Caring Communities Ltd

Latimer Lodge

Inspection report

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17 January 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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 12 January 2018 and 17 January 2018. The service was registered on 9 December 2016. This was the first inspection of the service and was unannounced.

Latimer Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Latimer Lodge is registered as a care home without nursing for a maximum of 15 people. There are two double bedrooms for people who choose to share accommodation.

The home had been completely refurbished before registration in December 2016. The home had been up-dated and decorated to provide accommodation of a very high standard. The 13 bedrooms varied in size and two were designed to offer accommodation for two people if they chose to share. All en-suite facilities and bathrooms were luxurious and contained state of the art equipment and finishes. The home had won an external award for the design and implementation of building plans.

The service is also registered to provide personal care to people in their own homes (domiciliary care). We announced our intention to inspect the domiciliary service when we visited the home and carried out the inspection on the 17 January.

The domiciliary care service is run from an office in the home. Not everyone using this service receives 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. All staff were recruited, trained and supervised to standards required by the regulated activities.

The service is registered to offer support to older people, people with a physical disability or those living with dementia or sensory impairment. The domiciliary care service can also offer support to younger adults. Four people were receiving personal care and two other people received domestic or companionship support.

There were two registered managers in post. The residential home and the domiciliary care service each had a dedicated registered manager. 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.'

At this inspection the service was rated Good.

People felt safe at the home and with the staff who supported them. One person said "Peace of mind. It was

what was behind the move here. And we have it in buckets." A visitor said "I have no worries about my [relative]. I know they are alright here."

There were systems and processes in place to minimise risks to people. These included a robust recruitment system and managers and staff who were trained and effective in protecting people from potential abuse. There were adequate numbers of staff available to meet people's needs promptly.
In the community there were sufficient staff to provide people with prompt visits by a regular care team.

People had access to a good diet which met their needs and preferences. People were offered a choice of food cooked from very good quality ingredients and presented in an attractive and appetising manner

People received effective care from staff who had the skills and knowledge to meet their needs. Staff monitored people's health and well- being. People had access to healthcare professionals according to their needs.

People were supported to have maximum control and choice of their lives and staff supported them to be as independent as possible.

People were supported by staff who were kind and caring. The small home and dedicated domiciliary care staff meant people were well known to staff and received personal attention in all matters.

People were able to make choices about their day to day routines. People had access to a range of organised and informal activities which provided them with mental and social stimulation.

People received care at the end of their lives that was kind and compassionate. Staff worked with other organisations to ensure high standards of care and support that supported people and their families.

The home was well led by a team of experienced and well qualified registered managers. The provider offered support and resources to enable the services to continue to develop and maintain high standards of care.

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.

There were systems and processes in place to minimise risks to people.

People were kept safe because there was a robust recruitment system and were supported by staff who understood how to protect them from potential abuse.

There were adequate numbers of staff available in the home to meet people's needs promptly.

In the community there were sufficient staff to provide people with prompt visits by a regular care team.

Is the service effective?

Good

The service was effective.

People received effective care from staff who had the skills and knowledge to meet their needs.

Staff monitored people's health and well- being. People had access to healthcare professionals according to their needs.

People had access to a good diet which met their needs and preferences. People were offered a choice of food cooked from very good quality ingredients and presented in an attractive and appetising manner.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

The small home and dedicated domiciliary care staff meant people were well known to staff and received personal attention in all matters.

Is the service responsive?

Good

The service was responsive.

People were able to make choices about their day to day routines.

People had access to a range of organised and informal activities which provided them with mental and social stimulation.

People received care at the end of their lives that was kind and compassionate. Staff worked with other organisations to ensure high standards of care and support that supported people and their families.

Is the service well-led?

Good

The service was well-led.

The home was well led by a team of experienced and well qualified registered managers.

There were robust systems in place to monitor the quality of care provided and to maintain improvements.

