

The Bridgings Limited

# The Bridgings Limited (Eston)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

We inspected The Bridgings Limited (Eston) on 19 January 2017. This was an unannounced inspection, which meant that the staff and registered provider did not know that we would be visiting.

When we last inspected the service in January 2015 we found two breaches of regulations. Checks on water temperatures and fire alarms were not taking place as often as they should be and effective systems were not in place to ensure that regular auditing was undertaken. The registered provider wrote to us telling us what action they would be taking in relation to the breaches of regulation.

At this inspection on 19 January 2017 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 12 adults with a learning disability. The service is a two-storey building close to local shops and amenities and on a main bus route into Middlesbrough. At the time of the inspection there were 10 people who used 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 as 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.

People were protected by the services approach to safeguarding and whistle blowing. People who used the service told us they felt safe and could tell staff if they were unhappy. People who used the service 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.

There were sufficient staff on duty to meet the needs of people who used the service. We found staff had been recruited safely following the completion of appropriate checks.

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

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 stick to in their daily working life. 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 and acted in the best interest of people they supported.

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. People were supported and encouraged to have regular health checks.

We saw positive interactions between people and staff and 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. We saw that risks identified with care and support had been identified and included within the care and support plans.

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.

Systems 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.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not safe.

The fire alarm, electrical installation and emergency lighting had not been tested by someone who was competent and qualified to do so.

People told us they felt safe. Staff were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly.

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

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

### Is the service effective?

**Good** 

The service was effective.

Staff had the knowledge and skills to support people who used the service and were able to update their skills through regular training. Staff had received regular supervision and an annual appraisal. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People who used the service told us that staff asked for their consent before care and support was provided.

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 and support plans were produced identifying how to support people with their needs.

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 that a suitably qualified tradesperson had carried out checks and servicing of the fire alarm, emergency lighting and electrical installation.

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.

There were systems in place to monitor the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

# The Bridgings Limited (Eston)

## **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 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 19 January 2017. This was an unannounced inspection, which meant the staff and registered provider did not know that we would be visiting. 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 with seven people who used the service. Communication with some people was limited because of their learning disability. We looked at communal areas of the home.

During the visit we spoke with the registered manager, deputy manager, senior support worker and a support worker. 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 that 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 not been tested by someone who was competent to do so.

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 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.

People told us they felt safe at the service. They told us there were sufficient staff on duty to care for them safely. One person told us, "I am very happy living here. There is always enough staff to help us when we need it." Another person said, "Yes I feel safe. I get on with everyone and I have a key to my bedroom, which I lock when I go out. I can lock my door if I want to."

The registered manager told us safeguarding policies and procedures were in place and all staff had received safeguarding adults training which was kept up to date. We saw records which confirmed that staff had last received safeguarding training between February and July 2016. Staff were clear about how to recognise and report any suspicion of abuse. They could correctly tell us who they would approach if they suspected there was the risk of abuse or that abuse had taken place. They understood who would investigate a safeguarding issue and what the homes procedure was in relation to safeguarding. One staff member said, "I would report any safeguarding to the manager and deputy manager and they would report this to the safeguarding team at Redcar. The contact details are on the wall in the office if we need them."

There have 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. We were told that the registered provider promoted positive risk taking. Risk assessments had been personalised to each individual and covered areas such as, falls, going out independently risks associated with health and scalds. This enabled staff to have the guidance they needed to help people to remain safe. Staff told us how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. Staff told us how people were supported to take responsible risks as part of

their daily lifestyle with the minimum necessary restriction. For example, most people who used the service went out independently. Staff told us that to minimise risks people would tell staff where they were going and what time they intended to be back. If people were not back at the time they had told staff then staff would try to contact the person by telephone. If they were unable to make contact and were worried then they would report the person as missing to the police. One person who used the service was a diabetic and needed to have their blood sugar checked regularly throughout the day. This person told us they went out early most days early and came back at lunchtime so that staff could check their blood sugar.

