

Alphacare Holdings Limited

The Cedars Nursing Home

Inspection report

Northlands
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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?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The Cedars Nursing Home is a care home which provides accommodation and nursing care for up to 62 older people. At the time of our inspection 39 people were resident at the home.

This inspection took place on 12 January 2016 and was unannounced. We returned on 13 January 2016 to complete the inspection.

At the last comprehensive inspection in June 2015 we identified the service was not meeting a number of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not enough staff to meet people's needs, medicines were not always managed safely, the infection control procedures were not always followed and the service was not well managed. We served warning notices to the provider as a result of the concerns we identified. We completed a focussed inspection in August 2015 and found that the provider had taken the immediate action necessary to improve the service. During this inspection we found the provider had sustained these immediate improvements, but further work was needed for people to receive a consistently good service.

Staffing levels were safe, but some people felt additional staff would help them receive a more personalised service. Staff were available to provide support to people when needed, including support for people to eat, drink and move around the home safely. Call bells were answered promptly and staff responded to verbal requests for assistance from people.

Most people told us they thought there were sufficient staff available. Comments included, "They come quickly when I ring", "There are no long waits" and "Yes, I think there are enough staff". Two people expressed concern about staffing levels, citing the time it took to answer call bells and the time they were supported to get into bed in the evening.

Relatives told us they felt the staffing levels were usually suitable to meet people's needs. Comments included, "Having less people in the home means staff have more time to sit and talk to people" and "There are generally enough staff to meet (my relative's) needs, but maybe having one more (on the wing for people with dementia) would be better".

During this inspection we found the improvements to risk management systems had been maintained, although some further work was needed to ensure staff were recording and analysing incidents more effectively.

Medicines were being managed safely and infection control procedures were being followed, which helped to minimise the risk of cross infection.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the action they needed to take if people did not have capacity to consent to their care.

People's opinion of the effectiveness of the care and support they received varied. When asked whether staff supported them well one person replied, "They try to". Another person said, "Some are good and some are just OK". A third person said, "It's very hit and miss. All very well meant. They have good intentions but not always the ability. Most of the nurses are very good".

Although most staff had completed training in person centred care and care of people who have dementia, we observed some interactions in which this was not put into practice. This included completing tasks without interaction with the person and not listening to people's responses to questions. Other staff demonstrated they had understood the training they had completed. We observed staff interacting with people in a way that demonstrated a good understanding of their needs and a warmth towards them. The regional manager acknowledged that more work was required to embed the training into day to day practice for some staff.

At this inspection we found there had been an improvement in the information set out in people's care plans. People's records contained care plans relating to their specific needs and there was evidence the plans were updated when people's needs changed. Some people told us they were involved in developing and reviewing their plans. Where people were not able to tell staff what care they needed, there was a record of who had been involved in making decisions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe, but further work was needed to ensure good practice was followed consistently.

There were systems in place to manage risks people faced, although action was needed to ensure staff were recording and analysing incidents more effectively.

Staffing levels were safe, although some people felt they would receive a more personalised service if there were more staff available, or they were deployed differently.

Medicines were managed safely and the infection control procedures were followed, to minimise the risk of cross infection.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff received regular training, although this was not always implemented in practice. Whilst we observed good practice from some staff, others worked in ways that were not person centred.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the action they needed to take if people did not have capacity to consent to their care.

People were able to see relevant health care professionals when needed.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People told us staff were friendly and reported they had a good relationship with them.

Staff were kind to people most of the time. However, we observed some interactions where staff did not demonstrate respect for people in their response to requests for assistance or the way they spoke to people.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People did not always have the opportunity to take part in activities they enjoyed.

Care plans had been completed and regularly reviewed. This gave staff clear information about people's specific needs and the action they should take to meet them.

Requires Improvement ●

Is the service well-led?

The leadership of the service had improved, but further work was needed to build on the changes that had been made and embed them in practice.

There was no registered manager in post.

