

Vijay Odedra and Partners

Arden Manor Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Our inspection took place on 16 and 17 December 2015 and was unannounced. We last inspected the service on 14 May 2014. At the last inspection on 14 May 2014 we identified the provider needed to take action to improve staffing levels and their systems for monitoring of quality and safety of the service. This included ensuring the records about people contained sufficient information about their needs. We found that the provider had made improvements in these areas.

Arden Manor provides personal care and accommodation for up to 21 older people, some who may live with dementia. There were 20 people living at the service when we carried out our inspection.

The service had a registered manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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, and we saw care and support was provided in a way that showed staff were kind and considerate. Staff were knowledgeable about people's care and support needs, and were supported with appropriate training. People were supported to make their own day to day decisions and choices by staff who understood and promoted people's rights. However, where people lacked capacity to make specific decisions, key principles of the Mental Capacity Act had not been followed. People's healthcare needs were promoted and regular appointments with healthcare professionals were maintained.

People told us that they felt safe and they were treated well by staff. People said that there was sufficient staff available to keep them safe. The registered manager and staff had a good understanding of how to keep people safe and escalate any concerns appropriately. People told us they were given their medicines when needed although there were some areas of medicines management where improvement could be made.

People told us they enjoyed the food and drink they were provided with. We saw staff provided appropriate assistance to people that needed help to eat and drink and there were systems in place to ensure people at risk of weight loss were monitored.

People told us the staff were kind to them. We saw people had developed positive working relationships with the staff who supported them. People told us that they were well cared for and staff understood what was important to them. Staff demonstrated a good knowledge of what was important for people and what was recorded in their care records.

People's needs were assessed and their support plans provided staff with guidance about how they wanted their individual needs met. People participated in a range of activities and pastimes that reflected their individual interests and preferences. People knew who to speak with if they had any concerns and the provider had systems in place to address any concerns that may be raised.

The provider assessed and monitored the quality of the service. There were systems in place to gain people's views on the service. There were also systems in place to monitor the quality of the service such as a range of management audits. People and staff told us they found the manager and other senior staff approachable and we saw the registered manager was visible within the service. Staff felt well supported by the provider and said they were able to share their views. The provider had not always formalised their plans for improvement of the service in a way that could be easily shared with stakeholders.

Summary of findings

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 safe

People were supported by sufficient numbers of staff to ensure their safety and meet their needs. People's safety was promoted by systems the service had in place to manage potential risks to their health and welfare. Staff could identify signs of abuse, knew how to escalate any concerns, knowing how to keep people safe from harm. People were satisfied with how they received their medicines although there was some scope for improving how some people's medicines were managed.

Good



Is the service effective?

The service was not always effective.

The provider had not always ensured that people's rights were promoted, and their best interests were considered. People told us that they had confidence in staff who they felt were skilled and competent. People had a choice of, and enjoyed the food and drinks that were available to them. People's health care needs were promoted and there were systems in place to ensure any risks to people's health were identified and escalated to health professionals.

Requires improvement



Is the service caring?

The service was caring.

People told us staff were caring. People's privacy was promoted. People told us they were able to make choices about the way they spent their time and what they did. People were able to be independent, and staff understood how these opportunities should be promoted.

Good



Is the service responsive?

The service was responsive

People were involved in the care and support they received. Staff were knowledgeable about people's needs and preferences. People were able to follow their chosen interests and maintain important social relationships. People felt able to complain and were confident any issues they raised would be addressed to their satisfaction.

Good



Is the service well-led?

The service was well led

People were able to approach the registered manager, who was knowledgeable about people and the service. Systems were in place to

Good



Summary of findings

capture and review people's experiences and to monitor the quality of the service, People and staff felt able to approach the registered manager and provider and share their views or concerns and were confident these would be listened to and changes made if needed.

