Care Management Group Limited

Care Management Group - 59 Bury Road

Inspection report

59 Bury Road
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Care Management Group 59 Bury Road is a residential care home which is registered to provide support and accommodation for up to six people living with a learning disability or autistic spectrum disorder. Nursing care is not provided. On the day of our visit there were six people living at the home.

There was a registered manager in post. 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 and secure and relatives had no concerns about safety at the home. Staff understood local safeguarding procedures. They knew what action to take if they were concerned that someone was at risk of abuse. Risks to people's safety were assessed and reviewed. Medicines were managed safely.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely.

Staff received regular training and there were opportunities for them to study for additional qualifications. Staff were supported by the management through supervision and appraisal. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are used when it is necessary to restrict the liberty of those without capacity to consent for their own safety. Two people living at the home who were currently subject to DoLS. We found the registered manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. People were generally able to make day to day decisions for themselves. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were communicated to staff in a variety of ways – verbally, through physical gestures or body language. Staff took time to engage with people, providing reassurance and support. People were involved in decisions about their care as much as they were able andtheir privacy and dignity was respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided information about people in a person-centred way. People were involved as much as possible in planning their care. People's personal histories had been recorded and their preferences, likes and dislikes were documented so that staff knew how people wished to be supported. The registered manager and staff were flexible and responsive to people's individual preferences and ensured people were supported to live the life they wanted. People were encouraged to maintain their independence and to participate in activities that interested them. There was a variety of activities and outings on offer which people could choose to do. Complaints were dealt with in line with the provider's complaints procedure.

The service was well led. The registered manager operated an open door policy and welcomed feedback on any aspect of the service. There were regular staff meetings and feedback was sought on the quality of the service provided. People and staff were able to influence the running of the service and could make comments and suggestions about any changes. These meetings enabled the registered manager and provider to monitor if people's needs were being met.

A system of audits were in place to measure and monitor the quality of the service provided and this helped to ensure care was delivered consistently. Suggestions on improvements to the service were welcomed and people's feedback encouraged.

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.

Potential risks were identified and managed. Risk assessments were in place and reviewed to help protect people from harm. Staff were aware of the procedures to follow regarding safeguarding adults.

People told us they felt safe. There were enough staff to support people and recruitment practices were robust.

Medicines were stored and administered safely by staff who were appropriately trained.

Is the service effective?

Good

The service was effective.

Staff received training to provide effective care and support. The staff were knowledgeable about their roles and understood how to provide appropriate support to meet people's needs.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005.

People had access to a choice of food and were supported to maintain a healthy diet. A variety of professionals supported people to maintain good health.

Is the service caring?

Good

The service was caring.

People received care from regular staff who knew them well and cared about them. Positive, caring relationships existed between people and the staff who looked after them.

People were consulted about their care and were able to exercise choice in how they spent their time.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Care plans provided detailed information so that staff could support people in a person-centred way.

Activities were available according to people's preferences and staff supported people to access the local community.

Complaints were acted upon and in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post who was approachable and communicated well with people, staff and outside professionals.

People and relatives were asked for their views about the service through a survey organised by the provider so the quality of the service provided could be monitored.

The provider and registered manager carried out a range of audits to ensure the effective running of the service.

Care Management Group - 59 Bury Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 January 2017 and was unannounced. One inspector undertook this inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and checked the information that we held about the service and the service provider. This included the last inspection report and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

Due to the fact that people at the home were living with a learning disability not all people were able to share their experiences of life at Care Management Group 59 Bury Road with us. We did however talk with people and obtain their views as much as possible. We observed staff supporting people in the communal areas with day to day tasks and these included: Playing word games, drawing and discussing holidays. We met with four people who used the service and spoke with three relatives to obtain their views on the service provided. We also spoke with the registered manager and four members of care staff.

During our inspection we looked at how people were supported in the communal areas of the home. We also looked at plans of care, risk assessments, incident records and medicines records for two people. We looked at training and recruitment records for two members of staff. We also looked at staffing rotas,

minutes of meetings with people and staff, records of activities, menus, staff training and recruitment records, and records relating to the management of the service such as audits and policies and procedures.

The service was last inspected on 24 January 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

People were safe at the home. People told us they felt safe and had no concerns. One person told us "I am really happy, I am well looked after". Relatives said they were happy with the care and support provided. One relative said "I am very happy with the way my relative is looked after he is safe and gets all the help he needs". Another told us that when their relative's health needs changed, medicines were adjusted accordingly.

The registered manager had an up to date copy of the local authority safeguarding procedures to provide guidance on any safeguarding issues. She understood her responsibilities in this area and knew what action to take should she suspect any form of abuse. Staff received training in safeguarding and knew who they could contact if they had any concerns. Staff were able to name different types of abuse that might occur such as physical, mental and financial abuse.

