

Care South

Care South Home Care Services Somerset

Inspection report

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26 March 2018

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Care South Home Care Service is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection 197 people were receiving the regulated activity 'personal care'.

This inspection was announced and took place on 21, 22, 23 and 26 March 2018.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

The service continued to provide safe care and support for people. There were adequate numbers of staff to provide the care and support people needed.

People were protected from abuse because the provider had systems in place to ensure checks of new staff, and their suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse.

People said they felt safe when being cared for; we observed people were happy and relaxed with staff during our home visits. All incidents and accidents were monitored, and learning was shared with staff to put into practice.

The service continued to provide effective care and support. People were supported by staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. Most people said they had a regular team of staff who they knew and had built relationships with. We observed staff took time to talk with people during our home visits.

People were supported by staff who were highly motivated in their role and went over and above their job role to maintain people's comfort, well-being and happiness. People told us the staff were kind, caring and they were treated with dignity and respect. We observed caring interactions during home visits.

The service had improved their rating in responsive to good. There were improved systems in place to inform people of any changes to their staffing. Records showed the service responded to concerns and complaints and learnt from the issues raised.

People's care needs were recorded and reviewed regularly with the person receiving the care or a relevant representative. Staff had information and guidance in care plans to enable them to deliver consistent care the way people preferred.

The service continued to be well led. There were effective systems in place to manage the service. The registered manager worked with a management team with clear areas of responsibility for planning, staffing and client services.

There were systems in place to monitor the care provided and people's views and opinions were sought through care reviews and an annual survey.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service has improved to Outstanding.	Outstanding ☆
Is the service responsive? The service has improved to Good	Good ●
Is the service well-led? The service remains Good	Good ●

Care South Home Care Services Somerset

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 21, 22, 23 and 26 March 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits. The inspection was carried out by two inspectors and two expert by experience's, who made telephone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority to obtain their views about the service.

We had requested and received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information during the inspection.

Inspection site visit activity started on 21 March 2018 and ended on 26 March 2018. It included talking with staff, looking at records, speaking with the management and visiting people in their homes. We visited the office location on 21 and 23 March 2018 to see the registered manager and office staff; and to review care records and policies and procedures. During the inspection phone calls were made to people who use the service and their relatives on 21 and 22 March 2018. Further phone calls to staff were made on 26 March

2018.

During the inspection we visited four people who used the service and spoke with two relatives. We spoke with 29 people and seven relatives on the telephone. We also spoke with eleven members of staff, including the registered manager. We received feedback from one professional who had knowledge of the service.

We looked at a range of records during the inspection, these included ten people's care records. We looked at information relating to the management of the service including quality assurance audits, meeting minutes. We also looked at five staff files, the recruitment process, the staffing systems, complaints, and staff training and supervision records.

Is the service safe?

Our findings

Everybody we spoke with said, they or their relative felt safe with the staff who supported them. One person said, "Yes, I feel safe because I am getting help. I am able to raise any concerns and yes, they respect my property when they are here." Other comments from people included, "Very safe" and "No problems, all the carers are good." Comments from people's relatives included, "Oh yes, safe" and "Absolutely, all the carers can be completely trusted."

Risks of abuse to people were minimised because the provider had a recruitment procedure in place to ensure staff were suitable for their role. Before commencing work, all new staff were checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out Disclosure and Barring Service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff confirmed they had not started to work for Care South Home Care Services until these checks were carried out.

Records demonstrated staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One staff member said, "I would report anything and am happy they [managers] would follow it up." Staff were also aware of the whistleblowing policy and that they could report any safeguarding concerns outside of the organisation if required. One staff member said, "I am aware of the whistleblowing policy and would definitely use it if I had to."

Risks to people were identified and there were risk management plans in people's care plans identifying how to reduce the risks. Areas covered in the assessments included; risks relating to the environment, risks to the safety of people, using equipment and risks relating to health conditions. Staff spoken with were aware of people's individual risks and the management plans in place.

Staff were also proactive at recognising risks and reporting them to the appropriate organisation to ensure action was taken so people remained safe. For example, staff identified one person had equipment tubes trailing through their home, which could pose a trip hazard. The staff member telephoned the supplying company to identify this as a significant risk to the person, and arranged for an urgent visit to amend the issue.

Other examples included, staff contacting repair companies to ensure repairs were made to showers and hoists, and where carpets had been identified as a trip hazard, ensuring these were reported and fixed. Staff identified one person who was using an electric blanket, and that this could put them at risk, the staff member sought advice regarding this and explained to the person the risks involved and subsequently the blanket was removed from their bed.

