The Camden Society

North Cherwell Supported Living Scheme

Inspection report

Greenlands Resource Centre
Parklands
Banbury
Oxfordshire
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected North Cherwell Supported Living Scheme on 28 and 29 September 2016. The service worked from an office in Banbury and provided personal care and support for people some of whom had learning or physical disabilities who live in their own homes in and around Banbury. At the time of the inspection there were 11people using the service.

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.

Staff told us they felt supported, however not all staff had received refresher training and supervision. Despite this, staff were knowledgeable and skilled to carry out their roles. People and their relatives told us staff always came when they were meant to. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles. The service had staff vacancies which were often covered by regular staff working additional shifts. This had a negative impact on staff wellbeing, however, did not affect people's safety.

The registered manager spent one day a week at the service. The registered manager told us they were going to review the time they spent at this service. The registered manager had identified recruitment as a big challenge. The provider were doing all they can to improve recruitment.

People and their relatives told us they felt safe using the service. Staff had a clear understanding on how to safeguard people and protect their health and well-being. People received their medicine as prescribed. There were systems in place to manage safe administration and storage of medicines. People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Staff were aware of people's needs and followed guidance to keep them safe.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA.

People's nutritional needs were met and people were supported to have a balanced diet. People were given choices and options. Staff treated people with kindness, compassion and respect and promoted people's independence and right to privacy. People received good quality care that was personalised to meet their needs. People were supported to maintain their health and were referred for specialist advice as required.

Staff supported and encouraged people to engage with a variety of activities and entertainments that were meaningful to them. Activities were structured to people's interests and people chose what activities they wanted to do.

Feedback was sought from people and their relatives and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

Leadership within the service was open and transparent at all levels. The provider had quality assurance systems in place. The provider had systems to enable people to provide feedback on the care they received. The registered manager informed us of all notifiable incidents. Staff spoke positively about the management support and leadership they received from the registered manager.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014. You can see what action we have required the provider to take at the end of this report.

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.

Relevant assessments were undertaken to minimise risks to people who used the service. Written plans were in place to manage these risks.

The service had staff vacancies which were often covered by regular staff working additional shifts. This impacted on staff wellbeing but not on people's safety.

People were protected from the risk of abuse as staff had a good understanding of safeguarding procedures.

Medicines were stored and administered safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not have access to the refresher training and supervision .However, staff had the knowledge and skills to meet people's needs.

People were supported to have their nutritional needs met.

Staff had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. People who were being deprived of their liberty were cared for in the least restrictive way.

People were supported to access healthcare support when needed.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect.

Staff knew how to maintain confidentiality.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and personalised support plans were written to identify how people's needs would be met.

People were supported to access regular activities of interest but also plan activities on a larger scale such as holidays.

People's views were sought and acted upon.

People and their relatives knew how to raise complaints and concerns.

Is the service well-led?

Good

The service was well led.

The registered manager was not always at the service but available to staff for support.

The provider was doing all they could to improve staff recruitment.

Incidents and accidents were recorded and appropriate action was taken.

There were systems in place to monitor the quality and safety of the service and drive improvement.

North Cherwell Supported Living Scheme

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 was carried out by one inspector on 28 and 29 September 2016 and was announced.

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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 notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We obtained feedback from commissioners of the service.

We spoke with five people and three relatives. We looked at four people's care records including medicine administration records (MAR). During the inspection we spent time with people. We looked around two people's homes and observed the way staff interacted with people. We spoke with the registered manager, two office coordinators and three support staff. We reviewed a range of records relating to the management of the home. These included six staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In addition we reviewed feedback from people who had used the service and their relatives.

Good

Is the service safe?

Our findings

People felt safe supported by North Cherwell Supported Living. People were comfortable in approaching and interacting with staff. We asked people if they felt safe supported by staff and one person who could respond verbally said, 'Yeah'. Other people responded using body language by nodding their heads and giving us the thumbs up. People's relatives told us their family members were safe. Comments include, "[Person] is safe with the carers" and "[Person] is very safe with staff. They get on well".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. For example, one member of staff told us they had reported a person's change of behaviour which resulted in the person receiving support at night, Staff had attended training in safeguarding vulnerable people and had good knowledge of the service's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff told us, "Our clients are prone to financial, physical, sexual and emotional abuse. We report to the manager and complete records".

