

Sunshine Coast Support Limited

Sunshine Coast Support Ltd

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 ●

Summary of findings

Overall summary

About the service

Sunshine Coast Support Ltd is a domiciliary care agency in Eastbourne. It provides support with personal care to people living in their own homes. At the time of this inspection the agency was providing personal care to 11 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Staff had a good understanding of safeguarding and how to protect people from the risk of harm or abuse. There were enough staff who had been safely recruited to look after people. Systems were in place to ensure people received their prescribed medicines in a safe way. People received the care and support they needed because staff knew them really well and understood their needs. They were able to tell us about people as individuals, their choices and preferences as to how they liked their care delivered.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received training that enabled them to deliver the care that people needed. Staff received support from the registered manager and their colleagues. People's health needs were met, they were supported to have access to healthcare services when they needed them.

People were supported by staff who demonstrated kindness and had a caring approach. Staff were committed to providing care that was appropriate and ensured people were able to live their lives as they wanted. Staff knew people well and supported their independence as far as possible.

People received support that was person-centred, and systems were in place to ensure people always had a visit as scheduled. Complaints had been recorded, investigated and responded to appropriately.

There was a clear staffing structure and staff were aware of their roles and responsibilities. The registered manager took a central role in the service and led by example. She demonstrated a dedication and strong commitment to providing a quality service with people at the heart of the service. Quality monitoring systems were used to develop and improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Report published 20 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Sunshine Coast Support Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection activity started on 8 August 2019 and ended on 16 August 2019. We visited the office location on the 8 and 16 August 2019.

What we did before the inspection

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 spoke with the local authority for any feedback that they had about the service.

During the inspection

During the inspection process we spoke with two staff, and the registered manager. We visited two people in their own homes and spoke with them about the support they received. This also helped us to observe interactions between people and staff. We also contacted a relative and a social care professional. During the office site visit we looked at records, which included three people's care and medicines records. We checked training records and looked at a range of records about how the service was managed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We reviewed training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and were able to tell us what actions they would take if they believed someone was at risk of harm, abuse or discrimination.
- Staff reported any suspicion of abuse to the registered manager who had raised safeguarding in the past appropriately. Staff were also confident in reporting any concern directly to the local authority if necessary. For example, staff raised concerns around a family member's conduct towards a person. This was reported to the local authority for them to review.
- Staff were vigilant about people's safety and risks they may be subject to. For example, a staff member told us about concerns a person was being taken advantage of by tradesman. This was raised with the family to ensure their safety.
- Staff were trained on equality and treated people equally regardless of their different needs.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People and any associated risks were assessed and managed safely. Risk assessments provided staff with information and actions to reduce the risk that covered the individual. Risks associated with people's mobility were assessed and responded to. For example, staff ensured when people were moving any obstacles were removed. Staff checked that people had their alarm bells to hand before leaving them. Ensuring if they needed help they were able to raise an alarm for support.
 - People's homes and access to these were assessed for any risks. This ensured staff safety and improved the safety of people living at home. For example, risks associated with fire were assessed and the local fire and rescue service was used for advice when appropriate. For example, ensuring fire detectors were in place.
 - There were systems for the recording accidents and incidents, along with any actions taken to reduce any reoccurrence. For example, when medicine had been missed this was investigated and followed up with the relevant staff member. This allowed for lessons to be learned and for areas for improvement to be addressed. Staff received further training when necessary and were checked more frequently to ensure improved practice was ensured.
 - The security of people's homes was assessed, and key safes were used when necessary to maintain the security of people's homes. Staff kept this information secure.
 - Risks about the running of the service in the event of bad weather and staff shortages had been considered. The registered manager took full responsibility for maintaining the service and would be available to work to cover any shifts that could not be re-scheduled as required.
- Staffing and recruitment

- There were enough staff to meet people's needs and the registered manager ensured packages of care were only agreed to if the appropriate number of staff were available. One social care professional said, "The manager never takes on work if they cannot provide the support needed." There was ongoing recruitment to enable the service to develop and expand.
- People felt safe with the care and staff providing care. One person said, "Absolutely safe they are like family." A relative said, "I can relax as I know she is being well looked after. She feels safe with the staff as she knows them so well."
- People and their relatives told us staff were reliable and visited at the expected time. People knew what staff member was coming and the time of the visit. This was recorded within weekly schedules that were hand delivered. The rota system identified the hours needed and highlighted staff availability and ensured correct staffing allocation.
- Staff recruitment checks were undertaken before staff began work. This ensured, as far as possible, only suitable people were employed. Each member of staff had a disclosure and barring check. (DBS) These checks identify if prospective staff had a criminal record or were barred from working with people. Records included application forms, identification, references and a full employment history.