There were systems in place to record any accidents or incidents that occurred. These were reported directly to the managers so appropriate action could be taken. We saw where people had been involved in accidents

or incidents, these were reviewed and any lessons learnt were identified and shared with the staff team.

Staff had access to personal protective equipment, such as gloves and aprons to ensure people were protected from the risk of infection. People confirmed staff used these when required.

The service had an emergency contingency plan in place. People, the registered manager and staff confirmed how this had been very successful when there had been a disruption to staff being able to travel due to adverse weather conditions.

People were supported by sufficient numbers of staff to meet their needs. Most people confirmed they usually saw the same carers unless there was a reason for this, for example, the recent weather conditions causing disruption in staff's ability to travel. People received weekly rota's letting them know which staff would be visiting them. Staff confirmed there were enough staff available, and in the event of a staff member not being available for a call, because they were off sick for example, senior staff or office staff would cover this. Staff also told us that their calls were well planned, with time to travel between people's homes so that they arrived on time and did not have to rush.

Some people required assistance with their medication. Most people were happy with how staff supported them with their medicines. One relative raised a concern over the training staff had received around supporting their family member with a specific medicine. We discussed this with one of the managers who demonstrated staff had received the training.

Risk assessments and guidelines were in place to show how and when assistance with medicines were required. There were clear protocols to show the level of assistance required. For example, protocols detailed if the person needed full administration of medicines or just prompting or reminding to administer prescribed medication. Staff administering medication had all received training in the correct procedures to follow and had their competency in this area assessed regularly.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person told us, "I would say over and above training." Other comments included; "Yes, no problem, they do regular training" and "Very good."

Staff received an induction before they started supporting people in the community. The induction was linked to The Care Certificate. The Care Certificate is a set of standards that social care and health workers follow in their daily working life. New staff shadowed more experienced staff members as part of their induction and staff confirmed where more shadowing or learning was required before they worked alone, this was provided.

Staff received a range of on-going training to ensure their skills and knowledge remained up to date. Staff were positive about the training they received. One staff member told us, "The training is very good, there is enough to do the job and I'm confident if we needed more they would arrange it." Another commented, "The training is excellent and the right amount to do the job." There was a designated training room at the office which had equipment available for staff to use prior to them supporting people. The service had a computer system in place which monitored when staff training was due; this ensured staff received updated training when required.

Staff training subjects included moving and handling people, safeguarding, healthy eating, pressure area care, dementia and end of life care. One staff member had been nominated a 'Dementia Champion' and had been trained to deliver dementia training. They told us how they delivered this training to staff, family members and to the public. One staff member described this training as, "Excellent, the best training I have been on. It really opened my eyes to all the aspects of dementia." We saw many positive comments from staff giving feedback on how beneficial they had found this training. For example, "Training was brilliant, really insightful and informative."

Staff also received regular one to one supervisions and an annual appraisal with their line manager and they told us found this supportive.

Staff were trained to understand the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Staff told us how they would consider whether a person was able to make decisions about their care and treatment and what they would do if they were concerned that a person may lack the capacity to make certain decisions.

The 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 checked whether the service was working within the principles of the MCA.

The registered manager had a good understanding of the principles of the MCA and they told us how they were supporting one person who lacked capacity to make a specific decision about their care and treatment to make a best interest decision with the relevant people involved.

Each person gave their written consent to receive care when they began to use the service, this was recorded in people's care plans. People confirmed staff always asked their permission before supporting them.

People were supported to have enough to eat and drink, if they required assistance with this and they confirmed they were happy with the support received. Where people were identified as being at risk of dehydration or malnutrition, clear plans were in place for staff to follow and records confirmed they were providing the support required.

People's needs were assessed prior to them receiving a service from Care South Home Care Services to ensure the service was able to meet their needs. People and their relatives confirmed they were involved in the initial assessments. One person told us, "Yes, I was involved in the assessment of my needs." The assessments formed the basis of the care plans and were reviewed and updated regularly. This made sure staff had the information they required to support people.

The service had designated teams with specific roles who worked together to ensure people received effective care. These included a team of planners, specialist teams, home care assistants and monitoring officers.

