Care Quality Commission

Monolace Limited

Tasker House

Inspection report

160 Westfield Road,
Wellingborough,
Northamptonshire.
NN8 3HX
Tel: 01933 276447

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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

Overall summary

This inspection took place on 03 June 2015 and was unannounced.

Tasker House provides care and support for up to 26 older people with a wide range of needs for personal care and support. This includes people who may have social, physical and dementia care needs. There were 25 people using the service when we visited.

The service had a manager who had been in post for four weeks at the time of our visit, so they had not yet registered as a manager with the Care Quality Commission. They were being supported by the provider and the previous manager who had been in post for 17 years. 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.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns.

Summary of findings

Risk assessments were centred on the needs of the individual and action was taken to keep people safe, minimising any risks to health and safety. Staff knew how to manage risks to promote people's safety.

There were sufficient staff on duty to meet people's needs. Staffing levels were regularly calculated and adjusted according to people's changing needs.

Staff had been recruited using a robust process, with effective recruitment checks completed.

Medicines were stored, administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff received appropriate support and training and were knowledgeable about their roles and responsibilities. They received regular one to one supervision sessions and an annual appraisal to ensure they were supported to carry out their role.

People's consent to care and treatment was sought in line with current legislation. Where people's liberty was deprived, Deprivation of Liberty Safeguards [DoLS] applications had been approved by the statutory body.

We observed that staff sought and obtained people's consent before they helped them. When people declined, their wishes were respected and staff checked again a short while later to make sure people had not changed their mind.

People were supported to eat and drink sufficient amounts to ensure their dietary needs were met.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

Staff communicated effectively with people, responded to their needs promptly and treated them with kindness and compassion.

People's personal views and preferences were responded to and staff supported people to do the things they wanted to do.

People received care that was responsive to their needs and centred around them as individuals.

People were at the heart of the service and they were supported to take part in meaningful activities and pursue hobbies and interests.

The home had an effective complaints procedure in place. Staff were responsive to concerns and when issues were raised these were acted upon promptly.

The service was well-led and staff were well supported and motivated to do a good job.

We saw that people were encouraged to have their say about how the quality of services could be improved and were positive about the leadership provided by the manager and the provider.

Effective quality assurance systems were in place to obtain feedback, monitor performance and manage risks.

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?

Good

This service was safe.

Staff had a good knowledge of safeguarding and knew how to identify and raise safeguarding concerns.

Risks had been assessed so that people received care safely.

Staffing arrangements meant there were sufficient staff to meet people's needs and the service followed robust procedures to recruit staff safely.

Safe systems were in place for the management and storage of medicines.

Is the service effective?

Good

This service was effective.

Staff were appropriately trained and used their knowledge of each person to meet their specific support needs.

The manager had ensured that relevant applications to the statutory authority in relation to Deprivation of Liberty Safeguards office had been submitted.

People were supported to be able to eat and drink sufficient amounts to meet their nutritional needs and were offered a choice of food that met their likes and preferences.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

This service was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good

This service was responsive.

People were at the heart of the service. Their care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when needs changed.

People were encouraged and supported to take part in a wide range of activities of their choosing that met their social needs and enhanced their sense of wellbeing.

The service was responsive to feedback from people and complaints were addressed promptly and appropriately.

Summary of findings

Is the service well-led?

Good

This service was well led.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

People were encouraged to comment on the service provided to enable the service to continually develop and improve.

The provider had internal systems in place that monitored the quality and safety of the service.

Tasker House

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 03 June 2015 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during breakfast, the mid-day meal and during individual tasks and activities.

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 six people who used the service in order to gain their views about the quality of the service provided. We also spoke with a visiting health professional, five care staff, the chef, the manager and the provider to determine whether the service had robust quality systems in place.

We reviewed care records relating to four people who used the service and three staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel secure here. It's reassuring knowing I'm safe." Another person told us, "The staff are absolutely brilliant. I know if I need someone they are always there to help and keep me safe." A visiting health professional said they had no concerns about the safety of people living at the home.

Staff were aware of their roles and responsibilities in relation to protecting people from harm. All of the staff we spoke with, could clearly explain how they would recognise and report abuse. One staff member told us, "It is our duty to report any thing we feel is not right. I would have no hesitation in doing that." Staff knew about the whistle blowing policy and where this was kept if they needed to refer to it. Staff said they were confident that if they reported any concerns about abuse or the conduct of their colleagues the manager and the provider would listen and take action. One member of staff said, "I would certainly whistle blow if I felt someone was being abusive."

