Community Integrated Care

Windsor Drive

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 8 and 11 March 2016 and was unannounced. This meant that the provider and staff did not know that we would be visiting.

We last inspected the service in December 2013 where we found the service was meeting all the regulations we inspected.

Windsor Drive is registered to provide accommodation and personal care for up to 12 adults who require care and support. The service consists of three individual bungalows; the Manor; the Oaks and the Lodge. The Manor and Lodge are four bedroom bungalows, the Oaks consists of two bedrooms and two semi-independent flats. The service is situated in Howdon. There were 10 people using the service at the time of our inspection.

Prior to February 2016, the service had been registered to provide nursing care. However, people had been assessed as not requiring nursing care and the provider had applied to remove the regulated activity relating to nursing care, and now only accommodation and personal care were provided. The Health and Social Care Act 2008 (Regulated Activities) 2014 lists 14 regulated activities. If providers carry out any of these regulated activities they have to register with CQC.

The manager told us that the removal of nursing care was the first step in the service becoming an independent supported living service. Nursing staff were still employed and on duty until the end of March 2016.

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 told us they felt safe. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. There was one safeguarding issue at the time of our first visit. This was closed by the end of our second visit.

The premises were clean and well maintained. There were no offensive odours in any of the areas we checked.

There was a safe system in place for the receipt, storage, administration and disposal of medicines. People told us that staff supported them with their medicines. Due to the change in service provision and nursing staff leaving at the end of March 2016, support workers were in the process of completing medicines training and were shadowing nursing staff to ensure that they were competent in all aspects of medicines management.

People told us there were enough staff to meet their needs. On the day of the inspection, we saw that people's needs were met by the number of staff. There was a training programme in place. Staff were trained in safe working practices and to meet the specific needs of people who lived at the service.

Staff told us that they were a small supportive team. All staff told us that they felt well supported by the manager. We noticed that some supervision and staff appraisals had lapsed. The manager had put together a supervision and appraisal matrix to address this matter.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals." The manager had submitted two DoLS applications to the local authority supervisory body for assessment in line with legal requirements. Other people had the capacity to decide where they wanted to go and there were no restrictions upon their movements.

The manager was strengthening the service's paperwork with regards to the documentation of any decisions relating to mental capacity to ensure that it was clear how the MCA was followed.

People were supported to receive a suitable nutritious diet. They were complimentary about the service and staff. We observed that people were cared for by staff with kindness and patience. One person said, "It's like my home, with staff."

Support plans were in place which aimed to meet people's health, emotional, social and physical needs. They gave staff information about how people's care needs were to be met. The manager told us that new paperwork was going to be introduced to ensure that support plans were more person centred and outcome focused. The plans we examined did enable to us to gain an overview of people's needs and preferences.

People told us that there was an emphasis on meeting their social needs. They were supported to access the local community, go on holiday and pursue their individual hobbies and interests.

There was a complaints procedure in place and people knew how to complain. One person raised a minor complaint with us and we fed this back to the manager to investigate and address.

We found shortfalls in the maintenance of records in several areas. These included supervision and appraisals, mental capacity, surveys and records of meetings for people who used the service. In addition, staff had not been completing the provider's medicines audit which looked at all areas of medicines management and infection control audits had not been undertaken.

We found one breach of the Health and Social Care Act [Regulated Activities] Regulations 2014. This related to Good governance. You can see what action we have asked the provider to take at the end 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?

Good

The service was safe.

Safeguarding procedures were in place and staff were knowledgeable about what action they would take if abuse was suspected.

The premises were safe and well maintained.

Safe recruitment procedures were followed. People, relatives and staff informed us that there were sufficient staff deployed to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff told us and records confirmed that training was completed in safe working practices and to meet the needs of people who used the service.

Staff told us that they felt well supported. A new supervision and appraisal system had been introduced.

Staff were following the principles of the Mental Capacity Act 2005.

People's nutritional needs were met and they were supported to access healthcare services.

Is the service caring?

Good

The service was caring.

People told us that staff were caring. We observed that care was provided with patience and kindness.

People were treated with privacy and dignity.

Records evidenced that people were involved in their care and treatment.

Is the service responsive?

Good

The service was responsive.

Support plans were in place which aimed to meet people's health, emotional, social and physical needs. New paperwork was going to be introduced to ensure that support plans were more person centred and outcome focused. The plans we examined did enable to us to gain an overview of people's needs and preferences.

People told us that there was an emphasis on meeting their social needs. They were supported to access the local community, go on holiday and pursue their individual hobbies and interests.

