

# Durham Care Line Limited

# St Aiden's Cottage

## Inspection report

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

This inspection took place on 16 and 18 June 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The home had a registered manager in place. A registered manager is a person who has registered with CQC 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.

On 16 April 2014 we completed an inspection and informed the provider they were in breach of a number of regulations including the care and welfare of people using the service and assessing and monitoring the quality of the service.

Whilst completing the visit we reviewed the action the provider had taken to address the above breaches of The Health and Social Care Act 2008 (Regulated Activities)

# Summary of findings

Regulations 2010. We found that the provider had ensured improvements were made in these areas and these had led the home to meeting the above regulations.

St Aiden's Cottage Care Home is situated in the village of Bearpark, close to Durham city centre. It comprises of three wings, St Aiden's, St Bede's and the Old Vicarage. People who used the service have access to all wings. It provides residential and nursing care for up to 41 people with acquired brain injuries, learning disabilities, physical disabilities or mental health conditions. On the days of our inspection there were 30 people using the service, none of which had nursing needs.

People who used the service were complimentary about the standard of care at St Aiden's Cottage Care Home and were asked about the quality of the service provided. We saw staff supporting and helping to maintain people's independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Training records were up to date and staff received supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home but could be more suitably designed for people with dementia.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The

Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. The registered manager was fully aware of the recent changes in legislation and we found the provider was following the requirements of DoLS.

We found evidence of mental capacity assessments or best interest decision making in the care records. Staff were following the Mental Capacity Act 2005 for people who lacked capacity to make particular decisions and the provider had made applications under the Mental Capacity Act Deprivation of Liberty Safeguards for people being restricted of their liberty.

People were protected against the risks associated with the unsafe use and management of medicines.

People had access to food and drink throughout the day and we saw staff supporting people at meal times when required.

People who used the service had access to a range of activities in the home and within the local community.

All the care records we looked at showed people's needs were assessed before they moved into the home. Care plans and risk assessments were in place when required and daily records were up to date. Care plans were written in a person centred way and were reviewed regularly.

We saw staff used a range of assessment tools and kept clear records about how care was to be delivered and people who used the service had access to healthcare services and received ongoing healthcare support.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns. Thorough investigations had been carried out in response to safeguarding incidents or allegations.

The provider had procedures in place for managing the maintenance of the premises.

Good



### Is the service effective?

The service was effective.

Staff were properly supported to provide care to people who used the service through a range of mandatory and specialised training and supervision and appraisal.

People had access to food and drink throughout the day and we saw staff supporting people when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and plans were in place to make it more suitably designed for people with dementia.

Good



### Is the service caring?

The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Good



### Is the service responsive?

The service was responsive.

Care records were person-centred and reflective of people's needs.

People who used the service had access to a range of activities in the home and within the local community.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the manager and felt safe to report concerns.

People who used the service had access to healthcare services and received ongoing healthcare support.

**Good**



# St Aiden's Cottage

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 18 June 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by two adult social care inspectors, a specialist adviser in nursing and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted

professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. No concerns were raised by any of these professionals.

During our inspection we spoke with fourteen people who used the service. We also spoke with the registered manager, the deputy manager, the head of compliance, the senior occupational therapist and eight staff.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits and policies.

For this inspection, the provider was not asked to complete 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 spoke with the manager about what was good about their service and any improvements they intended to make.

# Is the service safe?

## Our findings

People who used the service told us they felt safe, for example, “Yes, I feel safe, it’s my home.”

St Aiden’s Cottage Care Home comprised of 41 en-suite bedrooms, four lounges, three dining rooms, several bathrooms and communal toilets. The home was set in its own grounds, in a quiet residential area.

We saw the home was clean and tidy with no unpleasant odours. En-suite bathrooms, Communal bathrooms, shower rooms and toilets were clean, suitable for the people who used the service and contained appropriate, wall mounted soap and towel dispensers. Grab rails in toilets and bathrooms were secure. All contained easy to clean flooring and tiles. We saw weekly cleaning schedules were in place however they were not always well completed or up to date. We discussed this with the registered manager who told us she would take appropriate action to address this. We looked at four staff records and saw they had all completed infection control training.

Equipment was in place to meet people’s needs including hoists, pressure mattresses, shower chairs, wheelchairs, walking frames and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). We saw windows were fitted with restrictors to reduce the risk of falls and wardrobes in people’s bedrooms were secured to walls.

We observed call bells were responded to promptly.

Carpets in some of the corridors displayed signs of wear and tear and would benefit from being replaced. Two bedrooms displayed evidence of water damage to the ceilings. We raised this with the registered manager who told us this would be addressed during the planned refurbishment of the home.