Risks to people's safety had been assessed and people had plans in place to minimise the risks. Risk assessments included areas such as physical harm, going on holiday, fire evacuation, accessing the community and financial abuse. Staff were aware of the risks to people and used the risk assessments to inform care delivery and to support people to be independent. For example, one staff member told us they supported a person when they went out to ensure their safety. Ways of reducing the risks to people had been documented and staff knew the action they would take to keep people safe.

We looked at the arrangements for safeguarding people's money. Where a person was unable to manage their own day to day pocket money and expenses due to a lack of understanding, appropriate arrangements were in place for staff to manage their finances. All money spent on behalf of people was recorded and receipts were obtained. The registered manager conducted audits of people's finances to check the services policy on handling people's money was followed. The system protected people effectively from the risk of financial abuse.

The provider followed safe recruitment procedures before staff started working for North Cherwell Supported Living. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role. For example, staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.

Medicines were stored and administered safely. There was an up to date medicine policy which guided staff on how to administer medicines safely. People received their medicines when they needed them. Records showed staff administered medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to

show when medication had been given or if not taken the reason why. Staff told us and records showed all staff who administered people's medicines had received training to do so and their competency was assessed. One member of staff told us, "I support people with medicines and I have had medicines training".

Requires Improvement

Is the service effective?

Our findings

Staff told us they had not received frequent or effective supervision (one to one meetings) or an annual appraisal (one to one development meetings with their manager). Comments from staff included; "We talk to manager often. I have not had any supervision this year but I had my appraisal", "I have not had supervision in the last year and appraisal in a while" and "I have not had supervision but had informal chats. Our supervisions are not up to date, however, we constantly talk to staff". Staff personnel records also showed staff did not always have access to regular supervision or development. We discussed this with the registered manager who informed us supervisions were not up to date due to staffing issues however, staff were supported through a range of informal meetings.

Staff had mixed views on the training they received. Comments included; "We do a lot of online training and some of it is better understood face to face" and "Training is mainly online". The service's training records showed staff had completed the provider's initial mandatory training in areas such as, manual handling, safeguarding and infection control. However, not all staff had received the refresher training in these areas needed to keep staff up to date in order to effectively carry out their roles as per provider's policy. One member of staff told us they had been booked for refresher trained but had failed to attend due to staff shortages.

These concerns were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some members of staff were concerned about the training they had requested to ensure they met people's needs. Staff comments included; "I requested end of life training but never got it", "We requested autistic training and we got it but we didn't think it was good. No one gave us feedback after we fedback at the training" and "I requested training in mental health and this was not made available to me". Following the inspection the provider gave us evidence that some of the requested training was being arranged.

People received individualised care from staff who had the skills and knowledge needed to carry out their roles. One person's relative said, "The carers are very knowledgeable and nice". Another person's relative told us, "The carers do a lot of new things with [person] that we never thought were possible. They sure know what they are doing. [Person] has improved a lot in their care- speaks better and can go into shops now".

Newly appointed care staff went through an induction period which gave them the skills and confidence to carry out their roles and responsibilities. This included training for their role and shadowing an experienced member of staff. This induction plan was designed to ensure staff were safe and sufficiently skilled to carry out their roles before working independently. Staff comments included, "Induction was good. We learn about the ethos of the company and get the training we need before we start working with clients" and "I had a shorter induction since I was transferred from another employer".

People's care records showed relevant health and social care professionals were involved with people's

care. People were supported to stay healthy and their care records described the support they needed.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Staff told us they sought permission and explained care to be given. They told us they respected people's homes as their private places. One member of staff said, "It's the people's home so I ask for permission to put anything in their fridge".