Arden Manor Care Home

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 on 16 and 17 December 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service before the inspection, including notifications of incidents that the provider had sent us since the last inspection. These are events that the provider is required to tell us

about in respect of certain types of incidents that may occur like serious injuries to people who live at the service. We considered this information when we planned our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people who used the service, two visitors and two visiting health care professionals. We also spoke with the registered provider, registered manager, two senior carers, three carers and one cook. We observed how staff interacted with the people who used the service throughout the inspection.

We looked at six people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We looked at one staff recruitment records and records relating to the management of the service, that included, minutes of meetings with people and staff, service improvement plans complaints records, stakeholder survey records and the provider's self-audit records.

Is the service safe?

Our findings

At the previous inspection on 20 May 2014 we found the provider had not met the regulations as there were occasions where they had not ensured there was a sufficient number of staff to ensure people were safe. The provider sent us an action plan after that inspection telling us about improvements they were to make to address this breach of the law. We found at this inspection the provider had made improvements in accordance with their action plan and were meeting regulations.

The registered manager said more staff were recruited after the May 2014 inspection and the staffing levels were increased at certain times of the day to ensure that people were kept safe. During our inspection people expressed no concerns with the number of care staff that were available. One person said they may occasionally have to wait if other people needed assistance. Another person told us they may need to wait a short while if staff were busy with other people. People told us they felt safe though. We saw people had access to staff when they needed assistance, with staff seen to be quick to respond. One person told us, "You ring the buzzer and they [staff] come for you". Staff told us that there were occasions where they were busier than other times but they did not have any concerns about meeting people's needs, or keeping them safe. The registered manager told us they considered how staff were deployed based on people's changing needs. This showed that there was sufficient staff to ensure people were safe.

We found that the provider ensured people's medicines were managed safely and people received medicines as prescribed, with some exceptions. We raised some areas of medicine management with the registered manager. One person was taking 'as required' sedatives. The person was taking the full prescribed dosage and we saw the person appeared drowsy. We saw the person's G.P. reviewed their medicines during the inspection. Another person, who spent time away from the service, did not have provision in place to ensure they had their medicines as they were not taken out with them. One person was having covert medicine, and advice had not been sought from a pharmacist to ensure these medicines were safe to be taken this way, for example in food. The registered manager said they would take action to address these matters.

People told us people had their medicines at the times they needed them. One person said, "We more or less get

them on time. We get them altogether" with other people saying they received pain relief when needed. We saw staff administer medicines and found this was carried out in accordance with recognised guidance. We found medicines were stored securely and at the correct temperature, and recording in medicines administration records (MARs) were of a good standard which showed that people were getting their medicines as prescribed.

People felt safe and staff cared for them in a safe way. One person told us, "I'm very safe here – I don't want to leave" another saying, "Being here is safe. I've put myself into safety". Visitors said their relatives presented as safe, and one said that their relative had not had any falls, which they saw to be a positive. We saw staff provided care in a way that supported people's safety, for example we saw people transferred with hoists and we saw this was done slowly and carefully. One person told us after they were transferred in this way that they were happy with the way this was carried out and they felt safe. We also saw that staff were quick to notice when people were unsteady on their feet and would offer assistance.

The registered manager and staff had a good understanding of what potential abuse looked like so they could recognise how to protect people from harm. Staff were able to describe what potential abuse may look like and were confident in describing how they would escalate their concerns to ensure people were kept safe. The registered manager was well informed as to how to report potential abuse if needed. We saw that there was information available to people in the home as to how to report allegations to the local safeguarding authority. This showed that staff were well informed about how to raise concerns about people's safety.

We looked at the systems in place for recruitment of staff and found these were robust and made sure that the right staff were recruited to keep people safe. We saw that checks, for example Disclosure and Barring checks (DBS), were carried out before staff began work at the service. DBS checks include criminal record and barring list checks for persons whose role is to provide any form of care or supervision. We spoke with a member of staff that had commenced working at the service in the last 12 months and they confirmed that the provider had carried out all the appropriate checks needed before they started work.