There was a complaints procedure in place and people knew how to complain.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

The service was currently going through a period of change to become an independent supported living service in the near future.

We found shortfalls in the maintenance of records and audits in several areas which we checked.

Windsor Drive

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.

The inspection was carried out by one inspector. We visited the service on 8 and 11 March 2016. The inspection was unannounced. This meant that the provider and staff did not know that we would be visiting.

We spoke with nine of the 10 people who lived at the home to obtain their views of the service. We also talked with one person's relative.

We spoke with the registered manager, two nurses and two support workers. We examined three support plans and records relating to staff, including recruitment and training files. In addition, we checked records relating to the management of the service such as audits.

We consulted with a local authority safeguarding officer and contracts officer. In addition, we spoke with a senior social worker and a social worker. We used their comments to inform our judgements of this inspection.

We requested a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make. We checked information which we had received about the service prior to our inspection.

Good

Is the service safe?

Our findings

We checked staffing levels at the service. People told us that there were sufficient staff deployed to meet their needs. During our visit we saw that staff carried out their duties in a calm unhurried manner. Staff were also available to support people to access the local community. There was one nurse on duty and a minimum of three support workers through the day and one nurse and a sleep-in support worker at night. This sleep-in staff member would be woken if assistance was required.

At the end of March 2016, staff informed us that there would be one waking support worker on duty at night. Some staff expressed reservations about this issue because of security reasons. The manager told us that security had been improved and all outside lighting had been upgraded, a fence was to be erected at the front of the building and assistive technology was going to be installed to promote the security of the service.

We looked at staff rotas. The manager explained that he had changed the staff rotas; he said, "They now identify one to one time and I've made sure that there is the correct skills match on each shift and that there are drivers on duty. They [rotas] weren't person centred before, it was based on a set shift system, but now it's better." Another senior support worker had recently been employed to strengthen the management structure once the nurses left the service at the end of March 2016. This meant that there were now two senior support workers to oversee Windsor Drive and another two small independent supported living services. One of the senior support workers was based at Windsor Drive four days a week.

Staff told us and records confirmed that appropriate recruitment checks were carried out prior to staff starting work at the service, to help ensure that staff were suitable to work with vulnerable people. These included Disclosure and Barring service checks (DBS) and obtaining references. A DBS check is a report which details any offences which may prevent a person from working with vulnerable people. They help providers make safer recruitment decisions.

We checked the premises and found that the bungalows were well maintained. Checks had been undertaken to ensure the premises were safe. These included electrical tests, gas and water checks.

People told us that some areas had been recently redecorated. One person said, "We have had the painters in. They have had the bathroom painted, it's much better now. They've also painted the dining room and he's going to do the conservatory."

We saw that the premises were clean. We noticed that a fabric armchair was placed in each of the bathrooms. These were an infection control risk since they cannot easily be cleaned. The manager told us that this would be addressed. One person used a commode and systems that were in place for cleaning this did not reflect best practice guidance. The manager was going to seek further advice from the infection control practitioner about the correct disinfection of the commode pot.

We noted that there was a safe system in place for the receipt, storage, administration and disposal of

medicines. People told us that staff supported them with their medicines. One person said, "The staff help me with my tablets." Another person said that they managed their own medicines.

Most medicines were stored in people's bedrooms in lockable cupboards. Staff explained that this helped promote person-centred care. Staff said that some people however, did not appreciate staff entering their rooms and their medicines therefore were stored in a central locked cupboard in each of the bungalows. This reduced the number of times staff accessed these people's bedrooms. Nursing staff had previously administered people's medicines. Due to the change in service provision and nursing staff leaving at the end of March 2016, care workers were in the process of completing medicines training and were shadowing nursing staff to ensure that they were competent in all aspects of medicines management.

People told us that they felt safe. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. No concerns were raised. There was one safeguarding issue at the time of our first visit. This was closed by the end of our second visit.

Risk assessments were in place which had been identified through the assessment and care planning process. This meant that risks had been identified and minimised to help keep people safe. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction such as maintaining independence out in the local community. One staff member said, "It's all about informed choice. I'm not going to say, 'You can't do this and you can't do that,' but what I'll do is sit down and go through the risks with them. It would get my back up if someone told me I couldn't do something. It's important to talk things through." The manager told us, "There's still a little work to be taken on positive risk taking due to the new model we are introducing. [Name of person] never went out, but now he is going out into the local community and making his own meals. There was a little incident with [name of person] cooking. However, it's not about stopping them from cooking; it's about reducing the risks. Staff now support them and they are still happy to cook."

