Bupa Care Homes (BNH) Limited

Sutton Lodge Care Home

Inspection report

87 Oatlands Drive
Weybridge
Surrey
KT13 9LN

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18 May 2017

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out on 18 May 2017. Sutton Lodge Care Home provides residential, nursing and respite care for older people who are physically frail. It is registered to accommodate up to 28 people. At the time of our inspection 20 people were living at the service.

There was a registered manager in post and present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission (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.

There were enough staff to support the needs of people. When people required support this was provided quickly by staff. People were protected from the risk of abuse and staff understood their roles and responsibilities. People told us that they felt safe and relatives had peace of mind that their family members were looked after in a safe environment.

Staff understood the risks to people. Staff encouraged and supported people to lead their lives as independently as possible whilst ensuring they were kept safe. People's medicines were managed in a safe way. In the event of an emergency plans were in place to keep people safe.

Staff receiving appropriate training and supervision to provide effective care to people. People felt that they were being supported by staff that were effective in their role.

People's human rights were protected because the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty (DoLS) were being followed. MCA assessments were completed where needed. Staff understood MCA and why it was important to understand if people had capacity to make decisions.

People enjoyed the food at the service. Staff supported people nutritional and hydration needs and people accessed health care professionals when needed.

Staff were caring and considerate to people's needs. People and relatives said that staff were caring and kind to them and treated them with dignity. People and relatives were involved in their care planning and the care that was provided was person centred.

Care plans were detailed and provided guidance to staff on best to support people. Staff communicated with each other the changes to people care. People were able to participate in a range of activities both inside and outside of the service.

Systems were in place if complaints and concerns were received. The provider had systems in place to regularly assess and monitor the quality of the care provided. The provider actively sought, encouraged and

supported people's involvement in the improvement of the service.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the service. Staff told us they would report any concerns to their manager. Staff felt that management were very supportive and staff felt valued.

The registered manager had informed the CQC of significant events. Records were accurate and kept securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff at the service to support people's needs.

People had risk assessments based on their individual care and support needs. Staff understood the risks to people.

Medicines were administered, stored and disposed of safely. People had access to medicines when they needed.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Is the service effective?

Good

The service was effective.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs. Staff received supervisions to ensure best practice.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness, dignity and respect.

People's privacy were respected and promoted.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed when they entered the service and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities and people were protected from social isolation. There were a range of activities available within the service.

People were encouraged to voice their concerns or complaints. Complaints were acted upon.

Is the service well-led?

Good

The service was well- led.

The provider had systems in place to regularly assess and monitor the quality of the service the home provided.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

Staff were encouraged to contribute to the improvement of the service and staff felt valued.

The management and leadership of the home were described as good and very supportive. Records were maintained securely.

Sutton Lodge Care Home

Detailed findings

Background to this inspection

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

This was an announced inspection which took place on 18 May 2017. The inspection team consisted of three inspectors one of whom had a nurse background.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed information on the 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 also reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with the registered manager, seven people, one relative and nine members of staff. We looked at a sample of five care records of people who used the service, medicine administration records and supervision records for staff. After the inspection we looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection was on the 12 February 2016 where recommendations were made in relation to consent to care, fire safety, the lack of caring attitude of some staff and care plans not always being up to date.

Good

Is the service safe?

Our findings

People told us that they felt safe at the service. Comments included, "There's always someone (staff) around", "I have never felt unsafe. Staff are always very nice", "I have absolutely no worries."

People were protected as staff understood safeguarding adults procedures and what to do if they ever suspected any type of abuse. The staff members we spoke with had undertaken adult safeguarding training within the last year. They were able to identify types of abuse and they understood the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. They were also aware of the provider's whistleblowing policy. One member of staff told us, "I know that not caring for people well is abuse, neglect. I would let you (CQC) know if I thought that was going on."

There were appropriate numbers of staff to ensure that people's needs were met. Throughout the inspection when people requested assistance from staff this was provided quickly. We asked people and relatives whether they felt there were enough staff. One person said, "I think it's reasonably staffed. People get the help when they need it." Whilst another told us, "It's wonderful. Yesterday it was great; I had two carers to help me." One relative told us that staff were available when needed. They said that their family member was unable to use call bell staff checked regularly that everything was, "ok". They said, "They'll pop their heads around the door and say hello." People's dependencies were assessed regularly by the registered manager to calculate the numbers of staff required to meet people's needs. Staff said that they were enough staff on each shift. One told us, "There are plenty of us around." Whilst another told us, "There are plenty of staff I think. I always have enough time to spend with the residents." A third told us, "There are plenty of us around."