Using medicines safely

- There were systems followed to ensure people received their medicines safely.
- One person told us, "They look after all my tablets as I had been forgetting to take them. They make sure I get them when I should. I am feeling so much better."
- Staff completed medicine training before supporting people with their medicines. The registered manager was also planning to progress medicine competencies for all staff in the near future.
- People's ability to manage their medicines had been assessed and considered. This included what level of support people needed. For example, if they just needed reminding or additional support.
- Staff were supported with guidance about the person's medicines and a medicine administration record (MAR) was used. Staff recorded when people had taken the medicine or if it had been taken previously or declined.
- Some people required skin creams. Guidance was provided on where these should be applied and how often and the MAR chart recorded its application. For specific prescribed creams, a body map was used to ensure staff applied these in a consistent way.
- We observed staff giving people their medicines safely in a way that suited each individual. One staff member reminded a person to take their medicines and ensured they had taken them before they left.

Preventing and controlling infection

- Staff completed infection control training and there was an infection control policy. Staff understood the principles of cross infection and followed good practice guidelines. For example, staff washed their hands at the beginning of each visit and between each activity.
- Staff were provided with personal protective equipment (PPE) including gloves and aprons to use as necessary during their visits. Supplies of these were picked up from the office and were readily available.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing People's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in their own home before any care package was agreed to. These were completed by the registered manager who had an overview of the staff available.
- The assessment process included people's care needs, what people wanted from their care visits and individual preferences that included what time they would like their visits.
- People told us the registered manager visited them and discussed all aspects of the care and support they needed and wanted. One person told us, "I was very unwell when they started to come to me. The support was around what I needed at that time." They felt they had their individual needs were responded to. Where appropriate and agreed with people relatives were involved in this care planning.
- Peoples assessments were regularly reviewed to ensure people received the right support and it was changed as people's needs changed. This ensured care met required standards. For example, one person had changing skin conditions and staff worked with health care professionals to ensure appropriate treatment including topical creams were used.

Staff support: induction, training, skills and experience

- People told us they were completely satisfied with the skills staff demonstrated when they provided care and support. "All the staff know what they are doing. I would not change anything."
- Staff new to the service completed a full induction programme. This included training and shadowing the manager and experienced staff. The induction training included the completion of the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. It ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- A new staff member told us, their induction was full and gave them the support and training they needed to complete their designated role.
- There was a training programme in place and training needs were discussed regularly with staff at their supervision. Supervision included a discussion about people who used the service to identify any learning staff may need in relation to the care provided.
- Staff were encouraged to complete further training, this included diplomas in health and social care. A staff member told us, "The manager is very supportive, and has provided on going help with my diploma." Another staff member told us, "We can access training on line, if we want to do extra training on an area of interest all we have to do is ask the manager and she ensures its available." They gave the example of diabetes training.

- Staff were supported with regular supervisions. This included one to one meetings and field supervision. The field supervision included observation of the staff member in practice and included reviews of their skills, interactions with people and time keeping.
- Senior staff supported the junior staff, and all felt supported by the registered manager, who they said was always available when needed.