Risks to people and the service were managed so that people were protected. Risk assessments were kept in people's plans of care. We saw assessments for risks associated with electrical equipment, medicines, nail care, safety in the kitchen and challenging behaviour. Risk assessments had information about the identified risk and also contained control measures to reduce any risks. These risk assessments were regularly reviewed and gave staff the guidance they needed to help keep people safe.

There were also environmental risks assessments in place, such as from legionella or fire. There were emergency plans in place so that information that may be necessary in an emergency was quickly available for staff and the emergency services as required. The home also had a fire risk assessment for the building which had recently been updated. One person was deaf and we saw that this person had a visual fire alarm in their room (flashing light) and regular fire evacuation exercises were carried out. We saw that there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. There was a minimum of four members of staff on duty between 8am and 9pm. Additional staff were provided if required to work flexibly depending on planned activities, any appointments and house routines. At night there was one member of staff who was awake throughout the night with another member of staff who could sleep between 10.30pm to 7am but were available for any additional support if required. The registered manager told us that she was also in the home most days and was available to provide support as and when required. We looked at the staffing rota for the previous two weeks and this confirmed these staffing levels were maintained. The registered manager told us and staff confirmed there were enough staff on duty to meet people's needs. Relatives told us they felt there was always enough staff on duty. We observed that there were enough staff to provide support to people and meet their needs.

We looked at recruitment records for two members of staff and these contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safer recruitment

decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. We spoke with staff who confirmed this and told us their recruitment had been thorough.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. Medicines were managed so that people received them safely. All staff who were authorised to administer medicines had completed training which included a competency assessment. Records showed and staff confirmed they had been trained and that their training was regularly updated. Medication Administration Records (MAR) sheets showed when people had received their medicines and staff had signed the MAR to confirm this. There was a clear protocol for administering any 'as required' medicines. A local pharmacy provided medicines to the home in a monitored dosage system and medicines were ordered, received, administered and disposed of safely.

Good

Is the service effective?

Our findings

People told us they got on well with staff and said staff knew them well. Comments from people included "I am well looked after and very happy here" and "everyone (staff) is good". People said the food at the home was good. Relatives said they were happy with the support provided by staff. One relative told us "My relatives health is monitored and they attend regular appointments at clinics, hospital and dentist".

The registered manager told us about the training provided for staff. Training was delivered by online E-learning training which was also available for refresher training. There was also face to face training for some subjects. Training records were kept on the computer system. Training undertaken by staff included: health and safety, infection control, first aid, food hygiene, moving and handling, equality and diversity, autism awareness, bipolar, positive behaviour, Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. The training helped staff obtain the skills and knowledge required to support the people who lived at the home. Staff said the training was good and confirmed they received the training they needed to carry out their work effectively. The registered manager told us that additional training would be provided if necessary to meet the needs of the people they were caring for. One member of care staff said, "Training here is very good, we have lots of training".

The registered manager told us that all new staff members completed an induction when they first started work. The induction programme included receiving essential training and completing an induction workbook based on Skills for Care guidelines. New staff also shadowed experienced care staff so they could get to know the people they would be supporting and working with. The registered manager told us that new staff who had not previously worked in care, completed the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 18 members of care staff who worked flexibly to provide support to people. 15 of the 18 staff had completed additional qualifications up to National Vocational Qualifications (NVQ) level three or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff confirmed they were encouraged and supported to obtain further qualifications.

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

We checked whether the service was working within the principles of the MCA and DoLS. The registered manager and staff understood their responsibilities in this area and the requirements of the legislation. The registered manager told us that people were living with different needs associated with their levels of learning disability or autism, but had capacity to make day to day decisions about their care and support and these were respected. Staff told us that if someone refused support they would leave the person for a short time and then go back and obtain their consent before giving any care and support. The registered manager told us people had capacity to make certain decisions regarding consent to receiving care and support, but did not have capacity to make decisions about keeping safe while out in the community. The registered manager told us that people did not have any understanding about road safety. We saw capacity assessments had been carried out for people with regard to specific decisions and this was in line with the principles of the MCA. The registered manager had made applications for five people under Deprivation of Liberty Safeguards (DoLS). These were for people who could not leave the home independently and who needed to be accompanied by staff when they went out. DoLS protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Records showed that DoLS applications had been approved by the local authority for two people. Three other applications had not yet been authorised.

Staff attended regular supervision meetings with their line managers. They were able to discuss issues relating to their role, training requirements and the people they supported. Supervision for staff was conducted by the registered manager or her deputy. Topics covered in supervision included, training and development needs, staff performance and issues around the individual people they supported.

We spoke to people and staff about the meals provided at the home. Staff encouraged people to be involved as much as possible in preparing meals and drinks and we saw evidence of this during the inspection visit. Breakfast was normally cereals and toast and people could choose what to eat. Lunch was normally a snack type meal such as sandwiches, fish fingers or beans on toast and this was also down to individual choice. The main meal of the day was in the evening. People put their choices forward for inclusion in the menu and staff encouraged and supported people to maintain a healthy diet. Staff supported people to make their own snacks and drinks as much as they were able. Staff told us that people also went out for meals in the local community which they enjoyed. Staff said there was always a range of food in the fridge so that they could make people a snack or sandwich at any time if they wanted this. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

People's healthcare needs were met and everyone was registered with a local GP. Each person had a health file and this contained a health assessment with information about the person's learning disability and any other medical conditions. There were contact details of the person's GP, dentist, optician and any other healthcare professional who supported them. Any appointments were recorded in the health file with information about the reason for the appointment and details of any treatment given. Each person had a 'Hospital Passport'. This was a document which provided important information about the person should there be a need to go to hospital. The registered manager told us that if a person needed to go to hospital they would be accompanied by a member of staff so they were supported by someone they knew. This would help to ensure people received consistent effective support.

During the inspection, we undertook a tour of the home. The registered manager told us that people were involved in the choice of furnishing for their rooms and were able to choose their favourite colours and personalise their rooms with photos and items of their choice. Communal areas were warm and cosy and which gave a nice homely feel.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. People were observed to be well looked after and staff were kind and caring when providing support. Relatives said they were very happy with the care and support provided to people and were complimentary about how the staff cared for their family member. One relative said, "The staff are all very good, they are kind and caring and treat everyone with dignity and respect." Another relative told us, "Whenever we visit a quiet room has always been available and this enables us to have a private period with our relative".

Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, they would always call them by name and engaged with them. They checked if people needed any support and gave people options so they could make their own decisions. One member of staff told us, "Everyone gets on well, it's a pleasure to come to work". Another said, "There are some incidents but on the whole everyone has a good heart and we have lots of laughs".

Throughout our visit staff showed people kindness, patience and respect. There was a good rapport between staff and people. People were confident and comfortable with the staff who supported them. We observed that staff spent time listening to people and responding to their questions, we saw staff chatting and engaging with people. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. We observed there was a relaxed atmosphere and people were confident to approach staff. Any requests for support were responded to quickly and appropriately.

There was a regular team of staff at the home, which helped to ensure the continuity of care which was important to people. Staff told us they had developed good relationships with people and this helped if anyone became frustrated or upset. The registered manager told us, "It's really important that staff get to know everyone, it helps them to adapt to provide the right support in different situations".

Everyone was smart in appearance and dressed appropriately for the time of year. People had regular one to one meetings with staff each month to discuss any issues they had and these gave people the opportunity to be involved as much as possible in how their care was delivered.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a diary and a communication book for staff where they could leave details for other staff regarding specific information about people.

There was information available on the notice board in the main corridor about local help and advice groups, including advocacy services that people could use. These gave information about the services on offer and how to make contact. This would enable people to be involved in decisions about their care and treatment. The registered manager told us she would support people to access an appropriate service if

people wanted this support.

Good

Is the service responsive?

Our findings

People were well looked after. People told us they liked living at the home and said the staff were always around to support them. Relatives said they were involved in how their relative's care was given and were invited to reviews and said staff kept them updated on any issues they needed to be aware of. One relative said, "My relative came here on an emergency placement and they have now lived at the home for over 11 years. The staff have always responded well to their changing needs". Another commented that the staff consulted with (named person) to elicit their views and preferences. They gave an example of how staff asked (named person) about the type and destination for their annual holiday, an event that they were very excited about. We were also told that staff arranged a special day for one person for their 50th birthday that entailed seeing her Mum for a unique day out.

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life were kept in their care plan file.

Before accepting a placement for someone the provider carried out an assessment of the person's needs so they could be sure that they could provide appropriate support. This assessment formed the basis of the initial care plan.

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. Care plans were person centred and staff understood the importance of explaining to people what they were doing when providing support. Care plans identified people's support needs and informed staff on how this should be given. There was information recorded under heading such as 'Who's important to me,' 'My history,' 'How I like to live my life,' and 'My support network'. There was information about how the person wanted to be supported and whether the person would prefer a male or female staff member to support them. We saw care plans were in place for washing and dressing, personal hygiene, communication, medicines and eating and drinking. For example the care plan for communication for one person explained that the person was deaf. It informed staff to 'face me and sign when you are talking to me, be aware of my body language and facial expressions'. It went on to explain that the person used several forms of communication including pictures or written articles in magazines, leading by the hand to show what they wanted or by using Makaton (Makaton is a form of sign language used by people who have a learning disability). This enabled staff to provide support the way the person wanted and ensured needs were responded to appropriately.