Accidents and incidents were monitored and analysed to identify any trends or themes. No concerns were noted.

Good

Is the service effective?

Our findings

People and relatives were complimentary about the skills of staff. Comments included, "Yes, they know what they're doing" and "They are always helpful and know what to do."

All staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. The manager provided us with information which showed that staff had completed training in safe working practices and to meet the specific needs of people who used the service. This included training in mental health awareness. The manager told us and staff confirmed that all support workers were currently completing level 3 vocational training in medicines management. In addition, they were undergoing medicines competency assessments and shadowing nursing staff to ensure that they were fully trained and skilled in medicines management once all the nursing staff had left at the end of March 2016. The manager told us that since the service was moving to become an independent supported living service, further training in areas such a benefits and money management was being organised for staff.

Staff told us and records confirmed, that they undertook induction training when they first started working at the service. This was based on the Care Certificate. The Care Certificate is an identified set of standards that care workers adhere to in their daily working life. It was developed to address inconsistences in training and competencies in the workforce so that people and families experiencing care services can have confidence that all staff have the same introductory skills, knowledge and behaviours. This meant that staff felt prepared when they started working independently at the home and supported the effective delivery of care.

Staff told us that they were a small supportive team. All staff told us they felt well supported by the manager. We noticed that some supervision and staff appraisals had lapsed. The manager had put together a supervision and appraisal matrix and these were now planned. He told us that the supervision and appraisal system and policy was changing. He said, "Supervisions are now going to be called 'You can' instead of one to one's. They are going to be four times a year instead of bi monthly. The changes are really positive." Supervision and appraisals are meetings between staff and their line manager which are used to review staff performance and identify any training or support requirements.

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. The manager had submitted applications to deprive two people of their liberty in line with legal requirements which had been authorised

by the local authority supervisory body. There were no restrictions on any other people's movements. One person said, "You can come in and go out whenever you like."

The manager was strengthening the service's paperwork with regards to the documentation of any decisions relating to mental capacity to ensure that it was clear how the MCA was followed.

We checked whether people's nutritional needs were met. People did not raise any concerns about the meals. One person said, "The food is good. They make a nice gravy." Another said, "The staff are good cooks."

People were supported to make their own meals. One person made cheese and onion pasties for tea. We saw that staff also supported those who required more support. We heard one staff member ask, "Would you like a ham and cheese sandwich?" Staff monitored one person's fluid intake because of their medical condition. We noted that accurate fluid records were maintained which recorded the person's daily fluid intake and ensured that the agreed fluid limits were not exceeded.

People told us that staff supported them to access healthcare services. One person said, "They take me to the doctors and the hospital." Records showed details of appointments with and visits by healthcare and social professionals. We saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed, for example consultants, GP's, community psychiatric nurses and social workers. This meant that staff worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met, to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

People were complimentary about the attributes of staff. Comments included, "I spent the day in hospital and staff stayed with me - it was comforting knowing they were there." We spoke with one person's care manager who told us, "She looks incredible, she is very happy there and doing so well….I am really happy with everything." One person told us, "I think I'm very fortuitous living here. There's no doubt the staff care." We spoke with a relative who said, "It's a homely atmosphere, the staff are all nice and helpful."

Staff spoke with pride about the importance of ensuring people's needs were met. Comments included, "The way I look at it is, if it was one of my relatives, this is the kind of setting that I would want them to be," "It's really good care, it gives people hope," "I look after them the way I would want to be looked after," "We're like a family, we're here for them" and "If they want a hug we give them a hug. You have to keep professional, but they do need reassurance and friendly chit chat, you've got to have a laugh."

Interactions between staff and people were patient, friendly, respectful, supportive and encouraging. We saw a member of staff carefully plaiting one person's hair. The person said, "They are so clever, they are Jack-of- all-trades!" The staff member smiled and said, "I'm her hairdresser." The member of staff asked whether she wanted hairspray on, the person answered, "No I don't believe in hairspray or perfume."

Staff were knowledgeable about people's needs and could describe these to us. We were talking with one staff member when she excused herself and went outside to greet one of the people who was coming back from a shopping trip. We heard her say, "You're looking tired, let me help you." The staff member held her hand and supported her into the bungalow. When the member of staff came back in to talk with us she said, "I could tell she was tired, she was dragging her stick behind her. She'd had a busy afternoon shopping." One of the nurses told us, "It's a really personalised place of work. The support workers know people inside out."

People's privacy was promoted by staff. The social worker told us, "They treat [name of person] with respect." Everyone had their own keys to the bungalows and their individual rooms. Staff were able to give examples about how they promoted privacy and dignity. Comments included, "I always knock [on people's bedroom doors] and if there's no reply, I will knock again," "Sometimes the ladies need a hand to get a shower, instead of just standing there while they have a shower, I will wait outside the door in case I'm needed," "We're all human and dignity and respect is so important - respect earns respect" and "You've got to give people, time, patience and understanding."

People told us that they were involved in their care. One person said, "My care plan is here [name of staff member] normally comes around and goes through it." We saw that staff had signed their support plans to indicate that they agreed with them. The manager told us that because of the change in service direction and becoming an independent supported living service, they were looking at more ways to involve people.

People confirmed that they were involved in interviewing potential new staff. The manager told us that he was also looking to involve people in staff supervision. He said, "It's good for staff to get feedback from people themselves. If they are doing well – it's good to hear that and celebrate this. Sometimes it's good for

them to hear what things they could do better and how they come across."

Good

Is the service responsive?

Our findings

People were complimentary about the responsiveness of staff. Comments included, "They are marvellous workers," "I love it here man - you can come in here and get the biggest peace on earth [their bedroom]. I never ever want to move on and leave. The staff are there every minute of the day," "They check me to see that I'm alright," "Everything is great the way it is," "They are really, really good. There is a good atmosphere and staff are always there to help – they go above and beyond the call of duty. For example if you want to go somewhere they will take you in the car – it's just those little touches" and "They are more than helpful. If you have any problems they will help you."

We spoke with a social worker who told us, "I have no concerns, being there has really helped [name of person's] mental health, their physical health and their well-being. It is the best place for them."

The manager told us and records confirmed that there was an extensive preadmission period before people came to live at the service. We read that one person had visited the service on several occasions for lunch and tea and also had overnight stays to make sure they were happy to move into Windsor Drive. The manager told us, "This is an important time; we have to make sure the service is correct for them. If we couldn't meet their needs we would be setting them up to fail. It's a good two way information sharing process." He also explained that for some people, Windsor Drive would be a home for life, for others it would be a "stop gap service" whilst they recovered and then moved back home.

Support plans were in place which aimed to meet people's health, emotional, social and physical needs. They gave staff information about how people's care needs were to be met. The manager told us that new paperwork was going to be introduced to ensure that support plans were more person centred and outcome focused. The plans we examined enabled us to gain an overview of people's needs and preferences.

One page profiles were in place which gave staff information about people's background, likes and dislikes. We read one person's profile which stated, "Things people love about me." Under this title was recorded, "Honesty and politeness." This information helped staff deliver more person centred care. In addition, staff had completed their own one page profiles. The manager told us, "It helps us match up the skills and interests of staff with people. It's pointless sending someone to a football match with a staff member that doesn't like football. The one page profiles have been good, they highlight different things and you find out things that you didn't know that people like."

People told us that there was an emphasis on meeting their social needs. One member of staff said, "We want people to do what everyone else does. I take [name of person] out for a coffee and a look round the shops." This was confirmed by the social worker with whom we spoke. She told us, "They're good with activities and they take people on holiday." Comments from people included, "[Name of staff member] takes me out and about. She took me to Tynemouth and Whitely Bay," "I like going to North Shields and Wallsend and Newcastle. I like to sit and listen to music and walk around M&S and have a coffee," "I've never been abroad until I was 68 and I've been to Benidorm and Amsterdam," "We have nights out and we go to

the Sage [music venue] and the Theatre Royal" and "We have lovely trips out and we go abroad."

One person told us that staff were supporting them to look into volunteer work. They told us, "I would like to work in a charity shop, something of value and [name of manager] is looking into that with my blessing."

Housekeeping skills were encouraged. One staff member said, "These skills help promote people's independence." One person said, "We have house care daily rotas, last night I did all the dishes, I did the lot from the pots and pans to putting everything in the dishwasher and putting them away. It's someone else's turn tonight." Another person enjoyed cooking; she came through and asked the staff member whether she could make cheese pasties for tea. The staff member said, "Of course, I'm very jealous though because I'm on Slimming World [diet]." The person went to the kitchen to peel the potatoes and grate the cheese. One person looked after their own cat. Staff explained that he fed the cat and cleaned out the litter tray.