Supporting people to eat and drink enough to maintain a balanced diet

- Where required staff supported people to maintain a healthy diet including adequate drinks.
- If concerns were identified about the amount of food and drinks people were taking staff used fluid and food intake charts to monitor what people were consuming. These records were then used to monitor and liaise with family or health care professionals as appropriate.
- One person had a poor appetite and staff made every effort to encourage them to eat and drink a healthy diet. For example, they monitored the number of unhealthy snacks they were having and encouraged regular meals. This had improved their appetite and supported them to eat more healthily.
- One person told us, "They are good at warming my meals and always make sure I have a drink."
- Staff recognised the importance of maintaining adequate fluids. For one person they had recorded in the care plan what drinks to leave for them. We saw that staff followed the care plan in practice ensuring the drinks of juice were provided within easy reach before leaving.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager supported staff and worked herself in liaison with other agencies to provide safe and effective care. For example, staff identified that a relative was struggling with some aspects of the care including the use of the hoist. This was raised with social services who arranged for a review and an increase in care hours and a change to the equipment provided. This ensured people could be looked after at home by staff and relatives safely.
- Staff were knowledgeable about people and any health conditions they were living with, such as dementia and problems related to poor mobility, including skin integrity. They worked with health care professionals to reduce and risk of skin damage. For example, the registered manager liaised with the district nursing team who advised on the correct creams to be used. This joint working ensured effective care and best outcomes for people.
- People were supported to access healthcare services when needed. Staff were vigilant about any health care changes and contacted family, GP and specialist nurses if appropriate. For example, one person attended appointments with a specialist nurse and staff corresponded with them to receive up to date information. This ensured they could support this person with this specific health need.
- People told us staff helped them contact the GP if they needed to and liaised with the GP and pharmacist to ensure they had all their required medicines.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff had training on the MCA and understood the importance of people making their own choices. For example, people who wanted to keep control over their own medicines with support were enabled to do this. Records confirmed this choice was supported.
- We were told people who received personal care had the capacity to make their own decisions and choices about their daily care. Staff told us people were in control of what care they received and could decline care if they wanted to.
- Staff understood the importance of people giving consent to care and having any choices they made respected. Peoples individual choices were recorded within the care documentation. For example, choices around preferences on what gender of staff member people wanted to provide the care were explored and recorded.
- Records confirmed that the registered manager had asked people who they wanted involved in their care and to support them with any decisions if necessary. Documents relating to lasting power of attorney were seen and recorded.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were committed to providing kind and caring support in an individual way to people.
- Staff formed caring relationships with people. They knew people well their different personalities and past lives. Staff were always introduced to people before they completed a visit, they also read the care plans before providing support.
- People and their relatives were complimentary about the staff and the way they provided care and support. One person said, "Would like these staff as my daughters. The staff are perfect." A relative told us, "I am very pleased with the care. Staff are really nice people, very caring."
- Peoples individuality and diversity was respected and responded to. For example, the service had provided a phrase book in Portuguese, so staff could converse in one person's first language.
- Staff respected people's belief's and life style choices. For example, one person was going for a walk in the stormy weather, a staff member offered an umbrella to keep them dry.
- Staff spoke with kindness and compassion about the people they supported. They enjoyed their work and told us they were treated with respect by the registered manager. One staff member said, "I really enjoy this work, it makes the day go quickly and you feel you are able to do a good job."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in making decisions about their care and support. Care plans were written with people and where appropriate their relatives were involved. These included people's views and decisions on how they wanted their care delivered. For example, people chose the time of their visit.
- Staff consulted with people on a daily basis and we observed that staff had a caring approach and consistently asked for people's views and wishes and responded to these. For example, one person was asked what he wanted to eat and whether he wanted a hot chocolate or Ovaltine. They also asked if there was anything else they needed before they left.
- The registered manager and senior staff maintained regular contact with people and their relatives. They contacted them by telephone and carried out monitoring visits. In this way care and support was tailored around the views and wishes of people. One person told us, "The manager come today, and we talked about what I needed."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect and helped them maintain their privacy and dignity. One person told us, "Staff are always polite, and they treat me and my place correctly."
- People were given a schedule of visits, so they knew who was going to visit them. People told us staff arrived on time and they did not feel rushed. People always knew who was coming and this respected people's privacy.
- Staff knocked on people's doors and waited for an answer before entering. If people had a key safe this was not used unless agreed with people.
- People's independence was promoted. One person told us how staff had supported them when they were very dependent and worked to promote their independence. They said, "I had no energy I was just sleeping. There was a plan and strategy to support me to become more active and independent."
- Staff understood the importance of supporting independence and enabling people to stay in their own homes where they wanted to be for as long as possible. The staff handbook confirmed the aim of staff was to maintain people's 'current lifestyle'. The PIR also recorded the support provided to promote well-being and independence. "One person was supported to manage his paperwork and appointments which were completely out of control when we started our service with him."
- Confidential information was handled appropriately. Staff received training on handling information and data protection laws. Confidential records held in the office and were locked in cabinets. Staff were careful not to share confidential information about people even when they were asked directly by people who knew each other as they lived in the same accommodation.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised support in line with their individual assessments and care plans. These gave detailed information on people's individual care and support required.
- Staff were familiar with the content of these and followed them to provide person centred care. For example, specific guidelines were given on the management of one person's skin condition and how to clean an area 'gently'. Staff told us the care plans gave them the information they needed to provide person-centred care.
- People's interests and preferences were also considered and reflected in the care plans. For example, one person wanted to be involved in washing and drying the laundry. Staff worked with them to ensure this was completed in a safe way.
- People's visit times were agreed as part of the assessment process. These reflected people's individual needs and their preferences. For example, people had preferences around evening calls to support them with their bedtime routine.
- A scheduling system was used to formulate the weekly schedules that confirmed the time and staff member that would be visiting. A small team of support staff provided the care and support, and the size of the team ensured staff knew people well and were responsive to people's needs.
- People appreciated that a small group of staff visited them, usually two regular staff members for each person. One person said, "I have the same staff, I know and trust them." This ensured continuity with the care and support provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and responded to. Information on people's communication needs were recorded within the care documentation. This included if people had hearing aids or had poor eyesight and needed to wear glasses.
- Staff were aware of people's varied communication needs and took account of these to ensure communication was effective. For example, one person who had physical and learning disabilities and did not talk. Staff had found ways to communicate with them by observing their reactions. In this way they

agreed or declined support and care offered.

