

L H Social Care Limited

# LH Social Care Limited - Barnsley

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 22, 23 and 24 November 2016 and was announced. We told the registered manager three days before our visit that we would be coming to ensure the registered manager and staff were available for us to talk with. We also arranged to meet with people who used the service in their homes and to contact other people who used the service by telephone.

LH Social Care Limited - Barnsley is registered to provide personal care. Support is provided to adults and children living in their own homes throughout Barnsley and the surrounding areas. At the time of the inspection the service employed 38 staff and care was provided to 28 people, equating to approximately 856 care hours.

At the last inspection on 26 February and 3 March 2016 the service was rated as inadequate and was placed into special measures by CQC. On this inspection we checked to see if any improvements had been made with the breaches of regulation identified at that inspection. These included, regulation 12 safe care and treatment, regulation 17 good governance and regulation 18 staffing. When we inspected LH Social Care Limited - Barnsley we found the registered provider had made improvements in all areas.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

There was a manager at the service who was registered with CQC. The registered manager of this service is also the registered provider. It is a condition of registration with the Care Quality Commission that the service has a registered manager in place. 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.

There were generic and person specific risk assessments in place for most people. We found no risk assessment in place to identify the possible risks in relation to a specific risk for one person, although all relevant information relating to the risk was recorded in their care plan.

People who used the service said they felt safe whilst receiving support and care from staff. People looked forward to their visits from staff. Their comments included, "I get on with them all, they're great people" and "I don't know what I would do if this service was taken away. I really rely on them."

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice. This helped to protect the rights of people who may not be able to make important decisions themselves.

There were enough staff employed to make sure visits were carried out at the agreed time. The registered manager made sure full employment checks were completed for all staff before they were offered a position at the service.

Staff had developed positive and caring relationships with the people they cared for and knew them very well. People were involved in the planning, delivery and reviews of the care and support provided. People felt staff were caring and treated them with dignity and respect as well as supporting them to maintain their independence while providing care.

There were improvements in the way complaints were investigated and responded to since the previous inspection.

People's needs had been assessed when they started to use the service and all care plans we examined had been reviewed and were up to date.

People using the service had been sent a quality survey asking for feedback on the quality of the service and the comments received had been positive.

Since the previous inspection the registered provider had introduced a range of systems to monitor the quality of the service provided.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

For one person information relating to a specific risk was not collated into a risk assessment format.

There were systems in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Staff received relevant training and completed courses to keep their knowledge and skills up to date.

Staff and managers understood the requirements of and worked within the guidelines of the Mental Capacity Act 2005.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

**Good** 

### Is the service caring?

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs.

Care was provided in a way that promoted people's dignity and respected their privacy.

The confidentiality of personal information had been maintained.

**Good** 

### Is the service responsive?

**Good** 

The service was responsive.

People, relatives and staff were confident to raise concerns or complaints and said these would be listened to and acted upon.

People received person centred support that met their needs and took account of their preferences.

People were positive about the opportunities provided to help them pursue their social interests.

### **Is the service well-led?**

The service was not consistently well-led.

Effective systems in place to manage risks and drive improvement needed to be embedded into practice to maintain long term improvement to the service.

People, their relatives and staff were very positive about the managers and how the service was run.

**Requires Improvement** 

# LH Social Care Limited - Barnsley

## **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.

The inspection took place over three days on 22, 23 and 24 November 2016 and was announced. This meant the registered provider knew we were coming three days in advance of the inspection visit. We did this to ensure that we could speak with people who used the service, their relatives, staff and the registered provider/manager.

Three adult social care inspectors carried out the inspection.

We reviewed the information we held about the service, which included correspondence we had received and the notifications submitted to us by the service. A notification should be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a significant injury.

Before our inspection we contacted Healthwatch (Barnsley) and they had no concerns about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Barnsley local authority who also said they had no concerns about the service.

During the inspection we met five people who used the service and four relatives in their home. We also spoke with five people who used the service and one relative of a person via the telephone. We met with the registered provider who is also the registered manager and seven other staff, including the area manager, the quality assurance manager, the office manager and support workers. We spent time looking at written

records, which included five care records, four staff records and other records relating to the management of the service.

# Is the service safe?

## Our findings

We checked progress the registered provider had made following our inspection on 26 February and 3 March 2016 when we found a breach of regulation in regard to safe care and treatment and staffing. We found improvements had been made.