The management team had developed detailed plans to address shortfalls in the service and plan improvements. The management systems were being used to regularly review the service and identify where to prioritise action.

Requires Improvement ●

The Cedars Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 12 January 2016 and was unannounced. We returned on 13 January 2016 to complete the inspection.

The inspection was completed by two inspectors and a specialist advisor in the nursing care of people with dementia. We reviewed reports from the last comprehensive inspection in June 2015 and a follow up focussed inspection in August 2015. This enabled us to ensure we were addressing potential areas of concern. We also looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with 10 people who use the service, two relatives and 10 staff, including nurses, care assistants and housekeeping staff. We spoke with the regional manager, a management consultant and two deputy managers who were providing management cover for the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for 10 people. We also looked at records about the management of the service.

Is the service safe?

Our findings

At the last comprehensive inspection in June 2015 we identified that the service was not meeting Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not enough staff to meet people's needs. Following that inspection we served a warning notice on the provider. We completed a focussed inspection in August 2015 and found the provider had taken the immediate action necessary to provide more staff in the service. During this inspection we found staffing levels had been maintained at a level where people received safe care.

The service used a dependency assessment tool to identify how many staff were needed to work on each shift. The dependency assessments were regularly reviewed and staffing levels had been amended as people's needs changed. The assessment of how many staff were needed also took into account the layout of the building and the challenges posed by one half of the building having only five people living in it. The home's staff rota and staff attendance records demonstrated these staffing levels were maintained consistently.

During our Short Observational Framework for Inspection (SOFI) in the wing for people with dementia staff were available to provide support to people when needed. Staff were available to provide support for people to eat, drink and move around the home safely. Call bells were answered promptly and staff responded to verbal requests for assistance from people.

Most people told us they thought there were sufficient staff available. Comments included, "They come quickly when I ring", "There are no long waits" and "Yes, I think there are enough staff". Two people expressed concern about staffing levels, citing the time it took to answer call bells and the time they were supported to get into bed in the evening.

Relatives told us they felt staffing levels were usually suitable to meet people's needs. Comments included, "Having less people in the home means staff have more time to sit and talk to people" and "There are generally enough staff to meet (my relative's) needs, but maybe having one more (on the wing caring for people with dementia) would be better".

Staff told us there were enough of them available to be able to provide safe care and meet people's immediate needs. One care assistant told us staffing levels were much improved since our inspection in June 2015, saying that the managers ensured any gaps in the rota were covered by agency staff. The care assistant told us this had not always happened in the past, which was the main cause of staff shortages. Other nurses and care assistants told us they were able to provide the care people needed, although some said they felt this would be easier with one additional staff member. None of the staff gave examples where staffing levels had resulted in people being unsafe or not receiving the care they needed.

The regional manager said they were keeping staffing levels under review and would provide additional staffing where needed. They acknowledged this would be particularly important if the service started to take new admissions to the home.

At the last comprehensive inspection in June 2015 we identified the service was not meeting Regulation 12 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks people faced were not being identified and managed effectively. Following that inspection we served a warning notice on the provider. We completed a focussed inspection in August 2015 and found the provider had taken the immediate action necessary to identify risks and manage them effectively. During this inspection we found the improvements to risk management systems had been maintained, although some further work was needed to ensure staff were recording and analysing incidents more effectively.

People's care files contained individual risk assessments relating to issues specific to them, including falls, tissue viability, choking, malnutrition and dehydration. These risks had been re-assessed each month and suitable interventions were put in place to manage the risks that had been identified. These included providing pressure relieving equipment to minimise the risk of developing pressure ulcers and moving and handling aids to support people to move safely. People identified to be at risk of malnutrition had been weighed regularly to monitor any weight loss and action had been taken to supplement people's diets where they were losing weight. Records demonstrated people had been re-positioned regularly to help minimise the risk of pressure damage and people's nutritional intake was recorded.