People were supported to see health care professionals according to their individual needs. One person told us, "Staff pick up on my needs quickly. They pick up on it quicker than I do. I contact the GP but under their instruction. I need their instructions to get things done." Comments from relatives included, "The staff understand [name of family member]. They had a couple of bad days and the carer picked it up straight away." Staff also referred people to health professionals where required for example, where one person had experienced falls, they had been referred to the falls team.

Is the service caring?

Our findings

People were supported by staff who were highly motivated in their role and went over and above their job role to maintain people's comfort, well-being and happiness.

We were given many examples where staff had gone over and above their role to provide support to people. For example, during the recent snow fall when staff were not able to drive between people's homes, one staff member had walked 13 miles to get to one person's home to ensure they received their support. During this period the managers provided care and support to ensure people's visits were made. Where one person had experienced difficulties with their finances. The office staff personally gave money to buy food and visited a food bank to ensure the person had enough food to eat, which the person was reported to be "Over the moon" with.

One of the managers had worked in partnership with a local charity which provided the service with 12 Christmas hampers. These were distributed to people that were viewed as being 'less fortunate than most'. We saw one of these people had been "Very grateful" for this gift.

We saw many other examples where staff demonstrated their empathy and caring nature outside of the hours people were commissioned for. For example, a staff member drove past one person's house and noticed they were leaving their home and the staff member stopped to assist them. The person appeared confused and anxious, the staff member called for another staff member to assist them and they managed to encourage the person to return to their home and reassured and supported them to calm. Another staff member noticed a member of the public collapse in the street, the staff member telephoned the office who arranged for staff, who were noted to be 'willing to help' and take on the extra work to cover the staff members calls. This enabled the staff member to support the member of public. A third example was a staff member observing an ambulance outside of a person's home. They popped in to see the person and enquire if they were ok. The person had experienced a distressing situation, and the staff member remained with them and assisted them until their family member came home.

We saw examples where staff were thoughtful, compassionate and considerate towards the people they were supporting, such as spending time with one person when their husband had died and ensuring they did not witness their husband being removed from their home, which would have caused them distress. Another example was, an on call manager had received a message on Boxing Day that a person's dog had died. The manager phoned the person to see if they would like them to sit with them, as they could tell they were extremely upset. The manager stayed with the person for a couple of hours, reminiscing about their pet.

One person was nearing the end of their life, the staff member supporting them spent the evening with them after their visit and returned early the next morning to ensure they were comfortable, and to be with them when they passed. Demonstrating their caring and compassionate nature.

People were supported by staff who were kind and compassionate in their approach and showed warmth

and affection. During our home visits we observed staff were very caring in their approach.

People said they were supported by kind and caring staff. Comments included; "Yes, [name of staff] does have a caring attitude", "They are extremely kind", "Most of them are kind and caring", "I am very happy with them" and "All very good. They're lovely, sit and have a chat. Very pleased." Comments from relatives included, "Yes, they have a kind and caring approach. They are very patient", "They are a godsend" and "There is a good rapport with staff. No problems."

People were supported by staff who knew them well. Many of the staff had been working for Care South Home Care Services for several years and had continued to support the same people. This enabled people to build trusting relationships with the staff. One person told us, "Six years or more receiving care, I'm very pleased with mine [staff] that come here. They put themselves out." One staff member told us, "I've been supporting one client for 10 years, they really like the continuity. We've built a rapport and I know if something isn't right. I think we know them really well and they feel like they can talk to us."

People and their relatives told us they were involved in making decisions regarding their care and they felt listened to. Comments from people included, "Yes, I feel listened to and on the whole, they are acted on" and "Yes, they listen."

Staff described how they supported people to make choices and decisions whilst supporting them. Relatives said, "Yes involved. If [Name of relative] doesn't understand, they call me and the carers go through it" and "Yes, I am involved with decisions about the care." We saw people's preferences were recorded in their care plans, for example, their preferred gender of staff.

Staff understood the importance of enabling people to be involved in their care. One staff member told us, "We are constantly talking to people and asking them what they would like and how they would like to be supported."

People said the carers who visited them were respectful of their privacy and treated them with respect. One person said, "They definitely respect my privacy and dignity." Another person commented, "Yes, my privacy and dignity is respected." Comments from relatives included, "Privacy, Dignity and independence, yes." Staff described how they promoted privacy and dignity when providing personal care by ensuring doors and curtains were closed and people were covered. One person confirmed this by saying, "Yes they always cover me with a towel when I'm having any personal care."