People who used the service told us they felt safe when being cared and supported by staff. Their comments included, "I have never felt unsafe with the care workers the care they provide is second to none" and "They [care workers] keep me safe in the house and when I go outside." Relatives also told us, "My [family member] is definitely safe when being cared for. I watched them [care workers] closely at first but I now know they keep [name] safe so I'm happy to go out and leave them" and "I have no concerns about [names] safety."

We saw the registered provider had policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. We saw a summary sheet was completed with details of any safeguarding concerns that had been raised which included information about the person it related to, actions taken and outcomes of the investigation. We looked at the records of safeguarding concerns and we saw detailed information and correspondence information relating to the concerns that were on file. The registered provider also had a whistle blowing policy and procedure in place. Staff we spoke with had a good understanding of the principles of safeguarding and had received training in safeguarding adults and children and were aware of how to report any concerns.

There were arrangements in place to help protect people from the risk of financial abuse. Staff undertook shopping for some people who used the service. Records were made of all financial transactions which were signed by the staff member. We saw the financial transactions record sheets did not allow for the person who used the service to sign confirming the transactions made. We spoke with the registered manager about this and they immediately changed the record sheet to allow the person who used the service, where possible to sign. The registered manager also made all staff aware of the change to the financial record sheet.

At the last inspection we found risk assessment records that were inaccurate or incomplete and did not contain sufficient information to reflect what happened in practice. At this inspection there had been significant improvements in the quality and availability of risk assessments and care plans in each person's home. We looked at the care files and risk assessments for five people and saw individualised and generic risk assessment were in place. We saw risk assessments were completed for such things as moving and handling, catheter care, social visits and percutaneous endoscopic gastronomy feeding. This is a way of introducing food, fluids and medicines directly into the stomach by a thin tube through the skin to the stomach, because of a person's inability to swallow.

For one person we saw information relating to a specific risk was included in their care plan but not collated into a risk assessment format. This meant the actions staff should take to reduce the risk to the person were not clear. We were able to observe a staff member with the person and found they were very knowledgeable

about the person's care and support needs and the risks related to them. However if a new/non regular member of staff visited the person they would not be able to assess the level of risk or the actions they should take to reduce the likelihood of the risk harming the person. We discussed this with the registered manager and they immediately completed a risk assessment form for the person relating to this specific risk.

We saw a summary sheet was also used to record any incidents or accidents. Each incident and accident sheet identified who was involved, the type of event and when any investigation was completed. The registered manager provided copies of completed incident and accident forms which indicated any changes made to the way care was provided to reduce the risk of the event happening again.

At the time of the inspection there were 38 staff providing care and support for 48 people, for a total of 856 hours. There was also other staff, for example, a care manager who supported those staff. This meant there were enough staff employed to provide a consistent service and make sure no visits were missed. Staff spoken with told us that in the main they worked a regular number of hours each week and they could choose to work additional hours to cover for annual leave if they wished.

People told us they were confident they would always receive their care call on the correct day and time. One relative told us they had recently been introduced to a new member of staff who would be covering when their regular staff was on holiday. The relative told us, "It's taken me a long time to trust another person with [name] but I understand it is best if we have another care worker that would be able to stand in if our regular care worker can't work."

The registered provider had invested in a call monitoring system (ECM) which was used to monitor care provided for all people who used the service. A small number of staff were due to start trialling the system which required staff to dial in at the start of a visit and dial out at the end of a visit. This provided vital information by which the registered manager and senior staff were able to monitor calls to ensure people received the care they needed when they needed it. The registered manager confirmed to us that people who used the service had been consulted about the ECM system prior to it being trialled and all were in agreement with it being put in place.

People were supported to take their medicines by staff that were sufficiently trained and had their competencies checked and assessed. One staff member said, "They [managers] come out randomly and check the MAR's (Medicine Administration Records) and watch us administer medicines to people."

Information about each person's medicines was recorded in their care plans. Where staff assisted with medicines there was a MAR sheet in place to record when medicines were given or the reason why they hadn't been given. The registered manager told us, and staff confirmed that frequent audits and assessments of both the records and practice of staff were carried out to ensure people received their medicines safely.

There were suitable recruitment procedures and required checks were undertaken before anyone was offered a job. Staff told us they had completed an application form, attended an interview to assess their suitability, provided proof of their identity and completed a DBS (Disclosure and Barring Service) check before they began to work for the agency. We saw evidence of this in the staff files we examined. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the agency.