The provider offered support and resources to enable the services to continue to develop and maintain high standards of care.

Latimer Lodge

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 was the first inspection of the service following registration on 9 December 2016. Latimer Lodge is registered as a care home without nursing for a maximum of 15 people. There are two double bedrooms for people who choose to share accommodation. A domiciliary care service is run from an office in the home offering care and support to people in their own homes.

The service is registered to offer support to older people, people with a physical disability or those living with dementia or sensory impairment. The domiciliary care service can also offer support to younger adults.

The first day of the inspection took place on 12 January 2018 and was unannounced. During this visit we inspected the residential service. We were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included four care plans and three staff records We talked to 8 people using the service and met 10 relatives and friends or other visitors. We met the Responsible Individual, two registered managers and designated manager. We talked with ten staff and reviewed records relating to the quality assurance of the home. .

Before the second visit we gave the registered manager of the domiciliary care service notice when we would inspect. We needed to be sure the manager and staff would be available to speak with us as they may have been out of the office supporting staff or providing care.

The inspection site visit took place on 17 January 2018. It included a review of 2 care plans, two staff files and speaking with two staff. We reviewed care planning and quality assurance policies and procedures and discussed the service with the registered manager.

The inspection was undertaken by one 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

Good

Is the service safe?

Our findings

People received safe care.

People felt safe at the home and with the staff who supported them. One person said "It does feel very safe here. I have a comfortable bed, a nice bathroom. It is very good here. There is nothing I can think of they could do better. I am very satisfied." Another person said "Peace of mind. It was what was behind the move here. And we have it in buckets." A visitor said "I have no worries about my (relative). I know they are alright here. "

The provider had systems and policies in place which minimised the risks of abuse and helped keep people safe. There was a robust recruitment system designed to ensure all new staff were suitable to work with vulnerable people. There was a check list in each staff file showing when references and checks had been received. Records of the interview process showed it was structured and thorough. All new staff initially completed a probation period where their practice was closely monitored to make sure they had the skills and values required. Community staff "shadowed "experienced staff until they were confident to work on their own.

Risks of abuse to people were minimised because all staff received training in how to recognise and report potential abuse. Staff had a good understanding of actions and issues that might constitute abuse and would report anything they were concerned about. All were confident action would be taken by senior staff. One member of staff said "I would report to my manager. If we are not comfortable with their response we must report to (regional manager)." Managers and staff knew the action they would take if they needed to raise any concerns outside the organisation.

Assessments in people's care plans indicated risks had been identified and the action required to minimise the possibility of further injury was clear. For example when people were assessed as being at risk of falling appropriate measures were in place. People were encouraged and supported to use their walking frames that kept them safe and promoted their independence.
The provider had systems in place to audit accidents and incidents which occurred and took action to minimise further risks to people.

Staff who worked for the domicilary service talked to us about the ways in which they helped to keep people safe in their own homes. Support plans contained details of the ways in which people's homes could be entered safely and who should be contacted if they were unwell or needed additional support. Staff knew people well and were aware who lived with family members and who lived alone. When people lived alone staff knew the additional precautions to take to help to maintain their safety. A member of staff said "We are the eyes of the client. We look out for them. It is not just about doing the task. It is being aware of the whole situation for each person."

There were adequate numbers of staff to keep people safe. People told us requests for assistance were responded to promptly during the day and night. During the inspection we saw staff were attentive and

spent time talking with people. One person said "Staff are very kind. They come quickly. We have nice night staff. I have no worries here."

When people living in their own homes required the help of two staff the rota showed they met at the person's home to provide a "double up" call. Staff were then able to use hoists safely and provide care safely that met people's needs. The on-call support was available whenever staff were out working and that meant any non-routine events or causes for concern could be dealt with safely.

The number of staff on duty was checked and amended according to the dependency of people in the home. For example when one person was receiving end of life care additional staff enabled the person to have additional attention. Senior staff also received time to complete administration or supervisory duties. Staff told us they did not work short-handed and staff from the domiciliary care service provided back -up. They said they were able to enjoy time with people which the provider and managers thought was important.