The service kept a record of all the compliments they received. We reviewed a file that contained written feedback to the service to express their thanks. Comments included, "Thank you for all the love and care you gave our mum" and "Thank you for your caring nature."

Is the service responsive?

Our findings

During our last inspection we found people were not totally satisfied with the timing of their care visits. They said carer's did not always arrive close enough to the times stated on their rota's or they did not know when staff would arrive.

During this inspection we found although some people were still not satisfied with the timing of their visits, the registered manager had put systems in place to improve this. This included a team of office staff working over seven days rather than five to enable them to respond to staffing arrangements and keep people informed seven days a week.

We received mixed feedback from people about them being kept informed of changes to visit times and if staff arrived on time. Comments from people included; "I have the same one staff member coming in. Always on time and keeps me informed. One problem in four years, 20 minutes late. They have my number and always keeps me informed", "Communication I think pretty good. The office rings to say what's happening", "My carer is usually late, 10-15 minutes, only an odd one on time", "Often I am kept waiting and I am not usually informed of lateness", "Very difficult as the times can vary up to two hours" and "More or less on time. Within 10 to 30 minutes."

Although not everyone we spoke with was satisfied with timing of their visits, there were systems in place to keep people up to date with any changes. For example, where there were changes to people's visits, when staff were sick for example or they got held up, there was a record of the telephone calls that were made to the person to inform them.

Where people had requested specific timing of visits and the service was not able to provide these, we saw they informed people and their relatives of the times they could provide, and stated they would offer the time requested if this became available. The managers demonstrated where they met with people prior to them receiving a service to discuss the times that were available for the visits. Each person also received a weekly letter outlining the times of their calls and staff supporting them. The service informed people that staff aimed to arrive within 30 minutes either side of the specified time.

People received care that was responsive to their needs and personalised to their wishes and preferences. One person told us, "Yes, my care is specific to my needs." People and those important to them were involved in decisions about their care and treatment. Reviews were planned annually or more frequently if people's needs or circumstances changed. "My care is specific to my needs. I have a care plan in place which is reviewed annually. The position is stable so no need to sit and review."

Each person had a care plan that detailed the support they required from staff. The care plans we looked at gave clear information about the support people required to meet their needs and people's medical conditions. The care plans also included a life history and information about people's interests, which helped staff to understand the person and topics they could talk about.

We discussed with the staff how they promoted communication in line with the Accessible Information Standard. The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff were aware of people's communication needs and they described how they supported one person who was unable to verbally communicate. They explained how the person used a computer tablet to type on the keyboard to communicate their wishes and how this was an effective communication method for them. Another person who had a sight impairment received their weekly staff rota in larger print to enable them to read this. Staff had a good knowledge of the needs and preferences of people they cared for. Staff spoken with were able to describe how they supported the people they visited.

The service supported people with their diverse needs. For example, whilst completing an assessment with one person, whose first language wasn't English, the service had arranged for an interpreter to be present.

The service was responsive to people's changing needs. Staff would inform the managers and seniors of changes in people's health and mobility. The client services manager confirmed seniors would visit the person to assess the changes and discuss the need for any additional support or equipment. The client services manager explained staff would be informed of changes using the mobile phones that were supplied by the service to each staff member. Staff confirmed this was an effective way of keeping them up to date. One staff member said, "If someone's needs change the care plans are updated and we receive a text message or email to let us know." This meant people could be reassured that changes to things like medication could be acted on immediately.

People and relatives told us they were aware of how to raise complaints or concerns. Comments included; "I have nothing to complain about. If I did I would just ring them up", "They never do anything that's not right. If I'm in trouble I can just speak to them" and "Yes I am aware of the complaints policy." We saw where complaints and concerns were raised these were addressed in line with the provider's policies.

The service worked with other health and social care professionals to support and care for people at the end of their lives. The service implemented the Gold Standards Framework in Domiciliary Care. This aims to enable people nearing the end of their lives to remain at home and live their final days according to their wishes.

There were a team of staff who were responsible for supporting people who were nearing the end of their lives. Staff told us how they worked closely as a team and with people's families to ensure the care and support people received met their needs and wishes. We saw comments from people's relatives where they had received support and the end of their lives, these included, "You were all without a doubt lovely, caring and understanding" and "We would like to thank you so much for the kindness, compassion and professionalism you showed us."

Is the service well-led?

Our findings

The majority of the people and relatives we spoke with told us that the service was well led and they would recommend Care South Home Care Services to others. Comments included; "Do we think it's well run? Yes we do, excellent", "Yes, I do think it is well run, especially last month in the snow", "Sometimes messages don't get passed on but overall very happy with things" and "Well run, yes I think so."