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. We looked at the records for portable appliance testing, gas safety and electrical installation. All of these were up to date.

We looked at the provider’s accident reporting policy and procedures, which provided staff with guidance on the

reporting of injuries, diseases and dangerous occurrences regulations 2013 (RIDDOR) and the incident notification requirements of CQC. Accidents and incidents were recorded and the registered manager reviewed the information in order to establish if there were any trends.

We saw a fire emergency plan in the reception area. This included a plan of the building. We saw regular fire drills were undertaken, a fire risk assessment was in place, fire fighting equipment was serviced regularly and emergency lighting was tested monthly.

We looked at the personal emergency evacuation plan (PEEP) policy and procedure. This described the emergency evacuation procedure for the home and for each person who used the service. This included the person’s name, room number, impairment or disability and assistive equipment required.

This meant the provider had arrangements in place for managing the maintenance of the premises and for keeping people safe.

We saw a copy of the provider’s safeguarding adult’s policy, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. We looked at four staff files and saw that all of them had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

We discussed staffing levels with the manager and looked at documentation. The manager told us that the levels of staff provided were based on the dependency needs of residents and any staff absences were covered by existing home staff.

We saw there were eight members of care staff on a day shift. Night shift comprised of five staff. The home also employed a deputy manager, an administrator, a cook, a kitchen assistant, two domestics and a maintenance man. We observed plenty of staff on duty for the number of people in the home.

## Is the service safe?

We looked at the selection and recruitment policy and the recruitment records for four members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates, driving licences, national insurance cards and utility bills. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We looked at the disciplinary policy and from the staff files we found the registered manager had disciplined staff in accordance with the policy. This meant the service had arrangements in place to protect people from harm or unsafe care.

We discussed the medicines procedures with a senior carer and looked at records. We saw medicines were stored

appropriately. We looked at the medicines administration charts (MAR) for five people and found one omission which was addressed at the time of our inspection. Records were kept for medicines received and disposed of. Appropriate arrangements were in place for the administration and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse. The controlled drugs book was in good order and medicines were clearly recorded.

We looked at the provider's medicines policy which covered all key aspects of medicines management. We saw that medicine audits were up to date and included action plans for any identified issues. We saw that temperature checks for refrigerators and the medicines storage room were recorded on a daily basis and were within recommended levels. Staff who administered medicines were trained and their competency was observed and recorded by senior staff. A member of staff told us, "I have no problem with accessing the training". This meant that the provider stored, administered, managed and disposed of medicines safely.

# Is the service effective?

## Our findings

People who lived at St Aiden's Cottage Care Home received care and support from trained and supported staff. A person who used the service told us "I'm happy here, they brought me out of my shell" and "they are here to help everybody".

We looked at the training records for four members of staff. The records contained certificates, which showed that mandatory training was up to date. Mandatory training included moving and handling, fire safety, medicines, health and safety, risk assessments, professional boundaries and first aid. Records showed that most staff had completed either a Level 2 or 3 National Vocational Qualification in Care or a Level 2 in Health and Social Care. In addition staff had completed more specialised training in for example, equality and diversity, dementia awareness, epilepsy, introduction to positive behaviour support, management of actual or potential aggression and best practice in supporting and managing people with long term conditions. We also saw evidence of planned training for July 2015 in the mental capacity act/managing challenging behaviour and back to basics/patient centred care.

We saw staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. A member of staff we spoke with told us they valued the supervision process, "It's an opportunity to get things sorted. It's about our wellbeing but it's also about the wellbeing of the people in here". We also saw evidence of group staff supervisions which addressed concerns, feedback and any learning the registered manager wanted to share in a group forum. This meant that staff were properly supported to provide care to people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We looked at records and discussed DoLS with the manager, who told us that there were DoLS in place and in the process of being applied for. We saw a

copy of the provider's DoLS policy, which provided staff with guidance regarding the Mental Capacity Act 2005, the DoLS procedures and the involvement of Independent Mental Capacity Advocates (IMCAs). We found the provider was following the requirements in the DoLS.