We talked with people who used the service and their relatives about the control of infection. They told us,

"The care workers always wear aprons and gloves and I see them washing their hands" and "I'm keen about this so I watch them [care workers] and they do what they need to do to prevent passing round the bugs."

Staff spoken with told us they picked up personal protective equipment (PPE) from the office base and were encouraged to keep a supply in their cars. Staff said infection control was covered during their induction and training and the use of PPE was checked by the manager's when they carried out their spot checks. A spot check is where a manager observes a staff member to check the work they undertake is done in accordance with policies and procedures and good practice guidelines and that the person who is receiving care is satisfied with the care provided.

## Is the service effective?

### Our findings

We checked progress the registered provider had made following our inspection on 26 February and 3 March 2016 when we found a breach of regulation in regard to staffing. We found improvements had been made.

People who used service and their relatives told us they had confidence in the staff providing care and felt they were well trained. Their comments included, "[Name] has very specific support needs and the care workers are very well trained in this" and "I have very high dependency needs and the care workers do an amazing job. They know exactly how to move and position me and are knowledgeable about my [health] condition."

Four staff files checked identified they had completed a full induction programme and were working towards completing the Care Certificate. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care. New staff were also rostered to work alongside other more experienced staff so they were able to get to know people who used the service and gain confidence.

The registered provider used an external company to provide training to all staff. Staff told us they were provided with a range of training in such things as safeguarding adults and children, mental capacity, basic life support, health and safety, infection control, medicines, manual handling, personal development, equality and diversity, person centred care, communication, fluids and nutrition and handling information. Staff and people who used the service told us there had been training arranged in people's homes, with input from healthcare professionals so staff could learn more about the conditions they were supporting people to live with for example motor neurone disease and diabetes.

The registered manager provided us with the training matrix which showed the dates staff had completed training and also prompted the registered manager of the date the next training was due to be completed. The registered manager explained that a range of training courses had been identified as mandatory and regular refreshers were completed. We saw records which identified that staff had completed refresher training courses identified by the registered provider as mandatory.

At this inspection we saw improvements had been made in relation to the support of staff. The registered manager explained that all staff had one to one supervision every three months and an annual appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. We looked at the records of four staff and saw that supervisions and appraisals had been completed as planned.

The registered manager and care manager told us spot checks, to observe care practice were carried out when an issue or concern was identified and as part of the induction process. We found there was no plan in place to make sure established staff, where no issues had been identified, were spot checked within a specified time period. However, other random spot checks had been completed, which meant most staff had been spot checked at some point this year. The registered manager agreed that a rolling programme of

spot checks for all staff should be in place and this was to be implemented by the care manager following the inspection.

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 someone is living in their own home, applications must be made to the Court of Protection.

People we spoke with told us staff routinely sought their consent prior to offering or providing care to them. One person told us, "They [care workers] wouldn't dream of doing anything before first asking and checking it out with me."

The registered manager told us all people who used the service had capacity. The registered manager said one person's capacity had recently become a concern and therefore they were in the process of arranging for the person to be seen by a healthcare professional, so that an assessment could be completed and the requirements of the MCA would be followed.

People we spoke with told us staff helped them make their meals and said staff encouraged them to eat healthily and have a range of nutritious snacks available in their homes. We observed a member of staff lunch at a person's home. The member of staff encouraged the person to go with them into the kitchen to see what choices were available to them. The staff member suggested what they might enjoy, but left the final decision to the person. The amount of food was also discussed and how to make the meal more nutritious was also considered by both the member of staff and the person. This demonstrated staff took into consideration people's likes and dislikes, preferences and promoted their health, whilst making sure their wishes were acted upon.

People were supported to access healthcare services where required. Staff told us they referred people to services such as the GP, district nurse, optician, or chiropodist. Where people were being supported by an external health professional, the guidance from these appointments had been accurately documented and implemented by staff. Where required, staff supported people to attend hospital appointments or GP appointments as well as optical, dental and chiropody appointments. The saw from the staff, registered manager and people we spoke with was that nothing was too much trouble for the staff when supporting people's health needs. This demonstrated staff not only knew who to contact when a person's needs changed, but also that they responded appropriately when requested to.

## Is the service caring?

### Our findings

People who used the service and their relatives spoke very positively about the care and support they received from LH Social Care Limited - Barnsley. People told us they were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs. One person told us, "The care workers do everything I ask and more. I get on very well with them all and couldn't wish for better carers." Another person said, "She [care worker] makes me very happy and cheers me up. They are the best I've ever had. When I'm worried about things they always talk to me and make me feel better." Relatives told us, "They [care workers] are marvellous. Nothing is too much trouble" and "It has taken me so long to let go and accept some help but now I trust them with [relative] who is my most treasured possession."

