We saw an incident where a person had an unwitnessed fall. The person received safe support following this incident and we saw their manual handling procedure and risk assessment were updated. A relative who had the authority to do so was involved in discussions about managing the risk for their loved one. The relative said, "After the fall I went through the new needs." During our inspection we noticed the registered manager supported this person in line with their care plan and effectively reduced the risk of this person falling. Staff also had good knowledge of the measures set out in this person's care plan and risk assessment to keep them safe.

Where a person's health had changed it was evident that staff worked with other professionals to manage risks. We saw that staff worked with appropriate health professionals when needed, including district nurses and the community matron. For example, we saw that a person who was at risk of developing pressure sores had a pressure relieving mattress. The staff liaised with the district nurse team when the person said they

thought the mattress needed to be adjusted.

Staff understood how to keep people safe in their own homes. Assessments had been completed to identify and manage any risks of harm to people around their home. People had environmental and premises risk assessments, which staff completed and which were reviewed and updated when things changed. People who were hoisted had a plan, which highlighted risks and how they should be supported. Equipment, such as hoists and profiling beds, were audited to make sure all safety checks were carried out when needed to ensure people stayed safe.

People would be protected in an emergency. Arrangements were in place to manage people's safety. These arrangements included a contingency plan, which highlighted that the service had local teams covering local areas to minimise the risk of potential missed calls and the impact on people if something were to disrupt service delivery, such as bad weather.

The registered manager understood that matching people's needs with the level of staff was of primary importance to ensure safe standards of care. People's needs were regularly assessed and reviewed and staffing levels were planned around needs highlighted. Support calls were monitored and reported on by the management team and a system was introduced to reduce the risk of missed calls. People told us that staff arrived at the agreed time and supported them for the allocated time. One person said, "Punctuality is very good." Staff told us there were enough of them to support people. A relative said, "Its good care and they always stay for the correct amount of time."

People were protected by staff employed that had undergone safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Documentation recorded that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

People received their medicines in a safe way. A person said, "I always get my pills on time." People were supported with their medicines by staff who had received medicine training and an annual medicine competency assessment. People who were unable to order medicines themselves had support to do this. One person said, "The office call the chemist and order them for me." Depending on people's needs staff ensured medicines were being stored in people's flats in a safe way. There were systems in place to dispose of medicines safely. Medicine administration recording (MAR) charts showed all prescribed medicines was signed as being taken.

Is the service effective?

Our findings

People and relatives told us staff had the right skills and knowledge to give them the care and support they needed. A person said, "Staff are well trained." Another person said, "They are well trained and pleasant staff." All the people and relatives that filled out our survey agreed that the staff have the skills and knowledge to give the required support. Staff agreed that they had enough training to carry out their responsibilities. One member of staff said, "They do give a lot of training and I think I have enough to do the job."

The director of care was qualified to provide the majority of training to staff. This training was delivered in a way that suited the needs of the staff and got the best results for people. The director of care explained they have a 'personalised approach' to training with most training courses being delivered to small groups of staff. The provider ensured that there is a mixture of class room training, eLearning and training sessions in the field. It was explained to us that the training sessions are carried out with the consent of the people who are supported with the aim of ensuring consistent support is provided to people. The director of care gave the example of training staff to use a new hoist for a person in the way that suited them. A member of staff said, "We have manual handling training in the office and with the consent of people we have done a session when equipment has been delivered."

The provider told us that the staff induction was centred around the staff member's needs. The induction focused on policies and procedures, expectations of the role and mandatory training, such as safeguarding, moving and handling and first aid. Once the mandatory training was completed a new member of staff would start their shadowing sessions. We were told there are no timescales to each stage of induction. The registered manager said, "It's about supporting the member of staff to feel confident in the role." The director of care explained that the most important part of the induction process is about getting to know the people. She said, "It's about understanding people's likes and dislikes, how they like their support delivered and how to cook their favourite meals." All new staff had weekly supervisions and one of their support calls was monitored each week. The registered manager said this ensured new staff were working in line with the wishes of people. We spoke to a new member of staff who said the induction was "good," they had, "enough training," and shadowed staff for a week. New staff were supported to complete the Care Certificate. The Care Certificate is a qualification that aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

Staff felt supported by the management team. One member of staff said, "There is always someone available to speak to." People were supported by staff who had regular supervisions (one to one meeting) with their line manager. These gave staff the opportunity to discuss their development and training needs so they could support people in the best possible way. When a learning need was identified training was put in place to support staff to meet the expectations. For example, when a member of staff hurt their back they were given extra manual handling training and advice. We saw that when staff had further development needs probations were extended and the necessary support was provided. The management team actively encouraged personal development with the offer of diplomas in health and social care.