The provider followed the Mental Capacity Act 2005(MCA) code of practice and made sure that the rights of people who may lack mental capacity to take particular decisions were protected. 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered manager and staff were knowledgeable about how to ensure the rights of people who were assessed as lacking capacity were protected. Where people were thought to lack the capacity to consent or make some decisions, staff had followed the MCA code of practice by carrying out capacity assessments. Where people did not have capacity, there was evidence of decisions being made on their behalf by those that were legally authorised to do so and were in the person's best interests. One member of staff told us, "Most of our clients have some sort of capacity in most areas. We respect that and allow them to make choices".

People's specific dietary needs were met. Staff had the information they needed to support people. Some people had special dietary needs and preferences such as soft food where choking was a risk. One member of staff said, "I support one person with a choking risk. We have guidance in the support plan that we follow". Another person's support plan indicated the person was to be supported to have a healthy diet to aide weight loss. Records showed and staff told us they prompted this person to choose food that was healthy. The service had supported this person to attend a weight loss club. People were supported to prepare a balanced diet. One person told us, "[staff] does my food". Another person said, "We will be making tea now".

Good

Is the service caring?

Our findings

People's relatives were positive about the care their relatives received. Comments included, "They give good care. Every carer is fantastic", "Carers are very nice" and "Staff are caring and I can't fault them. It's a really good service". We asked people if staff were caring and one person said, "Yeah, staff are caring. We have a laugh". Other people responded using body language by nodding their heads.

We observed many caring interactions between staff and the people they were supporting during our inspection. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. The atmosphere in people's homes was pleasant. People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated respect and dignity. One member of staff commented, "We have worked with these people for a long time and we have built relationships with them". A person's relative said, "Staff know [person] well and supports her very well". These relationships were also captured through a number of photos of positive experiences people had had with their care team.

Staff clearly knew people and had a good rapport with them. For example, two people came to the office during our inspection. One person did not like new people and when they saw us they became distressed and clung to the member of staff and said, "Who is that? I don't like them, I don't know them". The member of staff held the person's hand and took their time to introduce us and explain that we were just visiting and meant no harm. They then offered the person a cup of tea and sat with them in a different room. The person was calm and happy.

Staff were respectful in their approach to ensure people were not distressed or worried by having inspectors in their homes. The inspector was introduced to people. Staff took time to explain the purpose of our visit to people and sought people's consent for us to speak with them. Staff told us how each person preferred to communicate and shared any special methods of communication such as by body language and hand signals to ensure we were able to obtain views from all people including those who could not communicate verbally. Understanding people's specific ways of communicating also meant staff ensured people were able to consent to and be involved in decisions about their care. Support plans contained information about how best to communicate with people who had sensory impairments or other barriers to their communication. For example, if one person clapped their hands and stamped their feet, this meant they were in pain. Staff told us and records showed some people communicated using Makaton. This is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. Understanding people's specific ways of communicating also meant staff ensured people were able to consent to and be involved in decisions about their care.

People and their relatives were involved in support reviews and information about their support was given to them. For example, when people's behaviour changed, staff informed people's relatives promptly. People's support plans evidenced their involvement in creating the support plans. One person told us, "I talk

to staff now and then about my paperwork". The service facilitated 'weekly talk time' with people to reflect on previous week and set new weekly plans. This gave people an opportunity to raise concerns and build up on what was working. The support plans were reviewed by care coordinators to ensure that people's wishes were respected by staff. Care coordinators followed up where people's wishes had not been fulfilled, to understand any barriers and formulate an action plan. In one person's weekly talk time, the person wished to have a train trip. Records showed a train trip had been arranged to go to London.

People were treated with dignity and respect by staff and they were supported in a caring way. Staff ensured people received their care in private and staff respected people's dignity. Staff described how they treated people with dignity and respect. Comments included "I am respectful to clients. I shut bathroom doors during personal care" and "I shut room doors and blinds when changing clothes and explain what I'm doing. For example, 'I'm going to wash your back now, is that ok?' It's respectful".

Staff understood and respected confidentiality. Comments included, "We do not discuss clients in front of other clients. We only discus with other carers on a need to know basis", "We do not send confidential information through emails. If I have to, it will be password protected" and "If a service user says something in confidence, I will only share if necessary and with the service user's permission". Records were kept in locked cabinets in offices only accessible to staff.

