

Nestor Primecare Services Limited

Allied Healthcare Wirral

Inspection report

Suites 3-5, Cloughton Chambers
36a Upper Road, Cloughton
Wirral
Cheshire
CH41 0DF

Tel: 01516534466

Website: www.nestor-healthcare.co.uk

Date of inspection visit:
17 October 2016
18 October 2016

Date of publication:
28 November 2016

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

We inspected this service on 17 and 18 October 2016 and we gave short notice to the registered provider prior to our visit. This was to ensure that key people were available during the inspection.

Allied Healthcare Wirral is a domiciliary care agency that provides care and support services for people living in their own homes across the Wirral peninsular. The agency operates from office premises in Claughton village. The service currently supports 147 people living within the local community who are supported by staff team of 85.

The previous inspection was undertaken on 3 September 2013 and the service met the regulations we assessed at that time.

There was a registered manager in place at this service. They had been registered for 15 months. 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.

The registered manager was not available during this inspection and the service delivery manager was in charge of the service. They were supported by care delivery director during the first day.

People told us they were very happy with the service provided and that the staff were excellent, caring and friendly. People said "The staff are very helpful", "Staff do extra jobs if needed", "I am very satisfied with the carers here", "I get on with staff very well", "The carers are really good" and "We wouldn't be without them."

Staff told us they enjoyed working at the service and providing support to people within the community. They said they were well supported by the office and management team and that they appreciated they were available including out of hours to support them.

Care plans were well documented and up to date. They gave clear guidance to the staff team. Risk assessments were undertaken for a variety of tasks which included moving and handling, nutrition, falls, the environment and challenging behaviour. These were reviewed regularly and up to date. The management of medication was safe.

Staff were aware of how to report a safeguarding concern. They were aware of the policies and procedures available to safeguard people from harm and told us they would not hesitate to report any concerns to the owners.

Staff had received a range of training that included moving and handling, safeguarding, medication, health and safety and infection control. A range of other training was available for the staff team to access. Staff

told us that the training was good. Staff had access to supervision sessions and were invited to attend regular staff meetings.

Staff recruitment files showed that robust recruitment processes were in place. Staff attended an induction process prior to working alone in the community. Staff told us that they worked alongside an experienced staff member before going out alone. They confirmed the induction process was good and that they had the information they needed to perform their role.

People had access to information about the service that included the statement of purpose and service user's guide. They said that they knew the information was in their care folder and some people had read this. Other people said they were not bothered about the folder but knew the information was available. An initial home visit was undertaken by one of the care coordinators prior to the service starting.

A complaints policy was available and each person had this information within the care folder. Processes were in place to deal with any complaints received.

Quality assurance processes were in place which included observations of staff to ensure that care and support standards were being maintained, reviews of people's care and an annual questionnaire for people who used the service. Audits were undertaken in relation to the service provided and these monitored the services safety and effectiveness.

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.

Safeguarding procedures were in place and staff had received up to date training in safeguarding adults.

People's medicines were managed safely.

Safe recruitment practices and processes were in place. Checks were in place to make sure that unsafe practice was identified and appropriately addressed.

Is the service effective?

Good ●

The service was effective.

The registered provider had policies and procedures in relation to the Mental Capacity Act 2005 (MCA). The staff were aware of how to ensure that decisions were made in a person's best interests.

People were supported with the purchasing of food and meal preparation where detailed in their care plan.

Staff had access to relevant training and received regular supervision.

Is the service caring?

Good ●

The service was caring.

People who used the service and family members said staff were kind, caring, helpful and friendly towards them.

People had access to a range of information about the service.

Is the service responsive?

Good ●

The service was responsive.

People said they didn't have any concerns or complaints about the service. A complaints policy was in place and people knew

how to make a complaint if they were unhappy.

People were supported with their healthcare needs when needed and with the involvement of family members or representatives where appropriate.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager in place.

A range of quality assurance systems were in place to monitor the service provided. Audits were completed with actions taken when appropriate.