We looked to see if the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

Where people could not make decisions for themselves the processes to ensure decisions were made in their best interests were followed. We saw that when people lack capacity the appropriate people with the right authority were making decisions in their best interest. People who had capacity signed a 'consent to care' and 'consent to medication' form.

Staff had a good understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. A member of staff said, "It's about people making decisions."

No one's freedom had been restricted to keep them safe. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this for domiciliary care services and supported living schemes are called the Deprivation of Liberty Safeguards (DoLS). Although at the time of the inspection no one was being deprived of their liberty the registered manager understood their responsibility when it came to making DoLS applications to the Court of Protection.

People were supported by staff who ensured they were eating and drinking enough to stay healthy. People were very complimentary about the food that they received, which was cooked from scratch if requested by people. One person said their carer was, "an excellent cook." People were fully involved in menu planning and staff ensured that they had all the ingredients they needed for their favourite meals. One person said, "I have a carer who is a dream of a cook. She tries to encourage me and give me ideas on what to eat." One member of staff said, "We cook what we are asked to cook. We make suggestions and cook from scratch if that's what people want." We asked one person what they were going to eat on the day of inspection and she replied, "Beef bourguignon." During our visit we observed the carer start cooking, the aromas filled the person's flat, which added to the experience. The person smiled and said, "I don't know how (the carer) has time to cook such lovely meals." When necessary staff monitored food and fluid intake and if they had concerns they said they would raise them with the family, the office and relevant health professionals.

People were supported to maintain their health and wellbeing. People's care plans included their medical history and current medical conditions, so staff knew the signs to look for that might indicate a person was unwell. Where people's health had changed appropriate referrals were made to specialists to help them ensure they received the most effective support, this included referrals to the district nurse team and occupational therapist. A person who developed a pressure wound was effectively supported so the wound cleared up. Staff supported people to the GP if they felt unwell, or called the emergency services if they found a person in distress.

Is the service caring?

Our findings

Sliverlake Care received numerous compliments about 'Outstanding' care they provided. These compliments highlighted a caring culture that focused on providing the best quality care for individuals.

People said that they were well cared for by staff. One person said, "I'm very lucky. They keep me young. They keep me happy." Another person said the carers were, "Absolutely splendid." A relative said, "They are brilliant. There is no comparison. They are very caring." Compliments received by the service described carers as, "A bundle of fun", "Marvellous", and, "Very good." Comments made by people, relatives and care professionals in our survey described the support as being delivered with, "Kindness," "Extreme consideration," and "Empathy."

The service had a caring culture that was centred around the people being supported, their families and the staff providing support. The registered manager and director of care were of the belief that if they treated staff well and staff were happy then they would in turn provide caring and compassionate support to people. One member of staff said, "They are so good towards staff and the people we support." A relative said that this caring culture extended to them because, "They have also given me a lot of support when my mother was in hospital."

Staff understood the importance of developing positive relationships with people, their families and other people who were important to them. People told us that staff were introduced and had shadowing sessions to get to know them before they started supporting them on their own. One person explained that management asked for their feedback on carers to ensure they were happy with them before they started.

People told us seeing staff regularly meant they could develop a good relationship with them and ensured staff understood their needs better. One person said, "Staff take the time to build relationships and treat people as equals." A person commented in our survey that, "Staff conversation is always very well informed and they all seem to enjoy coming out to see me." Another person described their support as like, "a capable friend popping in." A relative explained that even if staff had finished, "Their duties," they will still sit with their loved one to keep them company, which leads to them having, "Meaningful relationships."