There were effective procedures in place for ensuring that any concerns about a person or a person's safety were appropriately reported. Staff told us, and training records confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safeguarding concerns. Records showed that the manager documented and investigated safeguarding incidents appropriately and had reported them to both the local authority and the Care Quality Commission (CQC).

Risks to people's health and safety had been assessed and measures put in place to minimise the risks. One person told us, "I had a fall. Now I have this pendant and that makes me feel safe. If I press it the staff know where about in the home I am and come quickly."

Risk assessments included clear guidance for staff about how they could reduce the risks for people. They helped staff to provide the appropriate support people needed if they had a sudden change of condition. One staff member told us, "I know the risks to people are monitored all the time."

We saw that the needs of one person had recently changed significantly. Risk assessments had been reviewed and updated to reflect the current level of risk to that person. Each of the care records we saw contained up-to-date risk assessments. Accidents and incidents were recorded and monitored daily by senior staff and the manager to ensure hazards were identified and reduced. Other measures taken included the provision of pressure-relieving equipment to reduce the risk of pressure ulcers developing. In addition, people were provided with bed rails and bed rail protectors to protect them from the risk of harm when they were in bed. Equipment, which included alarm mats, was also provided to monitor the safety of people who were at risk of falling..

There were sufficient staff on duty at all times to meet people's needs. One person informed us, "I am not kept waiting long before someone comes." Another person commented, "Yes there are enough staff. They all help out and cover for each other when there are holidays." A visiting health professional also said that, when they had visited, there were always enough staff on duty.

Staff told us that the staffing numbers were adequate and the rota was well managed. A staff member told us, "We try to cover for each other when there are school holidays and such. Yes we have enough staff."

The manager reviewed the care needs for people whenever their needs changed to determine the staffing levels and increased the staffing levels accordingly. Our observations confirmed that there were sufficient staff members on duty, with appropriate skills to meet the needs of people, based upon their dependency levels. We saw that staff had time to spend supporting people with their individual needs. The staff rota we looked at confirmed that the agreed staffing numbers were provided.

Staff told us they had been through rigorous recruitment checks before they commenced their employment. One staff said, "I remember having to wait for all my checks to come back before I started working."

We saw evidence that safe recruitment practices were followed. For example, new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service [DBS] certificates and references had been obtained. In the staff records we looked at we saw completed application forms, a record of a formal interview, two valid references, personal identity checks and a DBS check. All staff were subject to a probation period before they became permanent members of staff. Recruitment procedures were robust to ensure that staff employed were of good character and were physically and mentally fit to undertake their roles.

Is the service safe?

People were supported to take their medicines by staff trained to administer medicines safely. One person commented, "I leave it up to them. They know what they are doing. I would forget."

We observed staff administering medicines to people throughout the day. This was carried out with respect for each person and the staff member took time to provide explanations if people asked questions. For example, one person asked what their tablet was and the staff member explained what it was for and why they had been prescribed it.

We looked at the arrangements in place for the safe storage and administration of medicines and found these to be safe. We found that medication was stored safely for the protection of people who used the service. There were appropriate arrangements in place to record when medicines were received into the service, when they were given to people and when they were disposed of.

Medication Administration Records (MAR) had been fully completed and we found no gaps or omissions in the records we saw. Where people were prescribed medicines on a 'when required' basis, for example for pain relief, we found there was sufficient guidance for staff on the circumstances these medicines were to be used. We were therefore assured that people would be given their medicines to meet their needs.

All medicines were administered by staff who had received appropriate training. We saw, from training records, that staff had received up to date medicines training. Regular medicines audits also took place which helped to ensure the systems used were effective.

Is the service effective?

Our findings

People said the staff knew their needs well and had the training in order to provide appropriate care. One person told us, "They are wonderful. They know how to look after me better than I do." Another person said, "They look after me properly, I never have to tell them because they know. They have been trained well and it shows." A visiting doctor told us they felt the staff were knowledgeable and sufficiently trained to care for the people they looked after.

Staff told us they had completed an induction training programme when they commenced work. They told us they had worked alongside, and shadowed more experienced members of staff which had allowed them to get to know people before working independently. Staff told us the induction training was thorough and one staff member commented, "I was grateful for the induction. I learnt a lot."

The manager told us that new staff were required to complete an induction and work alongside an experienced member of staff. Records we looked at confirmed this. We saw evidence that staff had received on-going training in a variety of subjects that supported them to meet people's individual care needs. These included first aid, manual handling, infection control, safeguarding adults and fire awareness. Training records confirmed that staff received refresher training in all core subjects. We found they could access additional training that might benefit them. For example, end of life care and dementia care.