Copies of policies and procedures were kept in the office for staff to access as needed. Key policies were included in the staff handbook and policies and procedures were reviewed and kept up to date.

Allied Healthcare Wirral

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.

We inspected the service on 16 and 17 October 2016. We gave short notice to the registered provider because we needed to be sure that they would be available during our inspection visit. The inspection team consisted of an adult social care inspector.

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, what the service does well and improvements they plan to make. We used this information to help inform our planning of the inspection. We reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. Before the inspection we looked at notifications we had received. A notification is information about important events which the registered provider is required to tell us about by law.

Questionnaires were sent to people who used the service, relatives and health care professionals prior to the inspection visit. Information from these is included in the report.

We contacted the local authority safeguarding and contracts teams for their views on the service. They raised no concerns about this service.

On the days of our inspection we visited six people who used the service, spoke with four relatives, the service delivery manager, care delivery director and six staff members. Staff members included field care supervisors and care staff. Following the inspection we spoke on the telephone to three people who used the service.

We looked at a selection of records. This included six people's care and support records, five staff recruitment files, staff duty rotas, medication administration and storage, quality assurance audits,

complaints and compliments information, policies and procedures and other records relating to the management of the service.

Is the service safe?

Our findings

People and their family members told us that they felt safe being supported by the care staff and that the staff were kind and friendly. Comments included "I definitely feel safe", "The staff are lovely", "Oh, Yes I am very safe", "I feel safe with the staff" and "Yes, I am safe and the staff are very good".

People told us that staff usually arrived on time and that they stayed with them for the allocated length of time. They also said that often staff will do 'extra' jobs for them whilst they are there that are not part of the care plan and that this was appreciated by people. Comments included "Staff always ask if there is anything else needed before they leave", "Staff are never late", "I had a new staff member today and [name] was very good". People said that they received a copy of the staff rota for the following week which showed the staff who would be supporting them. They said they found it useful to know who was due to come. Copies of these were seen in people's homes. We looked at the staff rotas and saw an on-line computer system was used which was password protected for added security. This showed the name of the person who was receiving the support and the staff name that was covering the call. The staff time sheet showed who the staff member would be visiting that week, the duration of the call and a brief description of the service provided. The timesheets were set up on a weekly basis and posted to the staff each week. The service delivery manager explained that this system worked well for the service and there were sufficient staff to meet the current calls. The system was linked to 'live monitoring' where staff would log in and out of the call via the telephone where this had been agreed with the person who used the service, however, some people did not wish their telephone to be used for this. This system was monitored by the office staff throughout the day. This meant that systems were in place to monitor the effectiveness and safety of the service provided.

Staff told us about their recruitment experiences. They said that they applied on line and then an initial telephone interview had taken place. They said this was good and they felt relaxed throughout the process. Following the call it was confirmed that they could have an interview in the branch. The staff member said that during the interview they had been made to feel welcome and comfortable. We reviewed five staff recruitment files and saw that applications had been received and checks had been made to ensure staff were suitable to work with vulnerable adults. These included a reference to their previous employer and identity checks with the Disclosure and Barring Service (DBS). A DBS is completed by employers to ensure staff had not been barred from working with people who may be deemed vulnerable. Copies of staffs driving licences were on files where appropriate, however, copies of staff members' certificate of insurance were not consistently available or up to date. These should be presented annually to the provider so that they can be sure staff members are appropriately insured to drive for work purposes. This was discussed with the service delivery manager who said they would ensure current copies were stored on staff files and that these were kept up to date. This meant that people were protected by good recruitment processes.

People told us that they felt safe with staff members and staff told us how they helped to keep people safe from harm. Staff said they were aware of what to look for when supporting people and gave examples of different types of abuse that could occur. They told us they had received safeguarding training and this was confirmed by certificates on staff files. They also told us about the providers safeguarding policies and procedures and whistle blowing policy and were aware of the local authorities safeguarding policy. Staff

told us that they would report any concerns they had to the provider and ensure that a record was kept. They said they were aware how to report a concern under whistle blowing. One staff member said they had access to the "whistle blowing hotline number" and another staff member said they had made a safeguarding referral in the past and this had been appropriately dealt with.

Medication administration and management was carried out safely. Some people were supported to take their medication and people said "Staff help me with my tablets" and "[name] reminds me to take my medication". People's medication was stored in their preferred place within their home. Within the care plan folder a Medication Administration Record sheet was signed by the staff and we saw these were up to date. A medication fact find form was used to identify all medication prescribed and how this was taken. It also identified who would be responsible for giving the medication at the person. For example one person was supported Monday to Friday by the staff team and family supported them during the weekends. A medication risk assessment was completed to show any specific risks and control measures in place to reduce the risk. For example, the control measure for one person was that a family member ordered their medication for them and this was noted as a low risk. People signed a consent form to show they agreed to staff supporting them with their medication needs. Staff told us they received medication management training and records confirmed this and staff said that they were aware of the provider's policy on medication management.

A range of risk assessments were carried out to ensure that risks to people's safety were taken into account and minimised where possible. Risk assessments included people's environment, moving and handling, falls, nutrition, continence, challenging behaviour and skin care. All assessments seen were up to date and reviewed regularly. This meant that a range of risk assessments were in place to enable the staff to support people to manage risks to themselves.

Some people received 24 hour support from the staff team. We noted that within the environmental risk assessment there was no information on how to safely evacuate a person from their home in the event of a fire or other incident. This is particularly important where people are being supported overnight and therefore the person could be confused or disorientated when being woken in the night. Consideration should be taken into account of how people could be safely supported to leave their home in the event of an incident. This was discussed with the service delivery manager who said they would review the documentation in place and discuss it with the registered manager on their return.

There was a business contingency plan in place to ensure that a continuity of care could be provided in emergency situations that might disrupt the service. This included information on which staff to contact and actions to take in the event of loss of business systems, staff, severe weather and a health crisis. A plan was in place which showed what the issue was, preventative measures that could be taken and contingency arrangements. For example all the telephones were not available and the service was unable to receive calls then calls would be automatically diverted to the mobile phones or to another local branch. A preventative measure in this case would be to ensure that mobile phones are kept fully charged as a back-up.

Accidents and incidents were recorded and copies kept at the office. Records confirmed that accidents were reported to senior staff in a timely manner and the care delivery director confirmed that records were reviewed to identify themes and trends or actions that could be taken to prevent further risks occurring. This meant that the registered provider had effective systems in place to monitor accidents and incidents at the service.

The registered provider had an infection control policy which included information for staff on how to protect themselves and people they supported from the unnecessary spread of infection. It included clear

details of the staffs role and responsibilities in control and prevention of infection and showed how effective hand washing processes were in the prevention of the spread of infection. Personal Protective Equipment (PPE) was to be used where appropriate and this included the use of gloves and aprons. Staff told us that they used PPE as needed and that they could collect further supplies from the office. They also confirmed that they had undertaken training in infection prevention and control and records confirmed this.

Is the service effective?

Our findings

People told us that the care and support they received from the staff team was effective. They said that the staff knew them well and respected their needs and wishes in the way that they wanted to be supported. Comments included "The staff are marvellous", "The carers I have are kind and helpful" and "The girls do things for me".

People and family members told us they thought the staff were experienced and were trained for their role. One person said "I am very happy with the carers here". Staff told us that they received the training and support they needed to carry out their role. Records showed that staff undertook a range of training that the registered provider deemed mandatory. This included moving and positioning, medication management, emergency aid, safeguarding, dementia awareness, health and safety and fire safety, equality and inclusion and security and lone working. Staff said that they had undertaken the mandatory and refresher training as needed. Some training was completed at the office as was classroom based whilst other courses used a distance learning workbook. A range of other training was available to meet the specific needs of people such as awareness of diabetes, stroke, falls, epilepsy and end of life care. This meant that staff had access to courses which related to specific conditions that people who used the service may have.