Risks to people were assessed regularly to ensure that people were kept safe. One person told us that they were at high risk of infection due to their condition. They said they were particularly vulnerable to pneumonia and had this three times in 2016 but not since moving into the service. Staff told us that they were aware of this risk and were careful in their practice to ensure the person was not put at risk of infection. People had walking aids and wheels chairs to assist them. Staff supported and encouraged people when walking with their frames. One member of staff told us, "People can be at risk of falls and we ensure there are no obstacles in their way when walking." We saw that calls bells were close to people in the event that they needed staff assistance. We noted suitable equipment such as hoists and wheelchairs were available for staff to use; each sling was for one person's use only. The premises were not purpose built and the layout was such that it could present significant difficulties in evacuating people in the event of an emergency. However we saw that people's care plans contained a Personal Emergency Evacuation Plan, outlining how they could be removed or kept safe in the event of an emergency, such as a fire.

When clinical risks were identified plans were developed to reduce the likelihood of them occurring. Risks were assessed in relation to people's nutrition, mobility and skin integrity and risk management care plans were in place to minimise risks. The care plans identified the potential risks to people and gave instructions and guidelines to staff in order to manage those risks. Staff had knowledge of people's risks and we saw

plans being put into action on the day of the inspection. One member of staff told us, "To reduce the risk of pressure sores we have positional charts to ensure that people are turned in bed regularly to reduce the risk of getting them." We saw that these were in place for those that required them.

There was a fire evacuation folder left in reception that could be accessed quickly and easily if needed in the event of an emergency. This was updated on a daily basis and accounted for people that had just returned from hospital or had moved in that day. Staff understood what they needed to do to help keep people safe. There was a service contingency plan so that in the event of an emergency such as a fire or flood people could be evacuated to neighbouring BUPA services.

Incidents and accidents were recorded with action taken to reduce the risks of incidents reoccurring. We reviewed the incident and accident reports and found that steps had been taken to reduce the risks. One person had choked on a drink and steps were taken to contact the Speech and Language Therapist (SaLT) to provide an assessment of their swallowing. The person had been placed on thickened drinks to reduce the risks of choking. Another person had fallen whilst bending down to pick something up and staff reminded the person to use their call bell instead of attempting to pick things up themselves. There had been no other incidents with this person.

People's medicines were managed appropriately and people understood the medicines that they received. One person said, "When they (staff) give us our medicine they make it clear what it is. We can always ask for a painkiller when we need it." There were no gaps in the Medicines Administration Records (MAR) sheets and there were assessment tools available to staff for the measurement of the level of pain people were suffering. Medicines given on an 'as needed' basis (PRN) were managed in a safe and effective way. 'Time-critical' medicines were given at the appropriate time for example, for people diagnosed with Parkinson's disease.

Medicine trollies were not left unattended when unlocked and medicines were not signed for until taken by the person. Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Medicines requiring refrigeration were stored in a locked fridge which was not used for any other purpose. The temperature of the fridge and the room in which it was housed was monitored regularly to ensure the safety of medicines.

There were people that were in receipt of end of life care. There were palliative care PRN protocols in place specifically for them, which outlined how, when and why controlled drugs for pain relief should be given. The provider undertook range of daily, weekly and monthly audits in all areas of medicines management. The issues identified as a result of these audits were acted upon in a timely and satisfactory manner.

People were protected from being cared for by unsuitable staff because robust recruitment was in place. We saw that there was an up-to-date record of nurse's professional registration. All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained. The provider had screened information about applicants' physical and mental health histories to ensure that they were fit for the positions applied for.

Good

Is the service effective?

Our findings

We asked people if they enjoyed the meals at the service. Comments included, "The food is very good. They come every day with a list. They read the list out to me and I choose from that", "The food is good. There's always a choice and there's plenty of it. I have my breakfast in bed", "Excellent food." The person said that they chose to have all of their meals in their room and staff supported this decision. Another person told us, "The food is pretty good. There are choices and you can have snacks between meals. I was able to have sandwiches later in the evening and you can always ask for a drink." One relative said, "It's (the food) perfect for the needs of the people here."