Where people could become aggressive as a result of their dementia, there were plans in place for staff to follow. The plans set out the reasons why people may become aggressive and the way staff should respond to them. Staff had recorded some details of incidents of aggression, although there was little in depth examination of the trigger factors which led to the behaviour occurring. The deputy manager told us they were working with the mental health team to re-assess one person and to update the guidelines in place to support them.

Staff were aware of the risks people faced and the action they needed to take to manage them. Staff were aware of the fire evacuation procedures and equipment to support people to evacuate the building was available. Fire drills took place regularly.

At the last comprehensive inspection in June 2015 we identified the service was not meeting Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines that required refrigeration were not being managed safely and people were not always supported to apply medicated creams they had been prescribed. Following that inspection we served a warning notice on the provider. We completed a focussed inspection in August 2015 and found the provider had taken the immediate action necessary to manage medicines safely. During this inspection we found the improvements to medicine management systems had been maintained.

The fridges for storing medicines were being checked daily and all recordings were within the range of temperatures recommended for the medicines held. People who had been prescribed medicated creams had detailed instructions in their care files, setting out what the cream was for and where it should be applied. Records demonstrated that medicated creams had been applied in line with the instructions from the person's GP.

Medication administration records had been completed correctly for other medicines people were prescribed. There was a record of medicines brought into the home and medicines destroyed because they had been spoilt or were no longer required. There were guidelines in place when people were prescribed a variable dose of medicines and when they had been prescribed medicines to be administered 'as required'. One person was being given their medicines covertly because they regularly refused them due to the effects of their dementia. This had been agreed by a multi-disciplinary team, including the person's GP, family member, social worker and staff from the service. Staff had sought advice from the pharmacist to ensure

mixing the medicine with food would not alter its efficacy.

At the last comprehensive inspection in June 2015 we identified the service was not meeting Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the infection control procedures did not protect people from the risk of cross infection. Following that inspection we served a warning notice on the provider. We completed a focussed inspection in August 2015 and found the provider had taken the immediate action necessary to control the risk of cross infection. During this inspection we found the improvements to infection control systems had been maintained.

All areas of the home were clean and people told us this was how it was usually kept. Comments from people included, "Always clean" and "Housekeeping is really brilliant". The sluice rooms were clean and well organised, with clean and dirty items separated to prevent cross contamination. Hand washing and drying facilities were available and sinks were clean. Clinical waste bins were available and had been emptied before they became over full. There was a colour coding system in place for cleaning materials and equipment, such as floor mops. There was also a colour coding system in use to ensure soiled laundry was kept separate from other items. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them. All areas of the home smelt fresh and clean.

The deputy manager had been designated the infection control lead for the service and completed regular audits of how the infection control procedures were being followed in practice. The cleanliness of the service was checked daily during the manager's walk round.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Is the service effective?

Our findings

At the last comprehensive inspection in June 2015 we identified the service was not meeting Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not have a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and did not take action to protect people's rights where they did not have capacity to consent to care or treatment. Following that inspection we issued a requirement notice. The provider developed an action plan to address the shortfalls, which they submitted to us following the inspection.

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 legally authorised under the MCA. 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 are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we found staff had taken appropriate action when they assessed people did not have capacity to make a decision. One person was being given their medicines covertly because they regularly refused them due to the effects of their dementia. Staff had completed a mental capacity assessment, which concluded the person did not have capacity to make this decision. The decision to administer the medicines covertly in the person's food had been agreed by a multi-disciplinary team, including the person's GP, family member, social worker and staff from the service. The decision had been made in line with the principles of the MCA.

Staff had completed additional training in the MCA and DoLS and those we spoke with demonstrated a good understanding of the principles of the Act. People's care records contained detailed and decision specific mental capacity assessments and the provider had made DoLS applications to the local authority where appropriate. At the time of the inspection none of the DoLS applications had been assessed by the local authority, but the service had acknowledged that the applications had been made.