People received their medications safely from staff who had received specific training to carry out the task. In the PIR the provider indicated there had been several medication "errors". The registered manager told us these had been omissions in recording and not errors of administration. Staff had received training and supervision and administration and recording were now accurate. An inspection by the pharmacy supplying medicines to the home stated all systems relating to the storage and administration of medicines in the home were satisfactory.

People could administer their own medicines if they were able to. People in their own homes were able to do this and receive support from staff with topical medicines (creams.)

All areas of the home were clean and fresh throughout the inspection. One person said "This place is beautifully clean. The rooms and the toilets are always lovely." All staff had received training in infection control. We observed good practice was followed. There were adequate supplies of disposable aprons and gloves for staff to wear as personal protective equipment when needed. Hand washing facilities were available throughout the home.

Good

Is the service effective?

Our findings

People received effective care.

People told us their care needs were met in the home. When people received support in the community this was tailored to their individual needs. The service provided "anything people cannot do themselves." They always checked people were satisfied with the care they had received before they left them.

Everyone who came into the home had their needs assessed Some people came into the home for a short respite stay, others knew they wanted to move into the home permanently. People had the opportunity to get used to the home before it became their permanent home. For example they visited first for tea, then spent a day and then came in for a short stay. They were involved in the preparation of their room if they wished and chose the items of furniture and personal belongings they wished to bring with them. Initial assessments in the person's home were developed after admission and included detailed assessments relating to moving and handling , nutritional needs and skin condition.

In the community the manager or senior staff visited people at length to determine the nature of the support they required and how often and at what time the help was required. Following the assessment process the person was allocated regular care staff who got to know them well.

People received care from staff who were well trained and competent. All staff told us they had received a very good induction when they commenced employment at the home. They said the induction had been "brilliant" and had prepared them well to work in the home. Staff who worked for the domiciliary service had shadowed experienced staff until they felt confident to work alone. This meant they received care from staff who were confident and relaxed about providing their care. Staff had been supported and encouraged to take on further training and gain nationally recognised qualifications.

An external trainer provided the five day pre-employment programme for new staff and refresher courses for existing staff. They told us they emphasised the values of care as well as a range of topics such as safeguarding, manual handling and first aid. Staff were also able to access arrange of on-line training modules. It was clear some staff found these enjoyable and rewarding and completed a number covering topics such as caring for a person after a stroke, diabetes, falls management and dementia. Community nurses had also provided training in some aspects of personal care.

During the inspection we attended part of the handover meeting which occurred when new staff came on duty at lunch time. Staff received information about each person that helped to ensure care was based on their current needs including any short term health problems such as minor infections or changes in mood.

People had access to a good diet which met their needs and preferences. Each day people were offered a choice of main meals and desserts from the menu. The lunch people enjoyed during the inspection was cooked from very good quality ingredients and presented in an attractive and appetising manner. We heard from the executive chef and the chef on duty how important they believed nutrition to be for people in the

home. People's health improved with a good diet and their well-being was promoted by enjoyable tasty food. They aimed to present restaurant standard food for people that was tailored to their individual preferences. For example one dessert choice offered was ice cream. The ice cream was homemade and presented in a biscuit basket decorated with fruit sauce. One person said it was "absolutely delightful."

The executive chef told us the provider ensured the food was properly funded and they were able to order top quality fresh ingredients. They were continuing to develop the food offered in the home to ensure people's health was promoted and people enjoyed appetising and attractively presented food whatever their nutritional requirements. The executive chef had considered, for example, the colour of the plates food was served on and ensured any soft diets were prepared and presented to appear like actual food. This encouraged people to eat and also showed them they were respected and valued. The executive chef had won the Great British Care Award South West Regions Care Home Chef of Year and continued to promote good practice in cooking for people with dementia through demonstrations at local County shows.