All members of care staff received regular one to one supervision sessions and were scheduled for an annual appraisal. One staff member told us, "Supervision is helpful. We are able to discuss anything of concern and it's good to get feedback."

People's consent to care and treatment was sought by staff that had knowledge and understanding of relevant legislation and guidance. People confirmed that consent was obtained regarding decisions relating to their care and support. One person said, "They [staff] would never dream of doing something without my permission. I know that."

Staff told us they always asked people about their care before they supported them, to ensure they were complying with the person's wishes. One staff member told us, "We ask people before we carry out the smallest task. It shouldn't be any other way."

We saw that people were able to choose what they did on a daily basis, for example if an activity was planned, they could choose to attend or not, on the day. Throughout our inspection we observed staff asking people for consent before carrying out a task. We also saw in people's care records that consent had been sought and documented from each person or their representative.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) with the manager. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. The process of submitting applications for DoLS was used appropriately in practice. The manager confirmed there was one person currently using the service that was subject to a DoLS application.

Staff were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation. Staff members were able to describe the principles of the law and how people should be protected.

People were provided with a choice of suitable and nutritious food and drink to meet their dietary needs. One person said, "The food is lovely. It's right up my street." Another person commented, "The food is good. I need to be careful of putting on weight. We get plenty of food here."

Meal times were relaxed and people were supported discreetly and with patience, if they required extra support with their meals. People with individual requirements received a suitable diet. For example, we saw that several people needed a pureed meal and this was provided in an appetising way. We observed that portion sizes were good and people were asked if they would like some more. There was a choice of drinks available to people and we saw snacks being given to people throughout the day. Daily menus' were on display and these included a choice of main meal. Vegetarian and alternative options were also available. We saw one person who didn't want anything that was on offer for lunch. The chef talked through different options available to them until they chose the one they wanted.

We spoke with the main chef who said they had written information to enable them to cater for people's individual dietary needs. They had also worked in the home for many years so knew people's likes and dislikes well. They told us that people were regularly consulted about the food menu

Is the service effective?

and their choices. They said, "If someone doesn't like what's on the menu there are lots of options I can offer them." We saw the providers newsletter displayed in the dining room which invited people to offer their ideas for the new summer menu.

Staff told us that they closely monitored the food and fluid intake for people assessed at risk of poor nutritional intake and we saw these records were fully completed and up to date. Records also showed that where concerns had been identified about people's nutritional intake, referrals had been made to the dietician for advice and guidance.

The service supported people to maintain good health and to access healthcare services when required. Two people told us that if they felt unwell staff would insist on a visit from the doctor. One said, "They [staff] always act quickly. I was ill recently and the care was fantastic. The doctors' were here regularly checking up on me. It's thanks to the quick thinking of the staff that I'm still alive."

Staff told us that they would have no hesitation in calling for the doctor if someone needed it and they told us they had called for a doctor on the day of our visit to see one person as a precautionary measure. We spoke with the visiting doctor who told us they visited the service every week. They said, "I have no concerns that people's health care needs are not being met. The staff are knowledgeable and quick to refer someone if they are worried about their condition. It really is outstanding care."

The manager told us the service was in close liaison with the district nurses and we saw evidence that people had access to the dentist, optician and chiropodist as well as specialists such as the physiotherapist, dietician and speech and language therapist. Records we looked at confirmed this. We also saw for one person who was registered blind that they had been visited by the blind association so the service could gain advice and guidance on how to support this person appropriately.

Is the service caring?

Our findings

People told us the staff were patient, kind and cared for them well. One person told us, "They are all fantastic. The care we get is excellent. I have nothing bad to say at all." Another person said, "They are marvellous carers. They have more patience than I ever have." A visiting health professional told us, "I'm very impressed with the staff here. They really care about people as individuals. The kindness and gentleness of the staff is to be admired. When people are being cared for in bed, I have seen that they receive incredible care." All the people we spoke with agreed that the staff were compassionate and took account of people's individual and personal likes, dislikes and preferences.

One staff member told us, "We are like a big family. We all care about each other." Another member of staff said, "There is genuine affection between the staff and the residents. It's a two way thing."

We spent time in the communal areas and we saw how people and staff interacted. There was frequent friendly engagement between people and staff. Staff responded positively and warmly to people. Staff were sitting next to people, ensuring effective eye contact, touching people for reassurance, singing, smiling and using appropriate body language to stimulate their engagement. Several people were having their nails painted by staff. Some people who had difficulties with verbal communication needed time to express themselves. Staff responded to people's needs appropriately and spent the time that was needed. For example, we saw one person who became distressed because someone was sitting in the chair they liked to sit in. They then became verbally abusive to the person sitting in the chair. Staff immediately stepped in and diffused the situation by redirecting the person's attention to something else. The staff's approach was calm and reassuring and the person responded positively.

People's diverse needs were accommodated. One person told us, "I'm very independent and like to do my own thing. Staff respect my wishes but are there to help if I need it." The activities co-ordinator told us about one person who loved Irish music. They said they often visited this person; who liked to stay in their room; and they would play Irish music and sing along with them. We also saw some staff attempted to speak a few words in a person's foreign language to make them feel at home and reduce social isolation. The person responded positively to this.

People were involved in their day to day care. One person said, "I have my own routine and the staff work around that." People were empowered to make choices about when to get up and go to bed, what to wear, what to eat and where to go. For example, people were consulted about what they wished to do and were presented with alternatives to the planned activities. Some people took part in a pamper session, having their hair and nails done. Other people chose to stay in their rooms, reading the paper or listening to music. Staff told us they involved people and their relatives in planning and reviewing their care and the care records we looked at confirmed this.

We saw that people were given the opportunity and were supported to express their views about their care through regular reviews and records showed that families were invited to these. We found there was an effective system in place to request the support of an advocate to represent people's views and wishes if it was required. The manager confirmed that no one living at the home was using the services of an advocate.

We found that rooms had been decorated to reflect people's personal taste and there were photographs and other personal possessions on display. One person said, "I love having my things from home. They hold so many memories for me." Communal areas contained photographs of people taking part in various activities and added to the homely feeling.

Clear information about the service, the management, the facilities, and how to complain was provided to people and visitors. Brochures about the service were provided to people and their representatives when they moved into the service. Menus, activities and a newsletter were displayed in communal areas. Informative leaflets about Alzheimer's and dementia were available for visitors.

People's privacy was respected and people were assisted with their personal care needs in a way that respected their dignity. One person told us, "They [staff] are always discreet about helping me with a wash or a bath. I never feel embarrassed." Another person said, "Yes, they are always polite and respectful. They have perfect manners."

Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples' of how they maintained people's dignity and respected their wishes. One staff member said, "I will always give residents the chance to carry out their

Is the service caring?

own personal care as much as they can. If they need support I will always make sure they are covered up." Another staff member told us, "We talk to people how we would want to be spoken to. With respect." Staff described the importance of confidentiality and not discussing people's needs unless it was absolutely necessary.

We saw that staff knocked on people's doors and asked for permission before entering their rooms. We found that staff communicated with people in a way that respected them and ensured their dignity was maintained. For example, we heard staff use appropriate terms of address when addressing people. We found that any private and confidential information relating to the care and treatment of people was stored securely.

Is the service responsive?

Our findings

People told us that staff spent time with them on admission to identify fully their care preferences and future wishes. One person told us, "Yes, they involve me all the way. My [relative] is always involved too. Just in case I forget something." Another person said, "I have my say about how I want to be looked after. Everyone respects my wishes." A third person commented, "My care is exactly how I want it."

A staff member said, "We ask families for personal histories and about things that are important to them so we get to know them that bit better." The staff knew about people's histories, likes and dislikes so they were able to engage people in meaningful conversation. For example, we heard two staff talking with a person about the Women's Institute and how that person had been known for making good cakes. This led on to a chat about the 100th anniversary of the Women's Institute.

The manager told us that they provided people and their families with information about the service as part of the pre-admission assessment. This was in a format that met their communication needs and included a welcome pack with information about the home, the facilities and the support offered.

There was clear evidence that people had been involved in determining the way in which their care was to be delivered. For example, people's spiritual needs were met by local church ministers of different denominations who were invited to conduct a service in the home. Staff told us how important it was to read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred.

Records we looked at contained an assessment of each person's needs and these had been completed before the person moved into the service. This ensured that the staff were knowledgeable about their particular needs and wishes. People's care had been planned and we saw that each care plan was person centred and reflected people's wishes. The plan of care for each person had been reviewed every six months or as soon as people's needs changed. Care plans had been updated to reflect these changes to ensure continuity of their care and support. This had been completed when people's medicines or health had changed. Staff knew about the changes straight away because the management verbally informed them as well as updating the records The staff then adapted how they supported people to make sure they provided the most appropriate care.

People told us the activities provided at the home were plentiful and varied. One person said, "There is always something going on and you can join in if you want to. I go for a walk to the shops and stop for a coffee." People were very complimentary about the activities co-ordinator. One person told us, "She is my dear friend. She keeps my brain ticking over." Another person said, "She is a ray of sunshine and lifts my spirits."

People were at the heart of the service. Staff spent time chatting with each person and responding to their need for companionship. The activities programme was varied and suitable for people living with dementia. Some of the activities focussed on recalling memories and the staff encouraged people to engage in activities and maintain their motivation and interests. The arrangements for social activities met people's needs. Weekly and monthly activities included motivation and exercise sessions; pamper days, sing-along and visits from singers and musicians. The activities co-ordinator told us that for people being cared for in bed or who wished to stay in their room, activities would be brought to them on a one to one basis. For example, one person used to enjoy a game of golf, so the activities co-ordinator said they would regularly visit this person in their room to take part in an indoor putting game. For another person who was being cared for in bed staff read poetry to them as they had previously enjoyed this. This meant that people were protected from the risk of social isolation.

There were strong links to the local community. We saw visitors to the home from the local community and were told they came every morning and spoke with each person daily. There were links with the local churches and people accessed the local shopping areas. We saw the providers newsletter displayed in the dining room. This invited people to contribute ideas about any activities they may wish to take part in.

People told us that they were happy to raise any issues or concerns and felt confident that these concerns would be listened to and actioned. They were very clear that they would raise any concerns they had with the manager or

Is the service responsive?

senior staff. People were aware of the complaints system, which was on display in the home, but had not had reason to complain. One person told us, "I would complain if it was necessary but it never has been."

Staff explained how they would respond to complaints. Some of the staff told us that they would pass concerns to a senior member of staff. The senior staff told us that they would act straight away if the concern could be resolved quickly. A more complex or serious complaint would be reported to the manager and recorded in the service's complaint log. We saw that there had not been any complaints for the last 12 months.

Is the service well-led?

Our findings

The service had a manager in post in accordance with their legal requirements, who offered advice and support. At the time of our inspection they had been in post for four weeks and had not yet registered to be manager with the Care Quality Commission (CQC). The manager told us they were being supported by the provider and the previous manager who had been in post for 17 years. People told us they knew who the new manager was and that they liked the new manager. One person told us, "She is lovely. I'm glad she's the new manager."

Staff we spoke with were positive about the management at the home. One staff said, "The new manager is approachable and I already feel comfortable with them. They are going to do a good job."

A visiting health professional told us, "The staff are very much on the ball. The senior staff are excellent; very much a team. I would be happy to recommend them."

We saw the manager was visible and accessible to people in the home and people knew them by name. Staff told us the manager was approachable and they felt they could take any issues to them. We spoke with the manager who demonstrated to us that they knew the details of the care provided to people. This showed they had regular contact with the staff and the people living in the home.

Staff understood their roles and responsibilities and felt supported by the manager and the provider. One staff member told us, "They have been really good to me. They have supported me through a difficult time. I can't fault them." Staff told us they enjoyed working at the home. We saw there were regular staff meetings, daily written handovers and staff were provided with regular supervision meetings. One member of staff told us, "I had some extra supervision because I needed that support. It wasn't a problem" Staff told us they felt able to speak openly, and one staff member commented, "I have raised ideas at staff meetings and they have been taken on board and put into practice." Staff told us they felt valued and appreciated for the work they did by the manager and the provider.

All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the home and to question practice. They said that they were aware of the provider's whistleblowing policy and they would confidently use it to report any concerns.

There was an open and positive culture which focussed on people. People and their relatives were encouraged to comment and make suggestions about the service, through surveys, reviews and meetings. Following meetings for people using the service and their relatives; and after the completion of satisfaction surveys, the provider completed a development plan to action any areas that needed improvement. We saw that these had included changes to menus, activities and staffing levels. The provider published a newsletter which we saw displayed in the dining room. This informed people about current events but also encouraged people to give their views and ideas for improving the service. This demonstrated that the provider took people's views seriously.

We saw that a variety of quality audits were completed on a monthly basis. The analysis of the results of the audits was discussed with staff through training, supervisions and staff meetings to identify improvements that could be made to make the service safe and effective. There was a system in place to ensure when accidents and incidents occurred they were investigated by the manager. If areas of poor practice were identified these were addressed with the staff team to ensure lessons were learnt and to minimise the risk of recurrence.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.