Staff treated people in a dignified and respectful manner, either when providing care, or when speaking to staff in the office. One person told us, "They are all very polite and respectful." A relative told us, "[Name] was embarrassed when the care workers first came but they put her at ease and now she isn't embarrassed at all. They were very good with this as it mattered to [name]."

People and their relatives told us they had been fully involved in deciding the type, frequency and duration of the care provided. They told us their preferences had been sought and were respected. For example, one person told us they wanted female only carers and confirmed they had never been cared for by a male. Another person told us they didn't want "much paperwork" left in their home and this was listened to and acted upon.

People told us they had, had discussions with the staff from LH Social Care Limited – Barnsley about the amount of time they wanted the staff to spend on each visit and how they wished their care and support to be provided. People told us staff would also tend to the little extra jobs, such as taking laundry out, or washing up where they had the time to do so.

People told us their care plans had been reviewed by a manager and they had been able to inform and review their care packages through open and honest discussion. People were aware of their care plans, and knew where these were kept, and who to contact should they wish these to be reviewed or updated.

Whilst we were visiting people in their homes we were able to observe some staff providing care and support to people. Our observations were that staff were kind, caring and friendly. It was very evident staff knew people well and were very familiar with each person's individual likes, dislikes and preferences. People who used the service spoke to us about staff in a fond way using words such as, "Lovely", "So nice", "My friend" and "Like my daughter" to describe them.

Staff spoken with told us they discussed privacy, dignity, respect and confidentiality at training events. One person who used the service told us, "I know the care workers sometimes need to spend extra time with the person they see before me because they let me know they're running late, but they have never told me anything about the person. They wouldn't talk about other people to me."

## Is the service responsive?

### Our findings

We checked progress the registered provider had made following our inspection on 26 February and 3 March 2016 when we found a breach of regulation in regard to good governance. We found improvements had been made.

At the last inspection we found the system and process for receiving and acting on complaints was not sufficiently robust. This meant there was not a full picture of complaints being made, sufficient to identify any themes and trends to address by the organisation as a whole. At this inspection we found the registered provider had taken significant and effective action to improve the system in place for the reporting and investigation of any complaints received.

People spoken with all told us they felt able to report any concerns they had about the service to the registered manager. Their comments included, "Yes, I've made complaints and it did used to take a while to get a response, but things are much better now. I only need to speak to someone at the office and we get things resolved" and "Things are taken more seriously now. I'm pleased there's the CQC to go to as this service is now so much better. They act on any issues I have straight away."

There was information on complaints in the statement of purpose and the process was explained in the service user guide provided to people who used the service. We looked at the complaints log and found the service had received seven complaints since the last inspection in March 2016. Four were from people who used the service and three from staff. Each complaint showed the time and date received, details of the complaint, the actions taken in response to the complaint and the outcome and analysis. All complaints had been resolved. Any lessons learnt from complaint investigations were discussed with the staff to help to improve the quality of the service for people.

People spoken with said they had been involved in planning their care so the support provided could meet their needs. People told us a manager from LH Social Care Limited - Barnsley visited them to assess their needs and discuss how they would like their care and support to be provided. Following this a support plan was written and a copy of this was left at the person's home. Relatives spoken with confirmed they were involved in discussions about the care provided to the person supported so their opinions were considered. The registered manager told us the care plans were in the process of being changed to a new format which would provide more in depth information about how people chose to have their care provided.

We looked at support plans in people's homes. We found staff had access to information and guidance about how to support people in a person centred way, based on their individual health and social care needs, preferences, likes and dislikes. This included information about people's preferred routines, medicines, dietary requirements, behaviours and important relationships. For example, one person only wanted staff to administer their medicines when their spouse was working away and not able to do this. Other examples were information about a person preferring to sit at the dining room table for their meals and a person who enjoyed a lie in bed and didn't like getting up early.

We also saw staff had received specific training about some complex conditions that people lived with to help them do their jobs more effectively. In some cases healthcare professionals had visited people when staff were on a visit so they could explain and show them such things as appropriate moving and positioning techniques and health therapies.