There was a complaints procedure in place. No complaints had been received since the manager had been in post. One person raised a minor complaint with us which we passed on to the manager to investigate. The manager told us that he would speak with the person and address this immediately.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place. He had been in post for 18 months. His background was in learning disabilities. People and staff spoke positively about him. Comments from people included, "[Name of manager] is good, very confident and self-assured," "He is very nice" and "The manager is great. I get on well with him. It's good here." A relative said, "He is a good manager." He was also registered manager of another of the provider's services in Newcastle and two small independent supported living services. He said that a new manager was now in place at Newcastle and he would be deregistering as registered manager from that service.

The manager told us that his door was always open. This was confirmed by people, staff and our own observations. One person came in the manager's office throughout the day to talk to him about various topics from money management to smoking cessation.

The manager told us and staff confirmed that the service was going through a period of change. Prior to February 2016, the service had been registered to provide nursing care. However, people had been assessed as not requiring nursing care. The provider applied to remove the regulated activity relating to nursing care and now only accommodation and personal care was provided at the service. The manager told us that the removal of nursing care was the first step towards Windsor Drive becoming an independent supported living service. Nursing staff were still employed and were on duty until the end of March 2016.

Staff told us that due to the recent changes and "losing the nurses", staff morale had been low at times. One staff member said, "We're all a little up in the air at the minute." However, all staff said they were working with the provider to ensure the best possible outcomes for people. This was confirmed by the social worker who said, "At the moment there are lots of changes, however the staff are doing really well to ensure that this doesn't impact upon the people who live there. They are all working so hard together to makes things work."

People told us that they were sorry that the nurses were leaving, but understood that the support workers and manager were not leaving. One person said, "The staff are all so lovely. We are sorry that the qualified ones [nurses] are going, it's left an emptiness and we know that [name of nurse] has just got another job, but [names of other support workers and manager] are still going to be here." We discussed this feedback with the manager who said, "The nurses have done a good job at bringing people on and making sure that we are at a place where we can move on as a service. We couldn't have done this without them."

We found shortfalls in record keeping in some of the areas we checked. The manager told us that nursing staff had previously carried out staff supervision and appraisals. He said because of the changes in the service and the fact that some nursing staff had left; supervision and appraisals had lapsed. He told us that informal support and discussions were always ongoing, however, these had not always been documented. He said that a new supervision and appraisal system had been introduced and they were due to receive training on this new system. He showed us a supervision and appraisal matrix which recorded when future sessions were planned.

We noticed that staff followed the principles of the MCA; however, documented records to evidence this were not always available. The manager told us that this was being addressed and new paperwork was being introduced.

The manager told us that formal meetings had been held for people who used the service; however these had lapsed a little due to the changes at the service. He told us that informal meetings and discussions were held frequently with people; however, these had not been documented. He told us that these would be recorded in the future. The manager was unable to find the satisfaction survey results from 2015 during or after our inspection. He said that the 2016 survey was due to be carried out.

We noticed that staff carried out a check of all medicines after they had been administered to ensure the amount of medicines in stock tallied with the amount administered. However, there was no evidence that staff were using the provider's medicines audit which looked at all aspects of medicines, such as their receipt, recording, storage and disposal. In addition, the provider had an infection control audit. However, this had not yet been completed by staff. The manager told us that this would be addressed.

This was a breach of regulation 17 of the Health and Social Care Act [Regulated Activities] Regulations 2014. Good Governance.

The provider used a computerised management programme to record and monitor the quality and safety of the service. Results of checks which had been carried out on the premises and equipment were stored on the computer and we were able to view scanned documents of test results such as the electrical installations check and asbestos report. No concerns were noted.

The manager completed a self-assessment of all aspects of the service. This was known as the "Service Quality Assessment Tool" [SQAT]. He had been very honest in his assessment and identified a number of areas for improvement. Many of these improvements were due to the change in direction of the service from a "nurse led traditional service" to becoming an independent supported living service. The manager told us that he wanted to review the support plans. He said, "I want to make them more outcome focussed and person centred. They're very NHS led; we need more about people's hopes and dreams."

The manager told us that the SQAT was validated by a 'quality and excellence partner' from the provider's quality and excellence team. He said, "He is coming, on 1 April and it will be a good bench mark to see where we are now and where we need to get to. We also have peer reviews where someone who uses services come around and looks at the service from the eyes of the service users. We haven't had a peer review yet, but we will be having one this year."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were shortfalls with the maintenance of records relating to people, staff and the management of the service. Not all aspects of the service were monitored effectively. Regulation 17 (1)(2)(c)(d)(i)(ii)(e).