Although the provider had taken action to complete mental capacity assessments and make applications under DoLS where appropriate, they did not have a log of all the applications that had been made and what stage they were at. The regional manager told us they were in the process of introducing new paperwork, which would enable them to track applications that had been made and restrictions that had been agreed. This would enable the provider to assess whether any decisions authorised by the supervisory body were being followed by staff at all times and ensure people's rights were being upheld.

People's opinion of the effectiveness of the care and support they received varied. When asked whether staff supported them well one person replied, "They try to". Another person said, "Some are good and some are just OK". A third person said, "It's very hit and miss. All very well meant. They have good intentions but not always the ability. Most of the nurses are very good".

Since the last comprehensive inspection in June 2015 the provider had worked to provide additional training to staff and ensure staff vacancies were filled more consistently by agency staff who worked in the home more frequently. Staff told us they received regular training and updates from the in-house trainer.

Although most staff had completed training in person centred care and care of people who have dementia, we observed some interactions in which this was not put into practice. This included completing tasks without interaction with the person, for example giving a person with dementia a drink without using this interaction as an opportunity to engage the person in conversation. We observed staff asking if a person was "OK", but not staying around to listen to their response. Other staff demonstrated they had understood the training they had completed, and interacted with people in a way that demonstrated a good understanding of people's needs and a warmth towards them. The regional manager acknowledged more work was required to embed the training into day to day practice for some staff.

Records showed staff received group and one to one supervision sessions. These were used to follow up on training they had received and apply this to situations in the service. Examples had focussed on infection control and health and safety procedures, both of which had seen improvements since the last inspection. The regional manager had plans to use the supervision sessions to support staff to work in more person centred ways and apply the training they had received.

Most people told us they were happy with the food provided by the home and were able to choose meals they liked. Comments included, "The food is OK. I eat it all so it must be alright" and "The food is OK, no problems". One person told us, "They keep trying different things I don't like". A relative confirmed staff provided support for one person to eat and drink, telling us "They're always popping in to see if she has a drink. If she doesn't like what's on the menu, they always cook something else for her".

People in the dining rooms appeared to be enjoying their lunch and spent time interacting with each other. The part of the home for people with dementia was well organised during lunch, with sufficient staff to provide support to eat for those that needed it. Staff providing support for people to eat sat at their level, took their time and explained to people what the food was. Staff encouraged people to be independent where possible with their eating, but intervened to provide help when people found it difficult.

The majority of people on the ground floor had their meals in their rooms, with some of them needing support to eat. The people in the dining room were served promptly after the meal trolley had arrived at 1pm. There was some delay in providing meals for those eating in their rooms and there were still 10 people waiting for their meals at 1.30pm. One person we spoke with told us they sometimes received their lunch late, saying "It should be much better".

People told us they were able to see health professionals where necessary, such as their GP, specialist community nurse or dentist. This was supported by records in people's care files. One relative told us they thought staff responded well if people became ill. They said "I feel it's very good, the staff report things to the nurse and they arrange for the GP to come".

Is the service caring?

Our findings

At the last comprehensive inspection in June 2015 we observed some interactions where staff did not demonstrate respect for people in the language they used or in their response to people's requests for assistance. The provider sent us an action plan setting out the action they were going to take to address these issues. At this inspection we found more staff were working in ways that demonstrated a caring approach to people. However, further action was needed to embed this approach in all interactions between staff and people who use the service.

We spent time in the area of the home for people with dementia, completing the Short Observational Framework for Inspection (SOFI). This is a way of observing care to help us understand the experience of people who could not talk with us. During the observations we saw some very good interactions between people and staff, which made people seem happier and provided reassurance to them. Examples included staff responding to a person who was distressed, asking the person what was making them feel unhappy and how they could help them. The member of staff provided this support in a very calm and caring way and demonstrated a good understanding of the person and methods of supporting them to be more settled. Some staff demonstrated a good understanding of people's history, engaging one person in discussion about music and the instruments they used to play. This resulted in the person smiling broadly and tapping along to music that was being played. Prior to this interaction the person had seemed distressed and unsettled.