We saw risks to people due to their health were identified, assessed and recorded in their care records. For example

Is the service safe?

we looked at people's risk assessments in respect of how they should be helped to move safely. These assessments reflected how we saw staff supported people and staff showed a good understanding of the information in these records. We spoke with staff about managing risks to people and they were aware of changes in people's health

and whether this presented an increased risk. For example staff told us that when providing people's personal care they needed to be observant for any changes in people's skin condition and what this may mean for their continued well-being. This showed the provider identified and took action to minimise risks to people where possible.

Is the service effective?

Our findings

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. We found a person was given medicines covertly. This had been discussed with the person's GP and psychiatrist but there was no clarity, as there was no assessment of the person's capacity, as to whether the person was able to consent to the medicine. Again it was unclear; after talking with the registered manager, what had been done to ensure decisions were made in the person's best interest, for example through involving an appropriate advocate. This showed that a lack of assessment of people's capacity by the provider meant it was not clear if people's rights were upheld, and whether the principles of the MCA had been followed.

We saw staff did not always ask people for their consent before helping them, for instance moving the chair they were sat in from behind, on one occasion pushing someone closer to the table at lunch which we saw caused them to express some annoyance. We also saw staff did not always ask for consent before cutting people's food up for them. This showed that staff did not consistently consider people's consent to care. We spoke with the registered manager about these instances and they said they would discuss with staff the need to ensure they consistently gained people's consent.

The registered manager told us that where they thought a person did not have capacity they would involve the person's relatives. We saw some relatives had signed people's records to show consent to care but there was not always evidence that the relative had the legal right to consent on the person's behalf. This issue has been raised with the provider in a report following a commissioner's visit in February 2015. This meant the provider could not always evidence that when decisions were made on behalf of people these were in accordance with the MCA.

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 are called the Deprivation of Liberty Safeguards (DoLS). We found the provider had referred some people to the local authority where it was felt they were restricting people who did not have capacity. One person told us it was not their choice to remain at the service. We spoke with the registered manager who confirmed the person had capacity to make some decisions but there was no assessment in place that showed if the person lacked capacity in respect of making more complex decisions. It was therefore unclear as to how their rights had been considered or if a DoLS would have been appropriate or not. We saw that conditions on authorisations to deprive a person of their liberty, when agreed by the managing local authority, were being met by the service.

People told us staff were able to provide them with care to the standard they expected. One person told us one member of staff "Is very good, she is a golden worker". Another person told us the staff, "Are alright". We found staff were well trained, for example staff we spoke with were knowledgeable about people's individual needs and we saw this informed their approach when providing people with care and support. We saw that staff used equipment such as hoists in a way that was indicative they were knowledgeable about its safe use. Staff told us they felt well supported with the training they received and said that updates were programmed in by the provider so their knowledge and skills were kept up to date. One member of staff said they had, "Quite a lot of training". A member of staff told us that they received a suitable induction when they commenced work at the service, and that they received good support from the other staff and the registered manager. We saw that the registered manager had a training schedule that they used to ensure that staff were kept up to date with core skills, and the training they needed for example in health and safety. The majority of the staff had qualification in vocational training in care. This showed that staff had the necessary skills and knowledge to offer people effective care.

People told us they experienced positive outcomes regarding their health. One person said, "If I'm ill they will call in the doctor fast". Other people told us when they needed to see a health care professional due to health concerns or for routine checks staff ensured these were progressed. The staff were able to tell us how they would escalate any concerns about people's health, and had a good understanding of what to be aware of, for example in

Is the service effective?

respect of people who may be a risk of developing broken areas of skin. The registered manager told us that concerns about people's health would be escalated to their doctor. We spoke with a visiting health care professional who told us that staff followed advice given and from what they knew the staff at the home promoted people's health and well-being. Relatives we spoke also confirmed that the staff escalated any concerns about people's health one telling us, "I remember [the person] had a doctor come and see her when she had a cough". We looked at people's records and these showed us that any risks to people's health was assessed, monitored and reviewed on a regular basis. We also saw that people had regular routine health care checks with for example opticians, chiropodists and dentists. This showed that people's health was promoted in partnership with community healthcare professionals.