People were offered drinks throughout the day. One person told us "I'm a tea person. And you can have plenty of tea here. You only have to ask and you get it.. Sometimes you don't need to ask. They get to know your ways." Fruit and snacks were available between meals if people required them. One person said "It is like a five star hotel. Really excellent."

When people who received support from the domiciliary service required assistance with preparing or eating a meal the emphasis was on ensuring they were able to enjoy the type of food they liked. Staff ensured food and drink was available to people and that it could be easily accessed.

When there were any concerns about a person's appetite or weight loss there was evidence in the care plan that the person had been assessed and necessary action taken. People received assessments from SALT professionals (speech and language team) if there was any concern about their swallowing ability and staff then follow the suggestions/recommendations.

Staff monitored people's health closely and worked with other health and social care professionals according to their individual needs. For example people received support and care from community nurses who visited the home regularly. Some people required a weekly visit others might need care up to twice a day. People were supported by staff to visit their GPs or attend hospital appointments.

People only received care and support with their consent. Staff always asked people if they required help or were ready to move. They listened for the person's response before they began to move them. One person had been offered the opportunity to attend a group outside the home. They had not enjoyed it and had been brought back early by staff. They told staff they were not planning to go again. Staff listened to their views and gave them supportive responses.

Where people lacked the mental capacity to fully consent to their care, staff acted in accordance with the principles of the Mental Capacity Act 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant. People's legal rights were protected because staff had received training about the MCA and knew how to support people who may lack the capacity to make some decisions for themselves.

People's care and support plans showed where a person had been assessed as not having the capacity to make specific decisions such as leaving the home a best interest decision had been made involving the

person's family and healthcare professionals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DOLS). The registered manager had an excellent knowledge of the mental capacity act and worked in partnership with relevant authorities to make sure people's rights were protected. One person was being cared for under the Deprivation of Liberty Safeguards.

The home had been completely refurbished before registration in December 2016. The home had been up-dated and redecorated to provide accommodation of a very high standard. The 10 bedrooms varied in size and two were designed to offer accommodation to two people if they chose to share. All en-suite facilities and bathrooms were luxurious and contained state of the art equipment and finishes. The home had won an external award for the design and implementation of building plans.

Good

Is the service caring?

Our findings

People received caring support in the residential home and in the community. Staff knew people well as individuals. Staff had time to get to know people and this time spent talking or listening to them was valued and respected by senior staff. Relatives talked about people "settling in " and regarding Latimer as their home.

The atmosphere in the home was warm and cheerful. Staff and people living in the home spoke freely to each other. There was laughter and everyone was very relaxed. We saw people received care which was kind and respected them as individuals. Everyone we spoke with said something positive about the kindness of staff. One person said "All staff are kind and polite." Another person said "They are so kind and gentle. Very kind and patient."

During the inspection we saw staff supporting people and interacting with them in a kind and friendly manner. Staff spoke to people gently and, when appropriate, touched a hand or a shoulder to reassure them. Some people needed help to use walking frames to move about the home. Staff assisted them with patience and kindness, encouraging them to remain mobile and independent.

When people were assisted to the dining table staff asked them if they were comfortable and settled before leaving them. One person living with dementia helped to lay the table for lunch with a member of staff. The staff member provided patient and kind support as they completed the task. People were cheerful when talking with staff. One conversation resulted in the person taking the member of staff's hand and kissing it. They smiled at the staff member and said "They are lovely, lovely to us." Another person said "They are all lovely. One really nice lass comes in to see me. (Staff name) is very helpful. I look forward to seeing her specially."

In the community the rotas were constructed to ensure as far as possible people had regular care staff who knew them well. Senior community staff talked about the importance of face to face contact with people when reviewing their care plans. They said checking the person was happy with the care and support they received often identified support that was very particular to them. One person had been going to church each week by taxi. They were now going with a member of care staff who offered them reassurance and company as well as transport to church. Getting to know people well offered the opportunity to provide assistance that was important to the person and may not have been immediately obvious.