Each person's support plans detailed the importance of people maintaining their independence where possible. Staff told us people were encouraged to be as independent as possible. One member of staff told us, "We support them to be independent". Records showed people's independence was promoted. For example, one person had prompts in their care plan to 'Can make hot drinks in staff presence'. Daily records showed staff were supporting this person to do so safely. The service supported the use of assistive technology to promote independence. Assistive technology promotes greater independence by enabling people to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing. For example, we saw some people could stay overnight without the need of staff presence and could use a call buttons in case of emergency.

Good

Is the service responsive?

Our findings

People's care and support was planned with them from the very beginning. The registered manager assessed people's needs prior to accessing the service to ensure their needs could be met. The registered manager met with people and their relatives to complete the assessments. These assessments were used to create a person centred plan of care which included people's preferences, choices, needs, interests and rights.

Support plans were personalised and contained detailed daily routines specific to each person. These included what was important and essential to people. For example, one person thrived on consistency with everything. The support plan guided staff on how to maintain consistency with this person and ensured they received support from the same care staff in exactly the same routine. The service matched staff with people who had the same interests to allow development of relationships. For example, one person liked films and was matched with a member of staff with the same interests.

Staff told us and records confirmed the provider had a keyworker system in place. A keyworker is a staff member responsible for overseeing the care a person receives and liaised with families and professionals involved in a person's life. This allowed staff to build relationships with people and their relatives and provided personalised care through consistency.

Support plans focused on people's personal history. People's support records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person did not like to be rushed with tasks. Their support plan guided staff to always plan and allow enough time for the person to do tasks for themselves. The support records that we reviewed reflected that support was centred on people's individual views and preferences. People knew their keyworkers who worked very closely with them as well as relatives to ensure support planning was specific to their needs.

Support plans were reviewed monthly to reflect people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes. For example, one person's behaviour had become more challenging. The person had been referred to the community learning disability team who gave a new behaviour management plan. The Community Learning Disability Team is a group of professionals that provide support and care services for adults with learning disabilities. The person's support plan was updated to address the changes in the person's behaviour.

People's relatives signed documents in care plans to show they wished to be involved in the plan of care. People's relatives told us they had been involved in developing care plans and reviewing care. One person's relative said, "We had a review with [person] last week. Staff do very well with [person]". Another person's relative said, "I attend reviews every year". People's relatives told us they were kept up to date with changes promptly.

People's wishes and preferences were used to identify meaningful activities of interest for people. Each

person was supported to develop a weekly plan that involved a number of social groups and activities of their choice. These included activities such as shopping, mates and dates, walking in the park, attending day centres and visiting families. People told us, "I go out with staff for coffee, walk in the park and shopping" and "I like doing art at day centre".

People were supported to have holidays of their own choosing. These included visits to holiday parks, the sea side and local cities. For example, the registered manager had just returned from a three day holiday with a service user with complex needs. One person told us, "I went to the sea side for holiday". The holidays were planned well in advance and people and their relatives were fully involved throughout the planning process. People had holiday risk assessments done to ensure their safety. For example, one person had challenging behaviour triggered by change of environment. Their holiday risk assessment involved talking to the person often about where they were going on holiday and showing them pictures to familiarise them before the holiday.

Feedback was sought from people through regular house meetings. Some of the themes on the agenda were healthy eating and what changes people wanted. For example, in one meeting people requested new furniture. Records showed this was provided. A follow up meeting asked people if they liked the furniture and they said, "Yes". The house meeting minutes were shared throughout the teams and suggestions shared to encourage the people with their independence.

People and their relatives knew how to make a complaint if required and were confident action would be taken. One person's relative said, "We raised concerns when placement took place and they were addressed straight away". The provider had a complaints policy in place. There was also a complaints procedure for people in 'easy read' format (simple, clear English supplemented by photographs). One person told us if they were not happy with something, "You'd tell the staff". Staff were clear about their responsibility and the action they would take if people made a complaint. Any minor complaints raised were quickly dealt with. Any concerns received about the quality of support were investigated thoroughly and recorded. People's relatives knew how to complain.