We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. We also saw staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

We looked at a copy of the provider's consent policy, which provided staff with guidance in understanding their obligations to obtain consent before providing care interventions or exchanging information. The policy referred to the Mental Capacity Act 2005 and the Department of Health, guide to consent for examination and treatment. We saw that consent forms had been completed in the care records we looked at for involvement and development of the plan of care. Most of these had been signed by the person using the service or their relative.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining rooms at meal times when required. People were supported to eat in their own bedrooms if they preferred. We observed staff chatting with people who used the service. The atmosphere was calm and not rushed. People we spoke with told us, "I would give the food 8/10, we always have a choice and I can ask for an alternative if I don't like the choices", "The food is always really nice", "Very satisfied with the food" and "If I want a coffee, I just buzz". From the staff records we looked at, all of them had completed training in food hygiene and nutrition.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home but could be more suitably designed for people with dementia. The home had poor signage and lacked stimulation. We discussed the design of the building with the registered manager. She told us there was a significant refurbishment planned for the home in the next few months which included the relocation of the reception, main entrance and manager's office, the creation of two new en-suite bedrooms, the creation of six self-contained apartments, a hydrotherapy pool and changing facilities.

# Is the service caring?

## Our findings

People who used the service were complimentary about the standard of care at St Aiden's Cottage Care Home. They told us, "I am well looked after", "Staff treat me as an individual not a number", "I have no problems at all with the staff, they are brilliant" and "The staff are very friendly."

People we saw were well presented and looked comfortable. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity, for example encouraging them to engage in conversation or asking people if they wanted help when they passed them in the lounges or in their bedrooms.

All the staff on duty that we spoke with were able to describe the individual needs of people who were using the service and how they wanted and needed to be supported. Throughout our visit we found staff chatted to people and included them in conversations and decisions about their day. One person told us, "It's brilliant living here, I love it. The staff help me a lot".

We observed staff interacting with people in a caring manner and supporting people to maintain their independence. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. One person told us that they had a "Do not disturb" sign for their door and staff would always respect it. They said that staff always know before entering. This meant that staff treated people with dignity and respect.

People were encouraged to make their own daily decisions wherever possible. The care records showed that people were prompted to make choices about what to wear, when to get up and go to bed and what to have for meals. We observed people making their own drinks and snacks. People we spoke with told us, "You can go to bed when you want or sit as long as you want", "I am happy lying down", "I have no desire to sit in the lounge" and "Why would I want to go out?".

We saw people were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff knew how to support people with their behaviours and understood people's individual needs. For example, a person who used the service became very agitated when they wanted a cigarette and the person was not able to articulate themselves very well. The staff knew what this person was referring to and we saw the person was supported and reassured by the staff when this was required.

We saw the bedrooms were very individualised, some with people's own furniture and personal possessions. Staff supported people to maintain links with family and friends and we saw in people's bedrooms there were many photographs of relatives and occasions. One person we spoke with told us, "My sisters visit and I go to see my mother". This meant people were protected from social isolation.

A member of staff was available at all times throughout the day in most areas of the home. Staff focussed on the resident's needs. Staff we spoke with told us, "I enjoy looking after people" and "I like working here".

We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. A person we spoke with told us they had been involved in the creation of their care plan.

We saw people were provided with information about the service in a "welcome pack" which contained a "service user guide". Information about local events and services was prominently displayed on notice boards throughout the home including, for example, advocacy services, citizen's advice bureau, South Tyneside tourist information and free summer events.

# Is the service responsive?

## Our findings

At our inspection in April 2014 we identified concerns that the provider had not taken proper steps to ensure people's care was planned and delivered in a way which met their needs and was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that the provider had ensured improvements were made in this area and these had led the home to meeting the above regulation.

People who used the service felt their health needs were being met. We found care records were person-centred and reflective of people's needs. We looked at care records for four people who used the service. We saw people had had their complex needs assessed and their care plans demonstrated regular review, updating and evaluation. The care plans had been developed from a person centred perspective with a strong emphasis on the activities of daily living including physical health care and maximising independence.

The home used a standardised framework for care planning with care plans person centred to reflect identified need. This was evidenced across a range of care plans examined that included, for example, epilepsy, skin integrity/tissue viability, nutrition and hydration, continence, safety, dignity, challenging behaviour, personal hygiene, communication, sleep, finance, de-escalation, mobility, medicine management, spirituality and sexuality. There was evidence of identified interventions being carried out within the daily records and from observations.

Risk assessments were in place relating to, for example, falls, choking, challenging behaviour, moving and handling, equipment use, malnutrition, skin integrity, bathing and smoking. Risk assessments contained control measures and recommendations from professionals. Each care plan and risk assessment was reviewed, evaluated regularly and changes were made if needed.

This meant risks were identified and minimised to keep people safe.

We saw staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered. We saw records of visits by healthcare professionals, such as speech and language therapists, occupational therapists, GP's, neurologists, psychologists and dentists. There was also evidence of Health Action

Plans and Hospital Passports being developed to assist people with communication difficulties and challenging behaviour to access external services. This meant the service ensured people's wider healthcare needs were looked after.