We met several relatives during the inspection. All were very satisfied with the care their family members had received. One relative said "We were glad we found this home. [Family member] called it home. They were happy here." Other relatives talked to us about the care and support that had been "brilliant" and "more than 100%."

Staff found ways to show how they valued people they cared for. For example people were asked what they wanted to do on their birthdays. They could have a buffet lunch, a tea with their family or a trip to the pub. The activities co-ordinator said "We try and make sure they have a really good day whatever they chose to

do."

People's privacy and dignity was promoted both in the home and when care was provided by the domiciliary care service. Care plans for people receiving personal care at home included detailed guidance regarding their needs for privacy. Staff spoke to us about the ways in which they maintained this.

In the home all care was conducted privately and discreetly. Doors were always closed and staff spoke quietly to people when asking them about their support needs. At night people were consulted about the frequency of times staff entered their room to check on their well-being. People were able to request less frequent checks subject to risk assessments.

People were supported to express their views informally on a daily basis and each month when their care and support was formally reviewed. Regular meetings were held with the managers and people felt able to raise general issues about the home.

People's friends and relatives were made to feel welcome in the home. They were welcome to visit at any time and were included in special events. Families said they were kept informed about their relatives. One relative said "Nothing is held back. The notes are available to see. Staff are very open and helpful."

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences.

Following their thorough assessment all people in the home had a care plan that gave staff detailed information regarding the care the person required and how it should be delivered.

Plans addressed people's physical, mental, emotional and social needs. There was an emphasis on maintaining people's independence, emphasising what people could do for themselves as well as where they needed assistance. Plans were linked to people's underlying health condition such as diabetes and showed how the care provided promoted people's well-being.

People were able to make choices about all aspects of their day to day lives. One person told us "You can please yourself. Sometimes I like to go to bed early. I was horrified about going into care but I am doing exercises. They are getting me better. Stronger."

People were encouraged and supported to remain as independent as possible and to live as they chose. Some people liked to remain in their own rooms for a large part of the day. Other people liked to spend more time with friends and spent time in the sitting room. People went out with their families whenever they had the opportunity.

Staff knew people well and provided the care they needed with confidence. Care plans were reviewed and up-dated monthly. Staff were able to talk about how people's needs changed and responded to people's changing needs. For example one person had become less mobile and required additional assistance, Another person had become more forgetful and needed more prompting and guidance.

People were able to take part in a range of activities according to their interests and hobbies. The activities coordinator told us they had spent time talking with people to determine their interests and what sort of things they would like to do. They told us that although there was a two weekly rota they did not plan too far ahead and were always aware that people might prefer to do something else. There were organised activities most days including alternate weekends. There were regular trips out and special events to mark the passing of the year. People told us about the bonfire party, Halloween event and "Wonderful" Christmas they had enjoyed at the home. Highlights of the Christmas celebrations had been stockings for each person and a visit from real donkeys. A recent trip had been to see a lively music event which people had very much enjoyed.

During the inspection people looked relaxed and happy playing a game of carpet bowls. One person said "There is usually something going on. Plenty of people about to chat to." People were encouraged to go outside the home if they wished to. One person had been encouraged to try a local club where they might meet more people.

Relatives spoke to us of the care their family members had received at the end of their lives. One relative told

us "The care and love [family member] received was outstanding." Staff were supported by healthcare professionals. The GP had made regular visits and community nurses visited each day. Care plans contained daily records of regular attentive care that addressed people's needs, for example, for reassurance and regular mouth care. The service is working towards the implementation of the Gold Standards Framework in the home and in the community. This is a structured care system aimed at ensuring best practice for people at the end of their lives.