Records showed complaints raised had been responded to sympathetically and followed up to ensure actions were completed. People's relatives spoke about an open culture and felt that the home was responsive to any concerns raised. They told us, "If I have concerns, I will speak to [manager]" and "I can complain to the office if I need to. I have their numbers". Since our last inspection there had been many compliments and positive feedback received about the staff and the care people had received.

Good

Is the service well-led?

Our findings

The service was led by the provider and registered manager who had been in post for four years. The registered manager also managed two more services and only spend one day a week at North Cherwell Supported Living. One member of staff said, "Manager is at this service once a week but is available to support over the phone". The registered manager often worked alongside staff in delivering support. They told us, "I have the skills to work with very complex needs. I'm happy that I can help to look after service users and it keeps me in touch with their needs". The registered manager was supported by two office coordinators who also delivered support. Staff told us the coordinators needed help and were overworked.

The service had staff vacancies which were covered by regular staff. This meant staff were working overtime to ensure people received consistent support. Staff told us, "We are short staffed. Staffing has always been an issue", "Staffing levels are critical and we are doing well over 50 hours per week. We recruited staff before but they left. Office coordinators are overworked", "Staffing is not good. We are struggling" and "We have vacancies but we cover all shifts. I'm doing around 60 hours per week and it's affecting my personal life". Staff were determined to ensure consistency was maintained and people kept safe. Staff told us management was aware they were working long hours, however, this was by choice. Staff felt committed to cover the shortages because they knew people well and most people thrived on staff continuity. We spoke to the registered manager and they told us staff recruitment had been an issue due to the complex needs of the people. They said, "We have the least number of service users but they have the most complex needs. Recruitment is on-going and I have a new member of staff starting soon. We had a period of crisis and change but staff support to service users has been constant".

The registered manager was open and transparent about the service and the improvements they could make towards being a better service. They told us their biggest challenge had been staff recruitment. Staff recruitment had been ongoing but due to the complexity of their service users, most new staff felt this type of supported living was not for them. Most candidates found the working pattern not appealing as staff worked according to people's needs rather than straight shift patterns. The registered manager said, "Delivering a service with just two coordinators is a challenge". The registered manager had identified recruitment as a big challenge.

During our visit, management and staff gave us unlimited access to records and documents. They were keen to demonstrate their caring practices and relationships with people. Staff told us they felt the service was transparent and honest. Staff we spoke with felt the service was well led and that the registered manager was supportive. They told us they had good relationship with the registered manager. Staff comments included, "Manager is approachable", "Manager is not often here but very helpful" and "Manager is approachable and supportive".

People and their relatives knew the registered manager and told us the service was well managed. Comments from people's relatives included, "Manager is very good and clear about explaining things" and "North Cherwell is a great service which is well managed".

Staff told us they enjoyed working at the service. One member of staff said, "I love working here but could do with more help". Another member of staff told us, "I enjoy working with people. The office side of work is tough at the moment but it can only get better".

Staff commented positively on communication within the team. Team meetings were regularly held where staff could raise concerns and discuss issues. The meetings were recorded and made available to all staff. We saw a record of staff meeting minutes. Staff discussed things that had gone well and how to improve the service. Staff told us, "We have monthly team meetings and staff are encouraged to add agenda items", "We discuss updates and changes in team meetings. Minutes are always available" and "We have monthly team meetings and we discuss policies, staffing, changes and updates".

Staff told us they shared information about people through house communication books, people's diaries as well as emails. Comments included, "We share information through emails, over the phone and meeting minutes", "We have staff communication books in each house for information sharing" and "We do handover about changes". The provider published a staff bulletin which kept staff up to date with changes within the organisation.

The provider had good quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including medicine safety, house safety and support plans. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, one audit identified that not all support plans were current and reflected people's current choices. Appropriate action was taken to update the support plans with more current choices.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents. One member of staff told us, "We record all accidents and incidents and report to line manager".

People benefited from staff who understood and were confident about using the whistleblowing procedure. The provider had a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to contact if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. They told us, "I can whistle blow to CQC (Care Quality Commission)" and "I know how to whistle blow, I whistle blew before".

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not always receive refresher training, supervisions and yearly appraisals. Regulation 18(2) (a)