People said they received a choice of good food or drink. One person told us the food was, "Very good indeed, but always something else available". Another person said, "Food is lovely. I never moan about the food. We can have sandwiches. I never say no to the food here. The meals and dinner are lovely". A third person said, "Food is not bad at all. Oh yes, we have a lot of water and pop. They are not short of anything. They are satisfying. They are very good about that". People also told us that they were able to have their choice of drinks and we saw that this was made

available to people, with assistance to drink offered when needed. This showed people received a choice of foods and drink and were offered support to eat and drink when wished

People were given good meal portions at meal times although we saw some people were a little reluctant to eat on occasions. Staff explained that some people did not like assistance with their meal, and we saw when staff offered this person assistance with eating they were clear they did not want assistance from staff. The staff offered people snacks to people between meals and we saw the person who had eaten little lunch enjoying some fruit a little later in the day. We also saw that they ate better at other meal times which reflected what staff had told us about their preferences. We heard one person say at lunch time, "It's beautiful that is" and another that, "I've enjoyed it". One person asked staff for, "Bread, two rounds of bread, more gravy" and they were given it immediately. Some people were vegetarian and we saw they were offered appropriate meals. Risks to people's due to weight loss were monitored, with staff recording people's weight, diet and fluid intake, with evidence that referrals were made to the person's doctor if necessary. This showed people had access to food and drink they enjoyed and steps were taken to ensure any risks to people due to weight loss were monitored.

Is the service caring?

Our findings

People who used the service and other people who had contact with the service were positive about the caring attitude of the staff. One person told us staff, “Are all very nice here”. Another person said staff, “Are friendly and you can talk to them”. A third person said staff, “They’re alright. The people here are alright”. One relative told us staff, “Are lovely. They are nice.” They said their relative, “Seems happy, [people] laugh a lot here”. We saw that people got on well with staff, and we saw there was a warm and affectionate relationship evident between the staff and people they cared for. We saw one occasion where members of staff consoled a person who was frequently tearful in a kind, patient and affectionate manner. On other occasions we saw people smiling and laughing as they conversed with staff. Staff understood what was important in respect of promoting the caring aspect of the service, and knew how to promote people’s privacy, dignity and show them respect.

People told us and we saw that people were given choices by staff. People told us about their daily routines and told us they got up and went to bed when they wanted to, but one person said, “I go to bed no later than 9pm. Others go before; you can stop up until 11:00pm but not beyond that”. Another person said, “I don’t know what time I go to bed. Sometimes it’s late, sometimes it’s early. I don’t mind what time I go to bed I just go”.

People’s privacy was promoted. We saw people were able to move freely around the service and were able to spend time in their rooms when wished. The building also had a separate room that people could use, as we saw they did, for privacy. We saw people’s bedroom doors were locked at people’s request, with no one expressing a wish to hold a key. We saw staff knocked bedroom doors and waited for permission before entering, and one person said, “They close the door when they do anything”. When staff spoke with people we saw they were aware of the need to be discreet and preserve people’s privacy.

We saw staff promoted people’s independence, for example where people were able to feed themselves staff encouraged them to do so. We saw people had freedom of movement where wished. Where there were risks to

people, for example from falling we saw steps were taken to minimise the risks without unduly restricting people’s independence or choice. One person said however that, “I can wash myself; it annoyed me today that someone tried to wash me today”. The person did however say the staff member was a, “Nice person” though. We spoke with staff who said they encouraged people with personal care although they said they would offer opportunity for people to undertake tasks independently where able, as we saw happen on other occasions. Other people we spoke with said staff allowed them to be independent and they only asked for help when needed. This showed that overall people were encouraged to maintain their independence.

People we saw had been supported to maintain their appearance, this in accordance with their choices. While we saw some people had, for example staining on their clothing, staff recognised this and said when able they would change people’s clothing. Staff told us that some people would become anxious if they offered to assist them to put clean clothing on at times, and we saw some people did reject staff offers to help them change. We saw staff went back to offer to support to people, if necessary on a number of occasions, so that wherever possible the person’s presentation was maintained and dignity promoted, in line with the individual’s preferences.

People and their relatives told us they were able to visit at any time and visiting relatives told us they were always made welcome. Visitors told us that, “All the staff we have spoken to have been very friendly” and, “We were offered a drink when we came”. We saw that people were able to see their visitors where they wished within the service, including their room. This showed people were encouraged to maintain important relationships with their friends and families.

We saw that some people’s bedrooms were personalised and had items on display that people told us were of personal significance and important to them. People told us they liked their rooms the way they were and they reflected their personal preferences. A relative told us, “I brought some photographs of her wedding and they put them in a frame for her room”. This showed that people were able to personalise their rooms to reflect their individuality.

Is the service responsive?

Our findings

People we spoke with told us how they spent their time. One person told us, "I crochet blankets. I have done blankets for all the staff". They showed us some of the blankets which they were proud of. Another person told us, "I was singing last night. There was a service and the vicar came. We did some carol singing". A third person said, "I do some knitting, not as much as I used to, I watch telly, mostly watching the telly here". We saw that some people were encouraged by staff, for example with singing. One person told us, "I've taken part in the singing this morning. We have been playing the macarenas". Other people we spoke with were content with how they spent their time. We did see one person who seemed to isolate themselves from others living at the service although we did see them engage with the service's maintenance person and helped them with one of the tasks they were doing. There was another person living with dementia we saw expressed an interest in cleaning. A relative said, "I've told the carers things, we used to do [with the person]". They said the staff showed an interest in people's views. This showed that people were supported to maintain their hobbies and interests, although additional consideration to promote occupation for people living with dementia could be considered.

Some people told us they had made friends with other people living at the service. One person told us, "I've got company and someone to talk to". A relative told us a person, "Is very alert and [they] chat to the person sat next to her". One person told us, "I went to my friend's funeral, she [the carer] took me to the church" which showed staff understood the importance of relationships people had and the need to allow people to say goodbye when they had lost a friend. People also told us that their relatives could visit and some people went out with their friends and families. This showed that people were supported to maintain relationships with those people that were important to them.

People and their relatives, while not always aware of people's individual's care plans told us that the care and support they received from staff reflected their expressed preferences and needs. One person told us they would talk to staff about their care and if they wanted something different the staff would listen to them. Another person told us the staff, "They have time to listen to [me] if I have

something to say". Most people we spoke with said they would speak with their relatives when asked about care plans and relatives told us staff did ask them about things of importance for the individual. We looked at six people's care plans and saw that things that were important for the individual were recorded. The registered manager and staff were aware of people's preferences and their likes/dislikes. An example of this was one person who did not like to wear shoes or socks. We saw the person was barefoot during the inspection and the person's care plan acknowledged this, and the importance of staff being observant in case this presented any risks, which staff were aware of. This meant staff were aware of how to provide people with care and support that reflected their individual needs and preferences.

People told us that they were able to talk to staff and share their views. People said staff listened to them and one person said, "They [staff] give them time those that can't get going". A relative told us that "I like to come here to visit her. I know they [staff] talk to her a lot". Staff also told us about a set of picture cards, which we saw were accessible to staff, and how they would use this to help them communicate with people when verbal communication may not be possible. The registered manager told us that people's and their representative's views about the service would be sought when they discussed people's care with them when reviewing their care. We also found that there had been a meeting with people and their relatives in January 2015, where their views were sought about planned activities and the menu. This showed that people felt able to share their views.

People we spoke with said they could talk to staff and said they had no complaints. We saw information about how to complain was available within the service. One person told us, "I can't complain about people here or conditions" and added staff would listen to them if they had something to say. The registered manager said they had not received any complaints in the last 12 months but said any concerns raised would be investigated and outcomes fully documented. Staff we spoke with were also aware of the importance of escalating any complaints made to them to the manager or provider. This indicated that if there were any concerns or complaints these would be taken seriously, explored thoroughly and responded to in good time.