Staff attended a four day induction programme at the start of their employment. One staff member told us about their experience. They said that the induction was really good and that they were made to feel welcome. The induction included an introduction to the staff team, tour of the office areas and a range of training. During the induction staff shadowed an experienced staff member who was also a mentor and a care coaching passport was used during this time. The new staff member was allocated three other staff (coaches) to support them. The care coaching passport covered three sessions which included supporting people with personal care, meals, medication and communication. The 'coach' checks the staff member is competent in these areas and then signs the 'passport'. Records confirmed this. The staff said that they shadowed another staff member until they felt ready to work alone, there was no set time that this would take and would depend on the individual staff member. Once they were deemed competent they would then be able to work alone in the community. Each staff member had a copy of the staff handbook which included a wide range of information about the company, terms and conditions and a range of policies and procedures. Staff signed to show receipt of this and records confirmed this.

Staff told us they received regular supervision sessions and that they could ask for extra sessions if they had a specific issue they wished to discuss. They also confirmed that annual appraisals were undertaken. Supervision sessions usually occurred every three months and records showed these were up to date. Staff were also invited and encouraged to attend staff meetings which were held quarterly. One staff member said that they always tried to attend and that they found them informative and could contribute if they wanted to. Records indicated meetings were held on a regular basis. This meant that staff had access to a range of support to assist them in their role.

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 2005. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions or authorisations to deprive a person of their liberty were being met. The service delivery manager was aware of the principles of the Act and how to determine people's capacity. The registered provider had up to date policies and procedures in regard to the MCA 2005, Best Interests and Lasting Power of Attorney (LPA). A LPA is where someone is appointed by the Court of Protection to make decisions on the person's behalf within specific areas of their life. The service delivery manager explained that no one was currently being deprived of their liberty. Staff said that they had received some training on supporting decision making and the Mental Capacity Act awareness. They told us "That we must not assume that someone lacks capacity due to their age or condition", "I would phone the office if I had a concern" and "This is about people making decisions". We saw that how to support people to make decisions was reflected within the care plans where appropriate and that a personalised best interest plan was used when required.

We saw that people had given their consent for the care and support they received. Care plans had been signed by people to confirm their agreement with the information within the care plan and how this would be achieved. Consent was also obtained for medication administration (if required) and for information about the person to be shared with relevant other professionals.

People told us that usually they or their family members contacted healthcare professionals such as the GP when needed. However, they felt that if they needed support the staff would help them. One person said "Staff let my son know if I need the GP" and another told us "[Staff name] knows me well and when I was ill they helped me to get the GP to visit". People's medical conditions and medication requirements were included in the care plans and records indicated these were up to date and reviewed regularly to reflect people's changing needs.

Some people were supported with the purchasing of food and preparation of meals. People said "Staff make my breakfast and I have either cereal or eggs. They ask me each day and I choose what I want", "Staff make me three meals a day" and "Staff help me do my shopping and take me to the bank". Care plans detailed where appropriate with how to support people with nutrition and hydration. Details of meals prepared and food eaten were recorded in the daily notes. People's favourite or preferred meals, likes and dislikes were included in the care plan documentation. Staff told us they were aware of people's preferences and that information was noted in the care plan.

Is the service caring?

Our findings

People and family members told us that the staff were kind, caring and friendly towards them. They said "The staff are kind and helpful", "The carers are really good with [name]", "They have never sent anyone we did not like. I really value that", "The staff are very caring" and "The staff are brilliant".

People and family members told us that people's dignity and privacy was respected by the staff. Comments included "The staff are really lovely", "Staff treat me well", "I am treated with dignity and respect by the staff" and "The staff are nice and friendly in the way they speak to me".

Staff explained how they would support people and ensure that their privacy and dignity was maintained. They said they would talk to the person letting them know what they were about to do. They would make sure doors and curtains were closed and that when supporting a person with personal care they would cover parts of the body with a towel to help maintain the person's dignity. Staff explained that they encouraged people to do as much as they could for themselves and one staff member said one person I support needs assistance to get to the shower, but once in can manage for themselves. They call me when they want help to get out. Another staff member said I support a person who is living with dementia and I always ask the person what they want me to do first and talk to them all the time explaining what I am doing and about to do. I cover parts of their body whilst washing other areas.