Improving care quality in response to complaints or concerns

- There was a complaint's policy, and information on how people and their representatives could raise complaints and concerns was provided to people when they started to receive a service.
- People and their relatives knew how to complain and told us they would if they needed to. One person said, "If I had a complaint I would talk to the manager." People and relatives thought they were listened to and any issue or concern would be dealt with quickly.
- When complaints were received they were responded to quickly and in a positive way. Records seen confirmed a complaint received was resolved.

End of life care and support

- At the time of inspection, no one required end of life care. The registered manager advised when people needed end of life care, they would work with the person, their families and health professionals to support them and ensure their wishes were respected. For example, the PIR recorded, "One person confirmed a desire at the end of their life to continue to sleep in their bedroom on the first floor of the property rather than their bed being relocated into the lounge."
- Specific staff training on end of life of care was available to staff and some staff had chosen to complete this.
- Where people had views on their end of life care these were discussed and recorded. This included people's choices and decisions around resuscitation. Appropriate forms were stored safely, and staff knew to make sure they were available to health care professionals as agreed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was also one of the company directors and was committed to developing a service that provided, high quality care and support to people. They led by example and often worked with people and staff. They were involved with the assessment, care and review of people's individual needs.
- Since the last inspection the management structure had been reviewed and changed. The responsibility of the day to day delivery of the service had been allocated to senior support workers. This had released the registered manager to spend more time to complete her management role with a focus on quality and oversight.
- The registered manager maintained a clear oversight of the service provision. She met regularly with staff and people and knew both well. She understood the importance of balancing the provision of a service with the resources and capacity available. In this way she ensured the quality of the service. One professional said, "They always provide what they say they can, they are honest about what they can provide and do not overstretch themselves past what they can provide well."
- A number of quality monitoring systems were used to monitor, review and maintain the quality of the service. For example, audits were completed on the care documentation, including the daily records. When records were not completed to the standard expected, this was followed up with the relevant staff.
- A new staff scheduling system has been purchased and implemented by a designated staff member, since the last inspection. This has improved the current effectiveness and established a robust system to accommodating any growth in the service. This demonstrated an investment and commitment to an ongoing programme of improvement and development.
- The registered manager has confirmed in writing that she is completing a relevant diploma in health and social care to support her management role and develop the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had promoted an inclusive and positive culture in the service. They were visible and accessible to people and staff. Staff were able to approach her directly at any time.
- People were positive about the registered manager who they all knew. They complemented her approach and the way she led the service and staff. One said, "The manager was here today, she organises everything

and the staff, she is very nice."

- People told us they could always speak to the registered manager if they needed to and she listened to their views. This ensured the care and support was tailored to what they wanted and gave them control. For example, one person wanted their toilet cleaned, although this was not included in the agreed package of care it was important to them. The care package was changed to include this extra task.
- Staff told us the service was well managed. They felt well supported and were confident if they contacted registered manager any concerns would be addressed. They felt they were listened to and valued. One staff member said, "I love my work, we are a small team, and every member of that team matters. We all support each other and network with each other regularly. The manager leads us all and gives us regular guidance."
- The manager understood their responsibilities for duty of candour and took the appropriate action to inform all the relevant people when incidents occurred.
- The registered manager was aware of her responsibilities including those under duty of candour. She submitted relevant statutory notifications to the CQC when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had regular contact with people who used the service and their representatives, this allowed people to provide direct feedback on the service provided.
- The registered manager and senior support staff completed reviews on the care and support. These meetings provided people the opportunity to provide feedback in the comfort of their own environment with their representative present if they wished.
- Annual surveys were also sent to people to allow them to record their views in a way that suited them. This took account of those people who would prefer to write their feedback or to get their representatives to support them to do this.
- The registered manager promoted an effective working relationship with all staff. She fostered an open and honest approach and valued staff views. One staff member said, "We have a very good boss. She is so easy to talk to, I would never go anywhere else. You would not get such support anywhere else." Staff received constructive feedback following any supervision and this was reflected within staff records.
- Staff meetings were held, and these were used to inform and discuss with staff any proposed changes or development at the service and people's care. Staff views were actively sourced and taken into account. For example, staff shared views on improving people's outcomes and included changing people's visit times to accommodate their individual wishes. One person wanted an extra 15 minutes moved from one day to another to allow for a full shower rather than help with a wash.

Working in partnership with others

- The registered manager and staff worked closely with other organisations and professionals. Staff knew the local GPs and worked with them and social care professionals when appropriate to support the health and well-being of people. For example, a dietician requested staff to monitor a person's nutritional intake. Staff completed fluid and food charts which were used to review this person's health.
- When people were admitted or discharged from hospital the registered manager worked closely with hospital staff and social services to ensure a smooth transition.
- The registered manager communicated regularly with the local authority to discuss people's care packages and changes required along with the services capacity to support more people.
- Links had been established with other service providers to and were used for support and guidance.