We observed lunch in the main dining room. Staff had made the effort to make the dining experience enjoyable for people. There were fresh flowers on the tables, which had been attractively set. Staff checked people were happy with the dish they had chosen when they brought it to them. Staff were attentive to people's needs, ensuring they were comfortable at the table and asking if they needed assistance with any aspect of their meal. People who needed assistance to eat and drink received this support. Adaptations such as plate guards were provided for some people, which promoted their independence as it enabled them eat their meals without support. People were offered choices despite some having restrictions of the type of meals they could eat for example, those on a soft diet.

Each person had a nutritional assessment carried out as part of the initial assessments when they moved into the service. These showed if people had specialist dietary needs. There was a detailed list in the kitchen of people's specific needs. People's weights were recorded and where needed advice was sought from the relevant health care professional. Where people needed to have their food and fluid recorded this was being done. One member of staff said, "If we notice someone is not eating then we action a 'Stop and Watch'. They explained that this was a form used to monitor people's health including what they were eating and drinking. They said, "We would speak to the nurses if people were not eating or drinking."

The Mental Capacity Act 2005 (MCA) is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. We asked staff about issues of consent and about their understanding of MCA. Staff fully understood the rights of people with mental capacity to take risks. They told us, "I suppose if someone has mental capacity it's up to them in the end. We can advise people but it's their decision to do whatever they want". Staff were able to tell us the implications of Act and of Deprivation of Liberty Safeguards (DoLS) for the people they were supporting. The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. The purpose of DoLS, is to ensure that someone is only deprived of their liberty in a safe and appropriate way. This is done when it is in the best interests of the person, has been agreed by families and professionals and there is no other way to safely care for them. DoLs applications had been submitted to the Local Authority where appropriate.

We saw that MCA assessments had been carried out where needed. For example, one person's mental capacity had been in decline as a result of an illness. A best interest meeting was held to decide about their future care management. This was attended by the person's family and friend, in addition to the home

manager and a range of health professionals. All decisions made as a result of this meeting had been clearly documented.

Staff were sufficiently trained and experienced to meet people's needs. One person told us, "I think staff are very good at what they do." 'Skills for Care Certificate' training was in place for all new staff. This familiarised staff with an identified set of standards that health and social care workers should adhere to in their daily working life. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. We spoke with staff about their experiences of induction when first coming to work at the home. One staff member told us, "I have felt really well supported. I have just received my PIN (personal identification number, which nurses must have, issued by their professional body, in order to practice) so I needed extra support. The manager has been really good". We saw that one member of staff's induction had been extended until they were confident in undertaking their role.

Staff had undergone the service mandatory training including moving and handling, infection control and health and safety. Nurses were kept up date with the clinical training including wound care, catheter care, skin integrity, syringe driver and falls prevention. One member of staff said, "The training is excellent. A paramedic came in and trained us in first aid. With the training I have learned I know now how to look for pressure sores and malnutrition. All learned through various courses." They told us that care staff were always supported by the nurses who explained the side effects to medicines and health care conditions which helped them with their role.

Staff had received appropriate support that promoted their professional development. Staff told us they had meetings with their line manager to discuss their work and performance. We saw that some care staff had not had a recent meeting with their manager however the registered manager provided us with a plan of when this were going to take place. One member of staff said, "I think the one to ones are important. There may be areas that need to be pointed out to you. It's where you can request extra training." We saw that appraisals with staff took place annually.

People told us that they had access to health care professionals when they needed them. One person told us, "There is a doctor that comes around every week if we need to see them and I am seeing the dentist later today." We looked at care plans in order to ascertain whether people's health care needs were being met. The provider involved a range of external health and social care professionals in the care of people, such as Consultant Neurologists, Huntington Disease Advisors and NHS Tissue Viability Nurses. We noted advice and guidance given by these professionals was followed.

Good

Is the service caring?

Our findings

We asked people and relatives if they felt staff were caring. Without exception there were positives comments including, "Staff are charming", "Really lovely. They really try hard to be nice and keep us happy", "I'm very happy, they treat me very well. How can I moan when I've got all this? I've got a lovely room with all my bits and pieces", "The staff have been amazing. They are so lovely. They are cheerful, friendly people."

We observed caring and positive interaction between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff and no incidents of patronising or discourteous staff. Consequently people, where possible, felt empowered to express their needs and receive appropriate care. We observed at lunchtime that those requiring assistance with their food were helped in a caring and discreet manner. We heard staff greet people in their rooms in a joyful and pleasant way and people reacting positively to this. One member of staff was heard saying, "Good morning X. Are you ready for a nice shower?" We overheard another person telling a member of staff that they would like to watch their football team in the FA Cup final. The member of staff suggested to the person that they might like to watch it with others in the lounge. The member of staff said they would organise "a few nibbles" and ask other people if they wanted to get together and watch it.