One staff member told us about how they helped a person access the local community. They explained the person had depression and didn't like to go out alone and found making decisions difficult. They went shopping together, and the staff member showed her two choices of meals for the evening meal and they discussed which the person and their spouse would prefer. The person said their spouse would prefer "lamb" so they chose that meal. Being supported by the staff member meant this person could get out into the community and go shopping whilst remaining as independent as possible.

The registered provider had received a wide range of compliments regarding the care and support received. Comments included "The carers are very good at their job", "I am so happy with the service from Allied Healthcare, the branch staff are extremely helpful", "I am pleased with [name] and can I always have them", "I am happy with my carer", Allied Healthcare is a wonderful company I would recommend it to all my friends" and "I am extremely happy with my carer, they make me feel very comfortable."

People told us that they had received a welcome pack and statement of purpose from the service. The welcome pack included a range of information about the organisation, aims and objectives, services that are provided and confidentiality. It also included contact details for the out of hour's service. The statement of purpose contained information about the registered manager and registered provider, services provided, staff qualifications and complaints procedure. This meant that people had a range of information about the service which was kept in their care plan folder.

Is the service responsive?

Our findings

People told us that their needs were well met by the staff team. They said staff would complete extra tasks if there was time and that some staff actively checked to ensure all was well before they left. They said that by prior arrangement calls could be altered or cancelled if needed for example if they person needed to go to an appointment or were out for the day. People said that the service was flexible to their needs. Comments included "The staff are very good, they do extra jobs if needed", "Staff actively look and check that everything is ok before they leave", "I usually get the same group of carers", "Staff will phone me if they are going to be late" and "Staff will come earlier if I need to go to a hospital appointment".

Prior to the start of a package of care the staff received an assessment of the person's needs from the local authority commissioners or Clinical Commissioning Group (CCG). The local authority commissioners and the CCG are responsible for the planning and commissioning of health care services for their local area. Also people who want to pay privately for services may contact the office staff. The field care supervisor will review the information received and visit the person at their home. They will gather further information for the care plan and any risk assessments that are needed. They will also complete an environmental risk assessment to ensure that the property is safe for the individual and staff members and to ensure that any action needed to keep the person and the staff caring for them safe was undertaken. Once this was completed a date was agreed for the start of the package.

People told us they had a care plan and had signed to say they agreed with the contents and records confirmed this. They said their plan was in the care folder. Some people had read the information in the folder whilst others preferred not to. However, everyone knew they could refer to the information if they desired. People said "I have read my plan", "I don't bother with the folder" and "I'm not interested in the book".

We reviewed six care plans and associated documents. We found they were person centred and took a holistic view of the person with their wishes, preferences and needs being taken into account. A holistic view is where all aspects of the person is included and this takes the person's nutritional, environmental, and psychological factors into account. All care plans were up to date and gave detailed and clear instructions on how to support people in their preferred way.

Detailed daily care records were kept which documented details of each visit. Information such as tasks completed, the general health and well-being of the person, a record of food and fluids taken and information on medication administration (if needed) was included. Comments included "[Name] in a good mood today and chatty", "All medication taken", "Gave [name] tea, flask, toast and marmalade, hung washing up and made the bed" and "[Name] seems fine on leaving". At the end of each record the staff member indicated whether they had noticed any "early warning signs" that might indicate that the person's needs were changing or that they may be deteriorating. This is a system the service uses to help staff monitor people's changing needs. A check list was used to ensure visual checks are made such as changes to a person's speech, breathing, eating or drinking habits, and behaviour or movement. Any changes could indicate that the person was deteriorating. It then states that if there are any indications that something is

not right or the staff member is uneasy about something then they must report it immediately to the office staff. This helped to ensure that people's changing needs were identified quickly and any action needed was completed.

The registered provider had developed a policy for when a person was admitted or returned from hospital. The 'I pass the baton' was a process used to improve hospital admission and discharge. It was conducted in line with local authority policies and procedures and was activated once hospital discharge is approved to assist in a smooth hospital exit. The system worked by passing all relevant information about a person onto the hospital staff upon admission and to ensure that suitable information was received on discharge. The registered manager explained that this had been very useful and had assisted the staff to ensure they could respond to people's needs during hospital admissions and discharges. Documentation showed that hospital admission and discharge information was recorded to ensure

People and relatives told us that they did not have any concerns about the service and that they knew how to raise a concern with the registered provider. Comments included "I would contact the office if I had a concern", "I would contact the office and tell them", "I have made a complaint once and I rang the office and they sorted it out for me" and "I would tell my carers or my son and they would call the office". The registered provider had a complaints policy and procedure in place which was included in the care plan folder and also within the statement of purpose. This gave details of how to make a complaint and the process that would be undertaken in dealing with any issues raised. The registered provider had detailed documentation in place to record and monitor complaints and we saw this was used and updated as needed.

Is the service well-led?

Our findings

A registered manager was in post and had been registered with the Care Quality Commission (CQC) for 15 months.

People and family members told us that they thought the service was well led. They said that care coordinators visited them regularly to check that all was well and their views were used in the planning and developing the service. People said "The service is very good", "I am very happy with the service, the staff are all very good" and "This is a very good agency and the staff are caring".

Healthcare professionals said that the staff worked well with them and other agencies. They said staff were responsive to people's needs and listened to other professional's advice. They confirmed that staff were always professional and courteous and that they had no concerns about the service.

Staff said that they received good support from the senior staff and management team and that they were 'definitely' supported in their role. They said that someone was always available to offer advice and support even during out of hours. Staff said "You can speak to anyone in the office and they will help you", "The staff team is very good", "The girls [office staff] are great and I usually speak to them" and "The office staff are very good, I have confidence in them." Staff said the registered manager was approachable, down to earth and listened to their view point.

People told us that their care package and the quality of the service provided were regularly reviewed with the care coordinators. They said that they visited them on a regular basis. Documentation confirmed this and comments included "Very happy with the service from Allied", "I have continuity of care", "All the staff attending and always helpful", "I have no concerns or issues and the staff are excellent at care" and "All carers are very good".

Surveys were undertaken in June 2016 and people appreciated the care and support that was provided to them. They said "The carers are excellent", "The office team are approachable and caring", "The staff are all very nice and very cheerful" and "I am happy and satisfied with the service provided."

A range of regular quality assurance audits were undertaken. These included customer and employee files, financial transaction sheets, log books and medication.

The registered manager completed an audit of the service which was linked to the Care Quality Commissions five questions: is the service safe, effective, caring, responsive and well led. This included auditing the customer and employee files, health and safety, complaints and visual checks.

Financial transaction sheets were used when staff made purchases on behalf of people who used the service. These were audited on a monthly basis. Details of the transaction with receipts available were seen. The registered provider had a policy on customer money (protecting people from financial abuse). We saw on one log book that the staff member had noted they had purchased milk for a person but this had not

been transferred onto the financial transaction sheet. Also the log book and financial transaction audits showed "no concerns" for the period of time when this occurred as the log book audit was only completed on five out of twenty pages of the log book. Therefore the whole document was not audited just certain pages. Within the log books we saw that on pages that were not reviewed missing dates, times of visits and signatures of staff. This meant that the process for auditing this information was not robust. We brought this to the attention of the service delivery manager who said they would discuss this with the registered manager and address this issue.

The registered provider had a set of policies and procedures for the service which were reviewed and updated as required. All staff were provided with access to a staff handbook when they started working at the service. The handbook contained details about key policies and procedures in order to assist staff to follow best practice in their role. Policies were available in the main office which ensured that staff had access to relevant guidance when required.

From discussions with the service delivery manager and the care delivery director we saw that the ethos of the service was to be open and transparent in their approach. They regularly notified CQC as required by law of significant incidents and events that affected people or the running of the service. Notifications were sent shortly after the incidents occurred which meant that we had been notified in a timely manner.