Staff understood the importance of getting to know people and treating them as individuals. An example of the caring culture was highlighted when a person who was nearing the end of their life requested that staff take them on a trip to Wales. The registered manager explained that due to this person's family history making this trip was, "Extremely important and significant for them." The trip went ahead a couple of months ago before the person passed away. A member of staff said, "This meant a lot to them." We also saw that the registered manager and director of care had been invited to a person's 90th birthday party, which was held on a weekend. They both attended and said they enjoyed the celebrations.

Staff told us they read people's care plans before they started working with them. The language used in care plans, for example, 'encourage' and 'prompt', promoted people's independence, by reminding staff to support and enable people rather than 'look after' them. Sliverlake Care's values were about supporting

people to increase and maintain their independence in a caring way. Daily notes, our observations and what staff said to us reflected this approach.

During the inspection we observed positive and friendly conversations between people and staff. During the visits we observed the atmosphere between people and staff was relaxed. This highlighted that people were clearly confident and comfortable in the company of staff at all levels of the organisation. All people knew the registered manager and director of care by name and said they had regular contact with them.

People were supported to express their views and be actively involved in decision making about their care. People said that close relatives and people who were important to them, were involved in planning and reviewing their care, if they wanted them to be. People told us that support was being offered in line with care plans and we observed this on the day of inspection. We saw that people regularly requested support for a particular time. These requests were met with a flexible approach, which empowered people to be as independent as possible. We saw that one person had their support session rearranged due to a last minute medical appointment. This person said, "The management are extremely co-operative and understanding."

People's privacy and dignity was respected. All people, relatives and care professionals who filled out our survey said that carers supported people with dignity and respect. One person said, "They absolutely respect my dignity and they let me be as independent as possible when I wash." We observed that all staff knocked on people's doors and made people aware of their presence before entering their house.

When a person felt that care professionals from another care agency had not treated them with dignity and respect then staff from Silverlake Care had supported them to complain. This was completed in a sensitive and caring way and the outcome was a positive one for the person involved.

During the inspection information about people being supported was shared with us sensitively and discretely. Staff spoke respectfully about people, in their conversations with us; they showed their appreciation of people's individuality and character. Staff knew people's background history and the events and those in their lives that were important to them. During the inspection staff were observed giving each other updates on people's support in a confidential and professional manner.

Is the service responsive?

Our findings

People and relatives said the support received from Silverlake Care was responsive. One person said, "The service suits me. They support me favourably. Moving to them as a care provider was a very wise move." Another person said, "The support is brilliant, they're very adaptable." A relative said, "I do feel that Silverlake go beyond the call of duty and they have helped me keep my Mum at home rather than going into a care home."

Before people's support commenced an assessment of people's needs was completed with relatives or people who were important to them. A member of staff said, "When we do assessments we ask the person their needs and what they want. We want to get them involved so we ask them questions." This meant staff had sufficient information to determine whether they were able to meet people's needs before support started. This also allowed the provider to understand the likes and dislikes of people so support packages could be tailored to meet their needs and requests. Support needs highlighted in their assessments had been carried through to their care plans. Our observations and people's daily notes showed support was being offered in line with care plans.

People's choices and preferences were documented and staff were able to tell us about them without referring to the care plans. Staff had an overview of the person, their life, preferences and support needs. Staff knew what people's past occupations were, their family histories and their likes and dislikes. Care plans were focused on the individual needs and wishes of people. We saw that people's wishes were respected. One person said, "They respect my likes and dislikes."

A system was in place to ensure that people's support needs were regularly reviewed. The director of care described this process as, "Being flexible enough to keep up with people's changing needs." When asked, people said that they were involved in these reviews. We saw reviews of care happened regularly and on person said, "I just had me review," which they were happy with.

Silverlake Care deliberately ensured there was some flexibility in people's rotas so they could be responsive to the changing needs. The director of care said that, "This gives us flexibility if someone needs an emergency or extra call." People we spoke to explained that the care was not rushed and staff were responsive to their needs and preferences. One person said, "They increase my calls as my needs change." Another person said, "They stay with me if needed." A relative said, "Sometimes Mum will need extra time, which they will allow." In the pre-inspection questionnaire a care professional stated, "I know they do their best to accommodate any increases or changes to support plans sometimes at last minute." A member of staff said, "You have to make sure they are doing as much for themselves as possible, give them the needed time and encourage them." All staff agreed that they were not rushed and they could effectively respond to people's needs.