People and relatives thought the office was easy to contact with friendly staff who were responsive and helpful. Comments included; "Very helpful and accommodating", "Yes, friendly and helpful. Most days they ring me and tell me the time of the call in the evening" and "The office staff are friendly and helpful, most of them."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager told us they were well supported and they kept their knowledge and skills up to date by attending regular managers meetings, conferences, workshops and training sessions for the public and health and social care professionals in the services offices.

The registered manager was supported by a team of managers who had clear lines of responsibility and accountability. Staff told us they felt well supported by the managers. Comments included; "There is always someone on the end of the phone if there is a problem, I feel supported. You can go to any of the managers to raise concerns and things get resolved", "The managers are approachable, you can say anything you need to them and they listen" and "I can't fault them, if there is an issue you can call [name of manager] they are fantastic."

There were effective systems in place to ensure that staff had the competencies to undertake their roles. They received spot checks at least four times a year to observe them whilst they were working, which meant that their practice and interactions with people were observed and monitored. These systems meant that the service had oversight about staff skills and were able to highlight and action if any areas for improvement were identified.

Feedback from people and their relatives was sought and used to drive improvements at the service. These included annual surveys and service user monitoring visits. The 2018 survey results were in the process of being reviewed. We saw the results from the quality assurance survey carried out in 2017 and a selection of the monitoring visit forms. We noted a majority of the feedback was positive and an improvement on the 2016 results. Where the feedback was negative, there were plans in place to address this.

People benefitted from a service which had effective quality monitoring systems which helped to make sure high standards were maintained and improvements made where appropriate. Quality assurance measures were in place and used to identify any shortfalls in the service and measures required to make

improvements. The registered manager also had action plans in place to identify and drive improvements.

The service had strong links with the local community. These included the dementia lead working alongside local shops and business's to promote awareness about dementia. They arranged various events and training sessions in the service's offices. This increased the community's knowledge and awareness, which meant people living with dementia, would be able to maintain their independence when using local services.

The dementia lead had also arranged to deliver training in dementia to community nurses and reception staff at a local health centre. This involved giving them information on the impact of dementia and what they can do to help. The dementia lead had trained 25 staff in the health centre and over 100 people in the wider community. The practice manager was noted to comment that the dementia lead was "A real attribute to the local community" and that the training had made "A real difference to the people who came to them for support."

The service linked with local charities and arranged several fund raising events. For example, they had arranged an event that offered free advice for people on 'well living at home'. This event was attended by several organisations to offer advice. It was used to raise funds for a piece of equipment for the local community called a 'raizer chair' which supports people who have fallen from the ground to a standing position. They had also held a successful fund raising event in the office for the Alzheimer's society.

We saw good evidence of partnership working with other health and social care providers and health services. The service held events for technology providers to demonstrate their equipment with the aim to expand the knowledge of reablement workers across all of these services.

The registered manager told us the vision of the service was to "Keep people in their homes." The staff we spoke with all reflected that vision. Comments from staff included; "Ideally we want people to remain in their homes as long as they can and for them to be safe and happy. We treat people with respect, like you would want your own family member to be treated" and "Our aim is to give people the support they need to live in their homes."

Staff were also all aware that the vision of the service 'HEART' which stood for honesty, excellence, approach, respect and trust. They told us they were made aware of these during their induction and embraced them as a team. One staff member said, "We are a good team and take on the values."

There was a positive staff culture with many of the staff working for the organisation for many years. Staff told us, "We all work well together as a team", "I genuinely do care, I love my job it doesn't feel like I'm going to work" and "We are a team, the managers help out if needed and the office staff, we all work together well as a team."

The service encouraged staff to nominate an "Employee of the month" which involved staff nominating a colleague for a good piece of work. The staff member who was chosen at random from the nominees received a gift. Staff who had been chosen told us, "It felt brilliant that other carers nominated you. I definitely feel valued by the organisation" and "I've been nominated a couple of times, its lovely."

Staff meetings were held to communicate messages to the team and enable them to provide feedback. Staff commented positively about team meetings and the communication within the teams. Comments included; "The team meets regularly, you can voice your opinions and are listened to", "We have regular team meetings where you can raise any issues, the communication is really good and we are kept up to date with

any changes" and "We receive a weekly newsletter that updates us on any changes specific to our teams."