Is the service well-led?

Our findings

At the previous inspection on 20 May 2014 we found the provider had not met the regulations as there were occasions where they had not ensured people were protected by use of an effective system that ensured risks to people were regularly assessed and quality was monitored on an on-going basis. In addition appropriate records had not been maintained in respect of people's care so that risks to their safety were identified. We found at this inspection the provider had made improvements in accordance with their action plan and were meeting regulations.

We saw a range of internal quality audits were undertaken to monitor the service. There was a system in place to identify, assess and manage risks to the health, safety and welfare of the people using the service and others. We saw incidents, accidents, safeguarding and complaints were recorded and monitored for trends and patterns. These informed how risks were managed, for example we saw that steps had been taken to minimise the risks to people from falls, weight loss or poor health. We saw there was a regular monitoring visit carried out by the provider where they spoke with people, observed what was happening in the service and checked records. The records of these visits outlined the provider's findings, and included action that the registered manager was to address. The registered manager told us they felt well supported by the provider who they confirmed was available to them when needed. This showed that arrangement for monitoring risk had improved and there was a process in place to enable the registered persons to show how they identified and responded to risk.

We also found that there had been improvement in the information about people detailed with their records. We looked at six people's records and found that risks had been identified and where needed care plans were in place to show how these risks would be minimised. The information we saw in these records was consistent with staff understanding and what we saw, for example people identified of developing pressure ulcers were seen to be given regular pressure relief to their skin. This meant that risks to people's safety and welfare were better assessed and recorded.

The registered manager was able to tell us of their and the provider's values and plans for improvement of the service

in detail but was not able to show us how these were captured in a service development plan so that the provider's aims for improvement could be understood by other staff in their absence.

The registered manager said they tried to make sure they were available to people and visitors, this to ensure they were accessible if people wanted to share their views. They told us about daily checks they carried to ensure the service was running well, with these managed by the deputy manager in their absence. People told us they knew who the registered manager was one person saying, "Peter is the manager. He is a very nice man. I like him very much. He cheers me up". Another person said, "I see him [the registered manager] walking around – they [staff] are all pleasant enough". The registered manager demonstrated a good awareness of people's needs and we saw during the inspection that people were comfortable approaching him, or the deputy manager. This showed that the registered manager was known to, and accessible to people.

All the staff told us they received regular one to one meetings with the registered manager where they were able to reflect on their work and discuss any issues of concern which they felt were useful. One member of staff said supervision was useful as, "If any concerns that is the time to talk it over with him [The registered manager]". Another member of staff said their supervision was thorough and, "Useful". Staff told us staff meetings were held to ensure any changes needed at the home were communicated to them. We discussed with staff how they communicated information that they needed to be aware of and they were able to tell us about systems that they felt were effective, and kept them informed of changes in people's needs and requirements. Staff told us they felt able to raise concerns and said they would feel able to contact the provider or external agencies and 'whistle blow' if needed. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organization that is either private or public. Staff we spoke said the registered manager would listen to any concerns and would maintain their confidentiality. This indicated that staff were well supported and felt able to raise concerns if needed.

Discussion with the registered manager demonstrated that they had an understanding of the responsibilities in terms of the law. They also told us of training they were undertaking to develop their own skills and knowledge.

Is the service well-led?

They told us how this training kept them up to date with changes in the care sector which impacted on the service, although in discussion there was acknowledgment of a need to improve their understanding of the Mental Capacity Act so that people's best interests were always considered. We found that the provider had met their legal obligations around submitting notifications to us and the

local safeguarding authority. The provider had also taken steps to address issues we raised at our inspection in May 2014. The provider was aware that they were required to notify ourselves and the local authority of certain significant events by law, and had done so based on information they have sent us about any incidents that have happened at the service.