The registered manager at the time of the inspection had introduced into the home the practice of soul midwifery. Soul midwifery aims to provide comfort, continuous support and reassurance in helping a dying person experience the death they want. There were plans to embed soul midwifery alongside the introduction of the Gold Standards Framework.

Relatives spoke of the care and support they had received themselves at the end of their family members life. One relative spoke of the support they had received to understand the end of life care being provided. They said explanations had helped them and made them feel better. They spoke of the care and attention to detail from staff that showed how they respected people at the end of their life.

The home's complaints procedure was displayed throughout the home and there were policies and procedures in place to ensure any formal complaints were fully investigated. People told us they could talk to staff if they were worried at all. One person said they knew how to complain but "Had never had to put it to the test." They knew the names of staff who were "Able to help" and "Always willing to listen." This meant any concerns or requests were dealt with promptly.

Good

Is the service well-led?

Our findings

The service was well led.

There was a registered manager in place for the home who had the skills and experience to run the home so people received high quality person-centred care. 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.

At the time of the inspection the registered manager was to become the regional manager and a new registered manager was in the process of registering with us. The new manager was well qualified and experienced. They were confident they would maintain the high standards of care in the home. All management staff spoke about their commitment to putting people who lived in the home at the centre of all activities. They wanted to provide a service that was person centred and flexible enough to meet people's actual not perceived needs. The provider wanted to provide a service that was luxurious and offered people the highest standards of accommodation and food.

The domiciliary care service had a dedicated registered manager who was very experienced and knowledgeable about the service they were supplying. They had established effective and robust systems for the service and were focussing on increasing the number of people who were receiving a service. Some people received domestic assistance which is not regulated by us but does provide important support enabling people to remain in their own homes. For example people received support to attend church and walk their dog. "Whatever they want, we will try and provide it."

The provider aimed to offer a service that could progress and increase with people's needs. They could begin by accessing a small amount of support at home and later might access respite care or residential care. People in the community were offered the opportunity to attend events in the home. This meant people who lived alone could enjoy companionship and entertainment if they wanted it.

The registered manager was supported by responsible individual who visited the home regularly and was fully involved in the running of the home. They knew people who lived in the home and their families very well and were up-to-date with their changing needs and care.

The registered manager led a team of senior staff who shared their commitment to high standards of care and clear vision of the type of home they hoped to create for people. Staff said they had "Excellent support" and had been encouraged to do extra training. One member of staff said "We can raise anything with the managers. Any concerns at all without hesitation. Our views are taken on board. It is very positive. Our suggestions are accepted." Another member of staff confirmed they could always go to the managers and received clear directions about the type of service they were to provide. At staff meeting they were encouraged to give their views. Records showed staff also received regular formal supervision with senior staff where issues relating to training, performance and development of the service could be addressed.

There were effective quality assurance systems which ensured standards were maintained and constantly explored ways in which practice could be improved. These were aligned to our key lines of enquiry and sort to ensure the services were safe, effective, caring responsive and well-led. The service was registered in December 2016 and some systems were still developing and rolling out but there were firm plans and foundations. There were action plans to address any aspects of the service identified as needing improvements with completion dates when these had been achieved. The provider and management team had a clear vision of how they wanted the service to develop in the future and were positive and enthusiastic about the ways in which the service would benefit people living in the home or receiving service in the community.

Responses from people received through the quality assurance system indicated they were very satisfied. One person receiving a domiciliary care service wrote "I would be happy at any time to give a positive reference. A very caring organisation."

The management team had established good links with the local community and had plans to develop them further. The registered manager was a Dementia Champion and with the Responsible Individual had worked with partners in the local Dementia Action Alliance, an organisation working towards making Yeovil a more dementia friendly town. The service had been involved with initiatives to raise awareness of living with dementia. These had included an open day and a regular column in the local newspaper.

The manager understood the relevant legal requirements and had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. When they had been asked by us to investigate issues and provide further information they had done using thorough and rigorous methods.