We looked at the recruitment records of the last two staff who were employed at the service. Records examined confirmed that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

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 senior support worker told us there were two staff on duty during the day and evening. At night there was one senior staff member on duty who went to bed to sleep when people who used the service went to bed. We spoke with a senior member of staff and asked if people who used the service called upon them during the night for help. They said, "The only time I have been woken up was when someone had their telly on too loud and [name of person who used the service] knocked on my door to tell me. This was soon solved by speaking with the person. Nearly everyone here is independent."

We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers 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. This showed that the registered provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

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.

At our last inspection in January 2015 we found that regular testing of water temperatures was not undertaken to make sure that they were in safe limits and staff had not tested the fire alarm on a regular basis to make sure that it was in safe working order. At this inspection we found that the registered manager had taken 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 saw records to confirm water was tested and was in normal limits.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. Records examined confirmed that accidents and incidents were minimal. The registered manager told us they analysed every accident to determine if any measures could be put in place to avoid re-occurrence.

We looked at how staff at the service managed people's medicines and found the arrangements were satisfactory. Accurate records were in place for the ordering, receipt, storage, administration and disposal of medicines. Policies and procedures were available for staff to refer to. Staff had received training to help them to safely administer medicines. Regular competency checks to monitor their practice were



undertaken by the registered manager to ensure they were competent to administer medicines safely. Staff kept a record of the room temperature in which medicines were stored and this was found to be within normal limits

Medicines that required cold storage were appropriately stored in a medicines fridge, with temperature records maintained daily. The people we spoke with didn't raise any concerns about their medicines and told us they received them at the times they needed them.

Some people who used the service needed PRN (as required) medicines and we found there were protocols in place to provide guidance to staff about when this medicine should be given and under what circumstances.

## Is the service effective?

### Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "The manager and staff are very good." Another person said, "All the staff are very helpful."

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 stick 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 one of the newer members of staff who told us, "I have worked in care but I wanted to do my NVQ 3 in care. Not long after I started I was enrolled on this and I am due to finish this July." We were told that new staff shadowed more senior staff until they were confident and competent to support people. One staff member said, "I felt part of this team immediately. All of the staff were so supportive and welcoming."

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 displayed in the registered manager's office with a list of dates of attendance and which staff member was to attend.

Staff told us they felt well supported and they 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 the best place I have ever worked. [Name of registered manager] is so supportive and always tells us if there are any problems we must go to him. He's always around if we need him and that makes a difference."

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 was one person who used the service who was subject to a DoLS authorisation with no conditions attached.

In care records we saw that mental capacity assessments were available. Capacity assessments identified that the person lacked capacity to be involved in decisions surrounding their health and medicines. Evidence of best interest decisions were recorded. People who used the service told us that staff asked for their consent before providing care or support. Staff were also able to describe how they sought consent from people. One staff member said, "We always ask permission and never presume. We knock on doors and ask if we can come in and wait for an answer. We ask if people need help we don't take over."

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.

Meal times were a sociable event with staff and people interacting with each other and people confirmed they were always offered a choice. People told us they liked the food provided. One person said, "We can have whatever we want and sometimes we go out to eat." Another person said, "I like chicken wraps."

Records were available to confirm 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.

We saw records to confirm that people had access to the dentist, optician, chiropodist, dietician, their doctor and other health and social care professionals as needed. Staff told us they had good relationships with the doctors and that they would see people whenever they needed. People were accompanied to hospital appointments by staff and had regular health screening. One person told us, "I don't like going to the dentist but I do and they are only in the square so I don't have far to go."

People had a hospital passport. 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, "All the staff are very nice." Another person said, "This is a happy home." We asked why this was a happy home and the person said, "Because I have friends and the staff are lovely."

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. We saw that staff were able to understand the needs of those people who had limited communication and respectfully helped us to communicate with people and understand their views.

Staff were kind and caring and supported people in a calm and gentle way. Staff made an effort to speak with people as they were moving around the building, and often stopped in the lounge area to chat. We saw that people and staff had friendly conversations, and knew each other well. Staff were able to talk with people about their families and interests, which people clearly enjoyed.