Staff spoke with people in a respectful manner and treated them with dignity. We saw a member of staff supporting a person to make decisions about what they wanted to wear. They held the clothes up the person and the person responded with a thumbs up when they had chosen. When personal care was being delivered staff ensured the doors were closed to ensure that their dignity was protected. We observed instances of genuine warmth between staff and people. Staff would greet people when they walked into room. One member of staff praised a person on their appearance and said to them. "It's so nice to see you." There was laughter and chatting between the member of staff and the person. People were supported to be clean shaven and staff ensured that people were supported to be dressed in an appropriate way to maintain their dignity. We saw staff offered people choices of where they wanted to sit in the lounge and the dining room.

We looked at care plans in order to ascertain how staff involved people and their families with their care as much as possible. Care plans were reviewed regularly by staff and signed by people, relatives or representatives. We found evidence that people and/or their representatives had regular and formal involvement in on-going care planning. Consequently, there were opportunities to alter the care plans if people and their representatives did not feel they reflected their care needs accurately. People were supported to be independent. One person told us, "It's important for me to do as much as I can. Occasionally I may ask for help." People were able to personalise their room with their own furniture and personal items so that the rooms felt more homely.

Relatives and friends were encouraged to visit and maintain relationships with people. One relative told us that their family member was receiving end of life care. They said they spent all day every day with their family member. They told us that staff made them feel welcome and that they could treat the home as their own home. "They have been really sweet, they couldn't have been nicer. They let me go into the kitchen and

make a cup of tea." We saw relatives and friends visit throughout the inspection.

Good

Is the service responsive?

Our findings

We asked people whether they felt there were sufficient activities to participate in. Comments included, "There's loads of activities. If you want activities, you can find them"; "(Activities co-ordinator) is very good. She comes round to see everyone." The person said they enjoyed the visiting animals and that the activities co-ordinator made sure everyone who wished to had the opportunity to see the animals. The person said, "If you don't go down, they'll bring the pet to you. They had a lovely spaniel last week. When they have animals, they bring them up to see people who can't come to the lounge." Another person said, "It's nice to get out. The other week we went to the garden centre."

The arrangements for activity provision were about to change, with the intention of making activities available to people seven days a week. The programme of activities and events was displayed on a large board in the home. The activities coordinator told us (and people confirmed) that staff took the list of activities to each person in their rooms to ensure they were informed about events they may enjoy. We saw that activities programme was in each person's room.

The activities co-ordinator told us they spent time on a one-to-one basis with people who did not enjoy group activities or were too frail to attend. They said they planned time into their schedule to spend time with people who may be at risk of social isolation. People in their rooms were offered aromatherapy, a manicure or just a chat.

Outings were arranged regularly and a trip took place on the day of our inspection, which people told us they enjoyed. Regular events were organised, such as a summer fete, to which people's friends and families were invited. Entertainers visited the home regularly and the activities co-ordinator had arranged visits from 'Pets As Therapy' dogs and a visiting farm experience.

Pre-admission assessments provided information about people's needs and support. This was to ensure that the service were able to meet the needs of people before they moved in. One relative told us that the registered manager had visited their family member to assess their needs before they moved in. They said they had been thorough in their assessment and had involved them in this process. One person was moving into the service on the day of the inspection and staff had been to visit the person in hospital to ascertain their needs. Care plans were legible and person centred and people's choices and preferences were clearly documented. For example, one person who had anxieties had been admitted to the home. We noted their pre-admission assessment was detailed and focused on the day to day needs of the person, including their daily routine and situations that might provoke anxiety. There were plans in place for staff to follow to reduce the impact of these.

Care plans outlined individual's care and support including personal hygiene, medicine, health, dietary needs, sleep patterns, safety and environmental issues, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. One member of staff said, "Communication is key here. It's important that we share information about people's changing needs." Staff always ensured that relatives were kept informed of any changes to their

family member. We heard one relative being contacted by staff about the needs of their family member changing. The care plans we looked at contained meaningful information about people's social and personal histories, such as family trees. It was possible to 'see the person' in these documents. We asked staff what they understood by the term 'person centred care'. One staff member told us, "It's about getting the kind of care we'd want for ourselves".