People and relatives told us that staff were responsive to the changing needs of people. Staff were trained to pick up, notice and respond to changes of people's needs. We saw that when it was required staff would seek medical support if they had concerns for people's health and wellbeing, for example making doctors'

appointments or calling paramedics in an emergency.

People were supported by staff who were responsive to unforeseen situations. One person who was suffering from a health related issue had their support calls increased. We also saw that support was increased and support times changed to meet the changing needs of another person. Their support plan and risk assessment was also reviewed to take on board these changes. The service had an out of hours on call service that meant that staff could respond to people's changing needs out of hours and on the weekend.

People were made aware of their rights by staff who knew them well and who had an understanding of the organisations complaints procedure. People and relatives knew how to raise complaints and concerns. Each person had information about how they can make a complaint in their service user guide, which was kept in their house. There had been no complaints. One person said, "I find no fault." A relative said if they had a complaint, "I feel can approach management but I have no need to complain." The manager said that when received, complaints and concerns were taken seriously by them and used as an opportunity to improve the service.

We saw that when there were areas of improvements to be made the management team responded appropriately. For example, in one person's review they raised some points regarding the support they had received that day. Although not a formal complaint management promptly met with the person and the points were investigated. A follow up meeting with the person was arranged where the person said they were happy with the response. We spoke to the person and they were only extremely positive about the service and care provided.

Is the service well-led?

Our findings

People spoke of Silverlake Care positively and all described that the service was very well managed. One person said, "I would recommend them to other people as I think they are brilliant. Another person just simply said, "I'm a satisfied customer."

The registered manager told us about the service's missions and organisation values of providing the best quality care with well supported and happy staff. The registered manager explained that people's independence was at the heart of everything Silverlake Care did. One person said, "They have made daily living for myself and my family less troublesome and much improved. They offer the right amount of empathy and support whilst encouraging my independence and respecting my dignity. Five star." Staff we spoke with understood and followed these values to ensure people received person centred care to aid their independence. A member of staff said, "Our aim is to give people as much independence as possible." Another member of staff said, "Our aim is to give the best quality care."

The management team were passionate about the care provided. There was a culture that was person-centred, open, inclusive and empowering. Management and staff talked of the 'open door policy' that was in place. This made staff feel they could approach management for support when needed. The management team were approachable and people and relatives benefited from this. One person said, "Importantly there is always someone to turn to when help or advice is needed."

The manager and care coordinators worked regularly with people and had a shared understanding of the key challenges, aims, achievements, concerns and risks, which were highlighted in their provider information return (PIR). For example, personal development of all staff employed is an important focus, particularly when it comes to completing diplomas in health and social care. During the inspection we saw that training and support were available for staff who wanted to develop and drive improvement within the home. Several members of staff were working towards their diploma in health and social care, which they said they were being supported by the provider to complete.

People's care and support was regularly monitored so continuous improvement could be made. The experiences of people were the cornerstone of the service's quality assurance. The service carried out checks that covered areas such as views of people and care plans. Although regular reviews of people's care happened that ensured documentation was in place there were no formal monitoring systems to assess the quality of some of this work. For example, we saw that medicines and support documented in daily notes were not formally audited. Due to feedback from people, staff knowledge and their understanding of people the impact of this was low. The registered manager said they would look at implementing robust quality assurances systems.

The provider encouraged people's involvement in their care. The service had regular customer feedback questionnaires and telephone feedback sessions, which provided positive results. Other quality assurance systems focused on assessing the experience of people. These systems including monitoring support calls and field supervisions. These involved a member of the management team shadowing a support call and

speaking to the person being supported. These covered areas such as rapport and manual handling. They ensured that support provided was in line with the organisational values and fed into discussions about staff performance. The monitoring of support calls also gave people the opportunity to speak face to face with management about how their support was going and what could be improved. We saw that only positive comments had been made by people. The director of care said, "We do this to be transparent. It's not just a paper exercise because we want to make the service better."

The registered manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned.