

The Bridgings Limited

The Bridgings Limited (Middlesbrough)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected The Bridgings Limited (Middlesbrough) on 31 January and 23 February 2017. The first day of the inspection was unannounced, which meant that the staff and registered provider did not know that we would be visiting.

When we last inspected the service in December 2015 we found one breach of the regulations. People were not protected against the risks of ineffective monitoring as the service did not have any formal auditing tools. The registered provider wrote to us telling us what action they would be taking in relation to the breach of regulation.

At this inspection we found that the registered provider had followed their plan and legal requirements had been met.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service is registered to provide care and support for up to 10 adults with a learning disability. Accommodation is provided in 10 single occupancy rooms. The service is a two-storey building, close to the centre of Middlesbrough and on a main bus route. At the time of the inspection 10 people were using the service.

We found that checks of the fire alarm, electrical installation and emergency lighting had not been tested by someone who was competent to do so. This posed a significant risk to people who used the service and others. The registered provider contacted us after the inspection and informed they were to take swift action to address this.

Systems were now in place to monitor the quality of the service provided. However, it was concerning that the registered provider had not ensured that a qualified and experienced tradesperson had undertaken the electrical testing and testing of the fire alarm.

People were protected by the service's approach to safeguarding and whistle blowing. People told us staff treated them well and they were happy with the care and service received. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management acted appropriately to any concerns brought to their attention.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. This enabled staff to have the guidance they needed to help people to remain safe.

There were sufficient staff on duty to meet the needs of people who used the service. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

Any staff who didn't have a care background would undertake the Care Certificate induction or alternatively commence an NVQ qualification in care. The Care Certificate is a set of standards that social care and health workers adhere to and promote within their roles. Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. We saw that staff had undertaken training considered to be mandatory by the service. This included: safeguarding, fire, health and safety, mental capacity and deprivation of liberty safeguards, nutrition awareness, medicines administration, infection control, people movement and first aid.

Staff had an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The registered manager told us all people who used the service had capacity.

We saw that people were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. They were encouraged to have regular health checks.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were kind, caring, respectful, and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

People were encouraged and supported to engage in daily activities they enjoyed. Staff understood what was important to people, their personal histories and social networks so that they could support them in the way they preferred.

People's needs were assessed and their care needs planned in a person centred way, however some care plans were first written many years ago and although reviewed still contained some out of date information.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Feedback was sought from people who used the service through regular meetings. This information was analysed and action plans produced when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Safety checks of the premises were not always carried out by suitably qualified professionals.

People told us they felt safe. Staff were aware of the different types of abuse and how to respond.

There were enough staff on duty to meet people's needs. Good recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Systems were in place for the management and administration of medicines.

Is the service effective?

Requires Improvement ●

The service was not effective.

The home environment was not well maintained.

Staff were supported with regular training and through supervisions and appraisals. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with a choice of nutritious food and where able were supported to prepare their own food. People were weighed on a regular basis and nutritional screening took place.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good ●

The service was caring.

People spoke very positively about the care and support they received.

People were treated with dignity and respect and staff delivered support in a kind and caring way.

Procedures were in place to arrange advocates should they be needed.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people with their needs. However some care plans needed to be re-written as they contained out of date information.

People were involved in a range of activities and outings.

People were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Requires Improvement ●

The service was not well led.

The registered provider had not ensured safety checks of the premises were carried out by suitably qualified professionals.

People expressed a good level of satisfaction with the standard of their care.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

The Bridgings Limited (Middlesbrough)

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 checked whether the registered 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.

We inspected the service on 31 January and 23 February 2017. The first day of the inspection was unannounced, which meant the staff and registered provider did not know that we would be visiting. We informed the registered provider of our visit on 23 February 2017. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We sat in communal areas and observed how staff interacted with people. We spent time and spoke with seven people who used the service. We looked at communal areas of the home and some bedrooms.

During the visit we spoke with the registered manager and two support workers. We also contacted commissioners of the service to seek their views. They did not report any concerns with the service.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medicine records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

During our planning we found information from the fire authority informing that they could not be sure the person who had carried out the testing and servicing of the fire alarm and electrics within the service was suitably qualified to do so. After the inspection we spoke with the fire authority and in addition sought some advice on health and safety to determine the qualifications and experience the person needed to undertake such testing. After contacting the registered provider it became apparent that the fire alarm, electrical installation and emergency lighting had been tested by someone who had not had been deemed competent to do so for many years.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider contacted us after the first day of our inspection to advise that the fire alarm had been tested on 1 February 2017. They also informed us they had a certified and qualified electrician visiting the service over the next few weeks to undertake testing of the emergency lighting and electrical installation. On our visit to the service on 23 February 2017 we saw a certificate to confirm that the emergency lighting had been tested on 20 February 2017.

We saw documentation and certificates to show that relevant checks had been carried out on the gas safety and portable appliance testing (PAT). PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.

Water temperatures were taken of baths, showers and basins on a regular basis to make sure they were in safe limits. Staff ticked a chart to show that they had taken the water temperature and it was within safe limits, but they didn't record the actual temperature. This was pointed out to the registered manager at the time of the visit who told us they would take immediate action to address this. We saw records to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order.

We asked people who used the service about safety. One person told us, "I am very happy living here. I get on with everyone and the staff are so good." Another person said, "Yes I feel safe. The staff are here during the day and at night if I need them."

During our discussions with staff they were able to tell us about different types of abuse. Staff were aware of action they should take if abuse was suspected and were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this.

Staff told us that they had received safeguarding training during 2016. There had not been any safeguarding incidents since our last inspection of the service. The registered manager was aware of the need to keep CQC informed about any safeguarding incidents which took place. Staff were aware of the whistle blowing

policy and knew the processes for taking serious concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as, falls, going out independently, road safety, choking and risks associated with health and wellbeing. This enabled staff to have the guidance they needed to help people to remain safe. Staff told us how people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction. For example, some people carried their own personal money when out shopping within an agreed financial limit. In addition people would tell staff where they were going and what time they intended to be back. Staff told us if they were worried and people were not back then they would follow the missing person procedure and contact the police.

Since the last inspection of the service in December 2015 there had been one new staff member employed. We found that recruitment procedures were thorough and all necessary checks were made before this new staff member commenced employment. For example, Disclosure and Barring Service checks (DBS). These are carried out before potential staff are employed to confirm whether applicants have a criminal record and were barred from working with people.

During our inspection we observed there were sufficient numbers of staff on duty to ensure people were kept safe and their needs were met in a timely manner. We saw people received support when they needed it and staff were available. The registered manager told us that during the day there was a minimum of one staff member on duty or a maximum of three and this depended on what people were doing. For example, during the day many people attended day services and other people went out independently. During the night there was one staff member who went to sleep when people who used the service went to bed. The registered manager told us this staff member could be called upon if needed, however, being called on was extremely rare.

We also saw that the registered manager had an emergency evacuation plan. This provided information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency.

We spoke with the registered manager and staff about the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager told us people who used the service hadn't had any accidents or incidents since our last inspection. However, they were aware of the need to undertake an analysis to identify any trends and to determine if any measures could be put in place to avoid re-occurrence.

People's medicines were managed safely. Accurate records were in place for the ordering, receipt, storage, administration and disposal of medicines. The registered provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records (MAR's) that we look at were completed correctly with no gaps or anomalies.

Is the service effective?

Our findings

When we first visited the service in January 2017 we noted that sofas in the lounge were ripped and carpets were marked and worn. We also noted that many areas within the service required painting. We arranged with the registered manager to go back and look at the home environment on 23 February 2017.

When we returned to the service we saw that the registered provider had purchased new sofas, cleaned some of the carpets and painted some walls and doors. However, we did note other areas requiring attention. We found that the lounge walls were dirty and in need of redecoration. Some tiles in the kitchen were cracked. The corridor carpet from the dining room, leading up to the first floor was badly stained. We were told this carpet had been cleaned but it remained marked. The wall near to the shower room, which had previously been repaired, was damp and plaster was coming away from the wall. The communal toilet for people on the ground floor had lino flooring which was marked. We also noted the sink and particularly around the taps was dirty. Walls in corridors were wall papered with different papers that clearly did not match. The seals in the lounge window and some bedroom windows had gone. We noted draughts coming through two people's windows and the main front door. Many areas in the service required painting and decorating. The curtains near the front door first landing were threadbare. The radiator in the bedroom of one person was not working so they had to use a portable heater. One of the baths in a communal bathroom was cracked and the seal was marked. Wall paper was coming off walls in some areas. Bathrooms were not aesthetically pleasing. When the registered provider had made repairs these were not to a high standard. This included the plastering of walls or fixing of cupboards in the kitchen area.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with people who used the service who told us that staff provided a good quality of care and support. One person said, "All of them [staff] are so easy to talk to and they always seem to give me good advice." Another person said, "I love living here. I moved in when it first opened and I am happy."

The registered manager told us if they employed any staff who didn't have a care background then they would undertake the Care Certificate induction or alternatively commence an NVQ qualification in care. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. We spoke with the newest member of staff who said, "I came from a care background so didn't need to do a full induction, but at first I shadowed new staff and got to know everyone well before I worked on my own." This staff member told us they had been made to feel extremely welcome and an important part of the team.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training considered to be mandatory by the service. This included: safeguarding, fire, health and safety, mental capacity and deprivation of liberty safeguards,

nutrition awareness, medicines administration, infection control, people movement and first aid.

The registered manager had sourced refresher training for 2017 and this was listed with dates of attendance and which staff member was to attend.

Staff told us they felt well supported and had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke with said, "This is a really great place to work. [Name of registered manager] is encouraging and a really supportive person."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection there wasn't anyone who used the service who was subject to a DoLS authorisation with no conditions attached. The registered manager told us all people who used the service had capacity.

We looked at the home's menu plan. The menus provided a varied selection of meals and choice. Each Wednesday staff involved people who used the service in the planning of meals for the week ahead. We saw that people who used the service made individual choices. Staff told us how they supported people to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this.

One person who used the service told us they liked to help staff to prepare and cook meals. They said, "I enjoy being in the kitchen. I like to prepare the vegetables. I make a lovely panaculty." Another person told us, "Toad in the hole is my favourite. We can have anything we want." A staff member we spoke with said, "We eat healthily in here as all the meals are cooked from scratch." We saw that people were encouraged and supported to make their own snacks and drinks. Records confirmed that nutritional screening had taken place for people to identify if they were malnourished, at risk of malnutrition or obesity. As part of this screening people were weighed at regular intervals.

Records were available to confirm that people had access to the dentist, optician, chiropodist, dietician, their doctor and other health and social care professionals as needed. The registered manager told us one particular doctor's surgery provided information and letters to people in an easy read format that contained pictures. One person who used the service showed us a pictorial guide they had been given after their annual health check. This guide informed the person on how to stay healthy and looking after their heart. The person told us that staff had been through the guide with them which they had found very helpful. People confirmed they had received their annual flu vaccination.

We saw that people who used the service had a hospital passport that contained detailed information and was up to date. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Is the service caring?

Our findings

People spoke very positively about the care and support they received, and described staff as kind and caring. One person told us, "This is home from home and I'm very happy." Another person said, "The staff are very reassuring and always have time to talk to me when I'm upset."

We found that staff were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important. One person said, "I get very anxious and upset and when I do, I speak to the staff. They ask what has made me upset and talk to me about how I can handle situations better and maybe learn from them. [Name of registered manager] is very good and helpful."

Staff developed exceptionally positive, caring and compassionate relationships with people. Staff interacted with people throughout the day in a happy and cheerful manner. Some people who used the service wanted to show us their photograph albums. Staff patiently looked at all of the photographs and talked to people about their families and pastimes which people clearly enjoyed.

The registered manager and staff were particularly skilled at communicating with one person who was having memory problems. They were extremely patient in their approach and provided prompts, which reminded the person about what they wanted to talk about and then allowed conversation to flow. We saw that this approach provided the person with confidence to socialise with both staff and people who used the service.

Throughout the inspection we saw people and staff engaging in friendly banter and laughing. This contributed to a relaxed and homely atmosphere, though staff were always professional when delivering support. Staff used friendly facial expressions and smiled at people who used the service. On numerous occasions during the day people approached the registered manager and staff for affection. This affection was reciprocated whilst ensuring professional boundaries were maintained.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of providing people with choices and allowing people to make their own decisions. They told us the importance of encouraging people to be independent. One person was encouraged to use the electric shaver independently. When they had finished staff respectfully spoke with the person and complimented them and then asked if they could just shave the few bits they had missed. The person responded by smiling at the staff member. Throughout the day staff encouraged people to make their own choices about what they wanted to eat and drink and when they wanted this. People made their own decisions about going out and where they wanted to go. Some people stayed in the lounge area and watched television whilst others chose to go to their room for some privacy. One person said, "They [staff] always respect my privacy. If I'm in my room they always knock on the door and ask if it's ok to come in."

We looked at the arrangements in place to ensure equality and diversity and how the service supported

people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them and that relatives and friends could visit at any time.

At the time of the inspection people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process to follow should an advocate be needed.

Is the service responsive?

Our findings

People told us they felt the service provided personalised care. One person said, "I have lived here for a long time and the staff know every little thing about me which is good." Another person said, "They know what makes me anxious and how best to help me."

Some people attended day services and one person was employed on a part time basis. The amount of time spent at day services varied for one person to another. People told they enjoyed day services. One person said, "I like to play bingo." They showed us two deodorants they had won as a prize which they were extremely pleased with.

Many people who used the service told us they liked to go out every day. One person said, "I like to go to Redcar. I use my bus pass and go to a pub in the town centre. I like to have just one pint." Another person said, "I like to go to Middlesbrough as there are some good shops." They showed us a picture frame they had bought to put pictures of their family in.

People told us they enjoyed many activities, outings and were encouraged with their hobbies. People liked football, horse-riding, bowling, cooking, line dancing, seasonal events such as going to the pantomime and arts and crafts. One person told us they were looking at where they wanted to go on holiday this year. They told us they had really enjoyed a caravan holiday with some other people who used the service at Primrose Valley last year. They said, "We had a really good time."

During the inspection one person went out food shopping with staff and when they returned they and staff put away the food. People told us they liked to go food shopping with staff.

Care and support was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person.

During our visit we reviewed the care records of two people. Staff had assessed people's needs and support plans had been developed clearly highlighting how people wanted to be cared for. Care plans provided guidance to staff about people's varied needs and how best to support them. For example the eating and drinking care plan for one person told us they preferred a plastic beaker and a straw when they were having drinks. The plan also told us the person needed their food cut up and they liked to take their time eating and not to be rushed. We saw that staff followed this plan as at lunch time the person was given their beaker with a straw and their food was cut up in bite size pieces. We saw that the person was supported to stay at the table and finish their meal even when all other people had finished. Although care plans had been reviewed on a regular basis it was identified that some had been initially written in 2007, 2012 and 2013 and contained some out of date information. The registered manager told us they would ensure all care plans were re-written as a matter of importance.

Daily notes and handovers were used to ensure staff coming onto shift had the latest information on people in order to provide responsive care.

Staff told us people who used the service and relatives were given a copy of the easy read complaints procedure when they moved into the service. We looked at the complaint procedure, which informed people how and who to make a complaint to. The procedure gave people timescales for action. There had not been any complaints made since the last inspection of the service. People told us the registered manager and staff were approachable and should they feel the need to raise a concern then they would without hesitation.

Is the service well-led?

Our findings

The inspection of the service identified the fire alarm; emergency lighting and electrical installation had not been carried out by someone who was suitably qualified to do so. It was concerning that the registered provider had not ensured that a suitable tradesperson had undertaken this testing as such they had placed people, staff and visitors at risk of harm. The registered provider had not identified this during the quality monitoring of the service. We have reported on this breach of regulation within the safe domain.

Staff and people spoke very highly of the registered manager who first registered with the Care Quality Commission in June 2010. One person said, "[Name of registered manager] is a very good person who cares about us [people who used the service]." Another person said, "[Name of registered manager] is always there for us." We could see how popular the registered manager was as all people used the service sat and spent time talking with them and on many occasions looked for affection which the registered manager always responded to. Staff told us the registered manager was, "Great, approachable and knows everyone [people who used the service] very well. [Name of registered manager] has everyone's best interests at heart."

The staff we spoke with felt the service was both well-led and well managed. Staff had a clear sense of the culture and values of the service. One member of staff said, "We have a good team of staff here who all work very much together." From our discussions and observations, we found the registered manager had a good knowledge of the people who used the service and of the staff team. We saw that staff were relaxed with the registered manager and it was very clear they worked well together.

At our last inspection in December 2015 we found that effective auditing systems were not in place. Since the last inspection the registered manager had worked hard to address this. During this inspection we saw that a number of quality assurance checks were carried out to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager and senior care staff carried out regular audits of medicines, people's care records, staff records, mattress audits and health and safety. There was some auditing of infection control incorporated in the health and safety audit and checks were undertaken on staff for hand hygiene. A discussion took place with the registered manager about the development of a separate infection control audit, which could include some additional checks. The registered manager told us they would develop a separate infection control audit.

Feedback was sought from people who used the service, relatives and visiting professionals through annual questionnaires. We looked at the results of recent surveys which were very positive.

Other registered managers from other homes operated by the registered provider visited the service in September 2016 to carry out an audit to ensure that people who used the service were happy and to monitor the quality of the service provided. The registered manager told us there had been another visit in December 2016, however on the day of the visit one person who used the service was really poorly and this

had to be postponed. They told us a new audit was to take place at the end of February 2017.

Meetings with people who used the service were also held, and minutes from these confirmed they were well attended and that people could raise any issues they had. We saw records which confirmed people talked about holidays, activities and anything else they wanted to discuss in relation to the running of the service.

We saw records to confirm that staff meetings had taken place on a regular basis. Staff told us meetings were well attended and that they were encouraged to share their views and speak up. Staff told us they didn't wait for a meeting to speak with each other. They told us as they were a small team they spoke with each other on a day to day basis.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The fire alarm, emergency lighting and electrical installation had not been carried out by someone who was suitably qualified to do so.</p> <p>The premises and furniture was not appropriately maintained.</p> <p>Regulation 15(1)</p>