The service employed an activities facilitator however they were absent at the time of our visit. Activity plans were in place however there was little evidence of documented activities being translated into practice. We discussed this with the registered manager who acknowledged this had been identified as a priority and told us about the plans to implement an occupational therapist led review of activities. We spoke with the provider's senior occupational therapist who described the role of the newly developed therapy team and the proposed review of activities to be undertaken and completed within the next three months. She told us the review would include a reassessment of every person's activities plan, a review of adaptations to assist people to engage in activities, the introduction of symbol packages to promote communication and the development of therapeutic/rehabilitative activity opportunities.

We saw that activities were discussed in the "My Say" meetings and planned activities were displayed on the notice boards which included shopping trips, visiting singers, an Abba tribute evening, back to the 60's and visits to Wetlands, Hardwick Hall, Hall Hill Farm and a garden centre. We observed people reading, watching television and one person was playing dominoes with a member of staff. We saw photographs of people participating in activities for example, air hockey, discos, a trip to Beamish and meeting paralympian, Joseph Craig. People we spoke with were aware of the monthly music events held in the main lounge. People told us, "I like listening to the music" and "I have been to see the horses". Staff told us people had access to numerous board games, a games console, arts and craft materials, music, films, day centres and regular trips to Durham. The deputy manager told us how the service arranged for representatives from the local churches to visit the home to allow people to maintain their religious needs. This meant people had access to activities that were important and relevant to them.

We saw copies of the easy read complaints policy on display. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the local government ombudsman and

## Is the service responsive?

the care quality commission, if the complainant was unhappy with the outcome. People we spoke with were aware of the complaints policy and told us “If I have anything to say, I will say it”, “I have no complaints and the food is great” and “I can talk to my keyworker if I have any problems”.

We saw the complaints file and saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. This meant that comments and complaints were listened to and acted on effectively.

# Is the service well-led?

## Our findings

At our inspection in April 2014 we identified concerns that the provider did not have an effective system to regularly assess and monitor the quality of service that people received and was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that the provider had ensured improvements were made in this area and these had led the home to meeting the above regulation.

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered with CQC since 13 May 2015.

The registered manager told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. Staff we spoke with were clear about their role and responsibility. They told us they were supported in their role and felt able to approach the manager or to report concerns. Staff told us “I love working here”, “Everyone is fantastic” and “The support from colleagues is great”.

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care. We saw that the home had been awarded a “5 Very Good” Food Hygiene Rating by the Food Standards Agency on 5 February 2015 and was a gold member of BILD, the British Institute of Learning Disabilities, a voluntary scheme which is an indicator of quality and good practice within the service.

We looked at the provider’s periodic service review file, which included audits of health and safety, first aid, medicines, care plans, mattresses, bedrails, the nurse call system, fire alarm and extinguishers, gas safety, hoists and slings. All of these had last been audited between June 2014 and January 2015 and included action plans for any identified issues.

People who used the service told us they were regularly involved with the service in a meaningful way. They told us they felt their views were listened to and acted upon and that this helped to drive improvement. A person told us,

“We have meetings”. We saw the minutes of the “My Say” meetings held on the 13 April 2015 and 26 May 2015. Discussion items included smoking arrangements, activities, the planned refurbishment and menu choices.

We saw the results of a “residents and family survey” undertaken in October 2014 and April 2015. The majority of responses received were either “excellent” or “very satisfied”. The questionnaires requested people’s views about the service for example, about the premises, catering/food, daily living, personal care/support and activities. The results were fed back to people including the actions taken by the provider. For example, some people were unhappy with the lack of communication and menu choices. We saw the provider had introduced monthly “My Say” meetings and included menu choices as a regular discussion item.

Staff we spoke with told us they had regular staff meetings. We looked at the minutes of the meetings held in February, April and May 2015. We found staff were able to discuss any areas of concern they had about the service or the people who used it. Discussion items included ideas for activities, care planning, mental capacity, best interest decision making and safe storage of confidential information. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. For example, the provider’s nutrition and hydration policy referred to the NICE (National Institute for Health and Care Excellence) guidelines and the accident reporting policy referred to the Health and Safety Executive and RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). The manager told us, “Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice”. The staff we spoke with and the records we saw supported this.

We saw a copy of the provider’s business continuity management plan that had been reviewed in August 2014. This provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details.

## Is the service well-led?

We saw there was an emphasis on consulting health and social care professionals about people's health, personal care, interests and wellbeing. People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists. This meant the service ensured people's wider healthcare needs were being met through partnership working.

We looked at the providers Data Protection Policy dated September 2014 which provided guidance to staff on data protection and confidentiality. We saw all records were kept secure and maintained and used in accordance with the Data Protection Act.