Throughout the inspection we saw people sharing jokes with staff. 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. Staff complimented people on the way they were dressed or their achievement. Staff interacted well with people and provided them with encouragement.

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 the person to be independent and making sure curtains and doors were shut when supporting people with their personal care. One staff member told us how independent and private one person was, but they had been into hospital and on discharge had needed support from staff. This person had asked for male staff to support them which the service had been able to accommodate until the person had recovered.

Another person who used the service told us they had suffered a recent bereavement. They told us how staff were supporting them emotionally and with other tasks that were needed. They said, "They have been very good. Some staff came to the funeral and [names of people who used the service] also came."

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

We looked at the arrangements in place to ensure equality and diversity and how the service supported people in maintaining relationships. We observed one staff member patiently support a person to send an email to their family. The staff member encouraged the person to be independent with the task and spoke

slowly and reassuringly. They helped the person to communicate what they wanted to say to their family member without taking over. Once finished the person was clearly pleased with their achievement.

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 that the staff understood their needs and that they were well supported. One person said, "Name of registered manager and all the staff are great."

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.

All people who used the service attended day services or took part in voluntary work from Monday to Friday. The amount of time spent at these varied from one person to another. People told us they enjoyed day services. One person told us they did drama and loved Elvis and how they liked to sing his songs. Staff told us they attended the drama performances and that people were very talented. Another person told us they liked arts and crafts. At other times people told us staff encouraged them to take part in other activities or interests. When we arrived at the service two people who used the service were doing a word search. They told us they liked word searches and regularly bought new books with these in. Another person was on their iPad playing games.

One person who used the service told us they liked to go out every day. They said, "I go out on the bus all over. I go to Middlesbrough, Stockton and Redcar. I work voluntary one day a week in a café and I like that." The same person said, "We have lots of BBQ's in the summer. BBQ's remind me of when I was younger and my family. I like to be outside."

During the inspection one person went out food shopping with staff and when they returned they and another person chatted together as they put away the food. People told us they liked to go food shopping with staff. One person told us they liked to knit and go out to cafes, pubs and restaurants for meals. Another person told us they and some others were going out for a Chinese lunch the day after the inspection.

The registered manager told us people who used the service had been out on day trips during 2016 but had not had an annual holiday. They told us some people had expressed a wish to go on holiday this year and this would be arranged.

During our visit we reviewed the care records of two people. Staff had carefully assessed people's needs and support plans had been developed clearly highlighting how people wanted to be cared for. Care plans provided clear guidance to staff about people's varied needs and how best to support them. For example the medical care plan for one person identified they had limited communication but if the person was feeling unwell they could use facial expressions, gestures and point to the part of the body that was making them feel unwell. This meant that staff had the written guidance they needed to support people.

Care plans were reviewed on a regular basis to ensure they accurately reflected people's current support needs. 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.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People who used the service spoke highly of the registered manager. One person said, "[Name of registered manager] is great and you can always have a laugh with him." Another person said, "I really like [name of registered manager]."

Staff spoke positively about the registered manager, describing them as supportive. One member of staff told us, "[Name of registered manager] is the best manager I have ever had. You feel part of a team and he is so approachable. He helps out and provides support and will often come in on his day off."

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 work very closely as a team and they [people who used the service] always come first." 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 January 2015 we found that effective systems were not in place to ensure that regular auditing was undertaken. Since the last inspection the registered manager had worked hard to address this. 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.

Feedback was sought from people who used the service through annual questionnaires. We looked at the results of recent survey which were very positive. However, people did mention that the house could be cold. We did note on the day of the inspection that the lounge / dining room was cooler than the rest of the house. We pointed this out to the registered manager and asked that they take action to address this. The registered manager told us after the inspection that there was to be a new radiator fitted in the dining area.

Other registered managers from other homes in the organisation visited the service in September and



November 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 these visits were every two months and as such they were due to visit again in January 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 staff, 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.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The fire alarm, emergency lighting and electrical installation had not been carried out by someone who was suitably qualified to do so.