A member of staff spoken with told us how important it was to ensure people were not isolated and this was thought about when developing people's care plans. They told us that a number of people may become isolated due to seeing no one other than a member of staff from day to day. We were told about staff arranging social visits for people using the service to meet up for lunch and get to know each other. One person told us, "[Care worker] is always trying to get me meeting people, but she's got a hard job with that [laughing]." Another person told us a member of staff had brought them paints and paper to see if they would like to start up art work again, which they had done when they were younger.

People and relatives told us staff were able to work flexibly in order to meet their needs. Examples given were when people had to attend healthcare appointments and either needed to be up earlier or required staff support to attend their appointment. One relative told us how after discussions with the registered manager the timing of their relatives visits were changed and had resulted in the person eating much better. They told us, "When the carers came early [family member] wouldn't eat anything for breakfast but now it's been changed to later they eat a full English [cooked breakfast]."

## Is the service well-led?

### Our findings

We checked progress the registered provider had made following our inspection on 26 February and 3 March 2016 when we found a breach of regulation in regard to good governance. We found improvements had been made.

There was a registered manager in post at the service. The registered manager was also the registered provider. 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 and associated Regulations about how the service is run.

At the last inspection most people we spoke with told us they thought the service they received was good, but there was a variance between their assessment of ratings for care delivery and the management and leadership of the organisation.

At this inspection people spoken with told us the management and leadership of the organisation was much improved. Their comments included, "Someone comes from the office to ask if things are alright and I know they really want things to be very good. I don't have any concerns. I think they're all great," "Since they've had a slap on the wrist by CQC things have improved and are much better," "I can see the improvements they have made. The paperwork is better and I would certainly recommend this service to others" and "There have certainly been improvements over the last few months. I think they are amazing, the care provided to me is second to none."

Since the last inspection the organisational structure of the service had been changed and included managers responsible for training, quality assurance, care and administration. A consultant was also working with the registered manager to look at ways of improving the service and putting systems in place to maintain improvements and meet the regulations.

We found a range of audits were completed by the managers at the service. We saw audits were completed on MAR sheets, journals and financial records when they were returned to the office from people's homes. Where there were discrepancies we found these were investigated and action taken to prevent a reoccurrence. For example, staff were provided with supervision or further training.

Quality visits were carried out every six months by the quality assurance manager, who visited people at their home. At this visit the person's care file information was checked and the person was also spoken with about such things as their visit times. Any issues from these visits were recorded back at the office and dealt with on an individual basis. Information from these visits showed where for example, visit times had been changed by request from the person using the service. The quality assurance manager told us this worked very well as they had now built up relationships with people and their relatives and were finding they were more able to speak with them honestly about the quality of the service provided to them.

People and relatives spoken with told us they had received through the post a quality survey. Most people spoken with said they had completed this and returned it to the office. People told us, "They will be pleased with what I've put," "I've given very good feedback as I'm happy with everything" and "It's honest feedback about what I think and it's all good."

The registered manager told us quality surveys went out to people, their relatives and staff twice per year. We saw the results of the last survey in 2016 and found out of those people who responded, 69% said that they would definitely recommend LH Social Care and 31% said that they probably would. There were still some issues of concern, but people said there was a very significant improvement in their experience of the service answering and returning calls they made to the office. The issue that people reported as causing most concern was late calls. The registered manager had feedback to people stating, "We consider this to be a really important area for improvement and have made a substantial investment on a new rota management system call QuikPlan. This should be fully operation by the end of December 2016. QuikPlan will enable us to track the location from moment to moment all of our staff and will alert us if there is any possibility of a visit not being covered or being covered later than expected."

Each month a governance meeting was held and attended by the registered manager, office manager, care manager and quality assurance manager. The meeting was held to look at such things as capacity, CQC compliance, quality assurance and staffing. Each area was discussed and any trends or themes arising from the information gathered was discussed and then actions agreed. Although these meetings were planned each month we found there had been a gap from August 2016 to November 2016 where meetings were cancelled. We spoke with the registered manager about this as this could result in trends or themes not being picked up in a timely manner and compliance with regulations not being maintained.

We saw staff attended regular meetings with the registered manager. Staff we spoke with told us they were kept up to date with developments and were able to provide feedback on matters relating to the running of the service.

We rated LH Social Care as inadequate following our inspection on 26 February and 3 March 2016. We found at this inspection there had been significant improvements and have rated the service as Requires Improvement. The registered provider must now evidence that improvements can continue and then be sustained to ensure the service is well led. Systems and processes that have been introduced must remain consistent and robust to continue to effectively improve and monitor the service and mitigate risks to people.