The care plans also contained detailed information about people's care needs and actions required in order to provide safe and effective care. For example, one person had developed a pressure sore prior to admission into the service. Risk assessments had been made concerning the person's skin integrity, in addition to possible contributory factors, such as mobility, nutrition and hydration. There were also body map recordings and photographs of the wound, taken weekly, in the care plan.

Complaints and concerns were reviewed and used as an opportunity to improve the service. One person told us "I'm very happy with things but if I was cross about something I'd certainly let them know." Another person said that staff had supported them to make a complaint about the treatment they had received elsewhere as they were unable to do this themselves. A third told us, "I would complaint to the manager but I haven't needed to." There had been one complaint at the service since the last inspection which was still being investigated.

Compliments were received at the service and these were shared with staff. One person had written 'Just a quick note to say thank you sincerely for the tenderness and compassion we received as a family.' Another said, 'Our heartfelt gratitude for the care and kindness you gave to our dear brother.'

Good

Is the service well-led?

Our findings

On the previous inspection in February 2016 there had not been consistent management support. On this inspection this had improved and there was now a permanent manager in place.

People at the service and relatives were complimentary of the registered manager. One person said, "She looked after me (when their family member passed away)." Whilst another said, "She looks in on me every day. She's a nice lass." A third told us, "She is very good. She does try very hard to get things right. She comes up to see me every day." One relative said, "She is very good."

During the inspection we saw the manager and senior members of the management team speaking and interacting with people at the service. People told us that the manager always looked in on them if they were in their room to make sure they were happy and that the care they were receiving was adequate. One relative said the manager visited their family member every day to check on their welfare. They said that the manager had noticed the profiling bed was too short to enable their family member to be fully comfortable so had immediately ordered a new one.

Staff were equally as complimentary about the management of the service. One told us, "(The manager) is very approachable, very supportive." Another said that the managers were approachable and supportive. They said they had been made welcome and supported by colleagues since taking up their post. "They are all lovely, staff and managers." They said of the manager, "Her door is always open. A third told us, "The manager is really approachable and very knowledgeable. I do feel part of a good team".

There were robust systems in place to ensure the quality of care. Internal and external audits were completed and contained actions plans with time scales on how any areas could be improved. Audits were undertaken that covered health and safety, care plans, training, medication, staffing levels, meals and environmental issues. The registered manager had a 'Home Improvement Plan' where areas that had been identified were constantly reviewed. This included recruiting additional staff, the improvement of shift handover forms and ensuring that people at the service were being assisted with their personal appearance.

The PIR that was completed reflected the work that was being undertaken in the service. It was clear that the registered manager understood the areas that required improvement and what they needed to do to achieve this. The PIR stated, 'We will be reviewing compliments, letters and observations made during the month. Suggestion box to stay in the main entrance, to capture any ideas from staff or relatives to enhance the home.' We found that this was happening.

People had the opportunity to attend residents meetings to feedback on any areas they wanted improvements on. We saw minutes of the meetings along with actions from the previous meetings. One person raised that the doors were noisy when they were being opened and this had been addressed. Another person raised that the chairs in the dining room were noisy when they were moved across the floor and as a result new chairs were ordered. Other areas discussed at the meetings included housekeeping, activities and food. The meetings were also an opportunity to share changes in the service. One person told

us, "When I first came they were using agency staff but some of them didn't know what they were doing." They said they had attended a residents' meeting last month at which the manager had told people they were no longer going to use agency staff.

People's feedback about how to improve the service was sought. Surveys were each year and any actions needed would be addressed. After each survey a 'You say we do' document was produced for people to see what actions have taken place as a result of things they had raised. For example people had asked for more outings to be arranged. Additional trips had been arranged to farms and gardens centres. Other people had raised the high usage of agency staff and we saw that this had been addressed.

Staff morale was high and staff worked well together as a team. One member of staff said that there was, "Good communication" amongst the staff team and that meetings took place for individual staff groups and for all staff as a team. We saw that this was the case. The staff member said that staff were encouraged to speak up and raise any concerns they had. "Staff are encouraged to raise any concerns. We all have our say." Another member of staff said, "The place is so efficient. Everyone knows what they are doing. We feel empowered to make decisions." The staff had been recognised for their work at the service and felt valued. One told us, "If we do a good job we get told well done." Another told us, "(The manager) helped me with a personal issue. She understood my needs and really helped me." A fourth told us, "I feel valued by the management team, nurses and the carers. They value what I have to say and I feel listened to."

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 had informed the CQC of significant events including significant incidents and safeguarding concerns. Records were accurate and kept securely.