Each person was allocated a key worker. A key worker is a person who has responsibility for working with certain individuals so they could build up a relationship with them. This helps to support them in their day to day lives and give reassurance to feel safe and cared for.. Keyworkers met with people on a one to one basis each month to carry out reviews of the person's care plan to ensure their current needs were being met. They discussed how the plan was working for the individual and if any changes were needed to ensure that care plans were up to date.

Staff said that people could express their wishes and preferences and these would always be respected. People were encouraged to express their views and these were communicated to staff verbally, Staff said each person needed differing levels of support and staff gave individual support to people whenever it was needed. A staff member said, "We all work together and know what support people need. We always talk with people and explain as much as possible and give them the information so they can make their own decisions." Staff said if a person refused support at a particular time they would respect their decision and go back later and offer the support again or ask another member of staff to offer the support.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs.

Each person had a daily record book which was compiled by staff. This detailed the support people had received throughout the day and night and these followed the plan of care. Records showed the home had liaised with healthcare and social care professionals to ensure people's needs were met.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meeting held at the beginning of each shift. There was a nominated shift leader who compiled a shift plan and this detailed what duties each member of staff undertook and who they would be supporting. During the handover meeting staff were updated on each person and were given any information they needed to be aware of. This ensured staff provided care that reflected people's current needs. Staff told us the shift planner was a good tool but they worked flexibly to ensure people's needs were met at all times.

Daytime activities were organised for everyone, according to their preferences and there was a range of activities provided for people. Each person had an individual activity plan. Activities included arts and crafts, trips to local shops, holidays and day trips, swimming, bowling, cinema and trips out into the local community.

On the day of our visit one person was away on holiday in Egypt supported by two members of staff. Another person went out shopping with a member of staff. Another member of staff was helping someone with a word search game. Other people remained at home chatting and engaging with staff. One person carried out voluntary work one day a week at a local charity shop. They told us they really enjoyed the work.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with their keyworker or with any member of staff who was providing support. Any complaints or concerns could then be dealt with promptly and appropriately in line with the provider's complaints policy. The registered manager said that he had not received any complaints since the last inspection. The registered manager said if any complaints were received they would be discussed at staff meetings so that the provider and staff could learn from these and try to ensure they did not happen again.

Good

Is the service well-led?

Our findings

People told us the registered manager and staff were good and they were always around to listen to them. Relatives confirmed the registered manager was approachable and said they could raise any issues with her or a member of staff. They told us they were consulted about how the home was run and were invited to reviews. One relative said "I speak with the manager or staff most weeks, they always keep me up to date and let me know what's going on with my relative". Another told us "The staff at the house are uniform in their approach to the care of the people. This common approach indicates the staff are following and conforming to a pattern established by the manager at the home".
The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

Staff said the registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. The registered manager said she and senior staff regularly worked alongside staff to observe them carrying out their roles. This enabled them to identify good practice or areas that may need to be improved.

The registered manager showed a commitment to improving the service that people received by ensuring her own personal knowledge and skills were up to date. She said she attended training courses organised by the provider. She told us she regularly monitored professional websites to keep herself up to date with best practice. If appropriate she would pass on information to staff so that they, in turn, increased their knowledge.

The registered manager told us she operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. The registered manager said she would not hesitate to make changes if necessary to benefit people. Staff said there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. We saw records that showed the checks and audits that took place included; food hygiene, financial audits, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Records showed checks and audits that took place and these included: food hygiene, financial audits, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints.

The provider employed a regional director who visited regularly. They met with the registered manager to discuss any issues at the home; they also spoke with people and staff and looked at records. The regional

director carried out an audit every month to check that the registered manager's audits and checks had been carried out. Every three months the regional director carried out a quality audit based on the CQC Key Lines of Enquiry (KLOES) to checkif the home was Safe, Effective, Caring, Responsive and Well-led. Following the visit they produced a report and if any concerns or issues were identified the manager would produce an action plan to state how and when these would be addressed. The last quality audit carried out in October 2016 identified that the fire risk assessment needed updating and that a night time fire drill was required. We saw that the registered manager had taken steps to address these issues. This meant that these audits were effective in identifying areas which were in need of improvement. The quality assurance procedures carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

People, relatives, staff and stake holders were supported to question practice and asked for their views about the service provided through a quality questionnaire organised by the provider. These were sent out by the provider who then received and collated any responses. However the registered manager could not remember if she had received any feedback from the provider on the most recent survey. She told us "I speak with all people's relatives regularly and they would let me know if there were any areas we could improve.

Staff told us that they had regular staff meetings and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Staff told us that these meetings enabled them to express their views and to share any concerns or ideas about improving the service. We looked at the minutes of the previous staff meetings and the minutes contained information about who had attended and gave information about the topics discussed.

Records we requested were accessed quickly and were consistently maintained, accurate and fit for purpose. All care records for people were held in individual files which were stored in the office at the home and records were stored securely.