We saw other interactions in which staff did not interact with people in ways that demonstrated care or an understanding of people's needs. For example, a nurse came into the lounge and asked one person whether they were "alright". The nurse did not stay to listen to the answer but went to speak with someone else. When the nurse left the room, the person shook their head and said "No, it's not" several times. A few moments later another nurse came into the room, saw that the person was distressed and spent time chatting with them. Following this second interaction the person seemed much happier and was smiling broadly. Although the person received support to deal with their anxiety and distress, a different response in the initial interaction may have led to a better experience for them.

On another occasion we saw a care assistant ask one person if they wanted to draw a flag for an event that was taking part. Another person said "Yes" in response to the question but the care assistant replied, "I don't think so (person's name)" and didn't have any further interaction with them.

Other people told us staff were kind and said they were treated with dignity. Comments included, "The staff are very kind", "The staff are generally quite nice" and "The staff are kind, I like them". Another person told us they were able to make decisions about what they did, adding, "The kind of life you lead is entirely up to you. We are all different". A relative told us, "The staff are always very kind and caring towards my mother. I have never seen anyone be rude or mistreat people".

The provider had held meetings for people who use the service and their relatives to ask for their input on the service provided and improvements that were needed. The provider had used these meetings to give

people information about the shortfalls that had been identified during the inspection process, the details of the inspection reports and the actions they were going to take to address the issues.

Is the service responsive?

Our findings

At the last comprehensive inspection in June 2015 we identified that the service was not meeting Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans had either not been completed or had not been updated to reflect people's changing needs. Following that inspection we issued a requirement notice. The provider developed an action plan to address the shortfalls, which they submitted to us following the inspection.

At this inspection we found there had been an improvement in the information set out in people's care plans. People's records contained care plans relating to their specific needs and there was evidence that the plans were updated when people's needs changed. For example, there were plans in place where people had specific needs in relation to nutrition, skin integrity and care to prevent pressure damage, personal hygiene and support needed when people were distressed. Some people told us they were involved in developing and reviewing their plans. Where people were not able to tell staff what care they needed, there was a record of who had been involved in making decisions.

The regional manager told us they had concentrated on working to ensure people's most important needs were set out in the care plans and that these plans were kept up to date as people's needs changed. The next stage of their improvement plan was to move to new paperwork being introduced by the provider, which would pull all of the information into one document and set out information in a more person centred way. The regional manager wanted to move away from care plans being task focussed to ones that better reflected people's social and emotional needs.

Whilst most people were happy with the way their care needs were being met, we received less positive comments regarding the social activities that were available in the service. Comments from people included, "There's nothing to do" and "It's OK but I'm bored living here. There's nothing to do that I enjoy". One person told us they used to take part in a range of activities they enjoyed, but these no longer took place and they stayed in their room if there was nothing planned. A care assistant told us the home's activity co-ordinator had recently left and they found it difficult to engage in social interaction with people due to the need to provide people with personal care support. Most of the concerns about lack of social activity were raised by people who lived on the ground floor, which was used by people who had general nursing needs. We observed more social interaction and activities taking place on the first floor, which was used to care for people living with dementia. The regional manager confirmed the activities co-ordinator had left the service and said they were in the process of recruiting a replacement.

During our Short Observational Framework for Inspection (SOFI) on the first floor, we observed staff supporting people to choose music to listen to and discussing the music and singing along. People appeared to enjoy this interaction and responded by joining in, smiling and tapping their feet. We saw other opportunities for social activity and interaction that were not taken up by staff. For example, not providing support for one person to take part in a flag making activity that some people were doing and not responding to people initiating discussions.

The service had a complaints procedure and there was a record of complaints received. Individual complaints had been responded to by a member of the management team and details of complaints were reported through the home's monthly management returns.

Is the service well-led?

Our findings

At the last comprehensive inspection in June 2015 we identified the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was no registered manager in post and shortfalls in the service being provided were not identified or action taken to resolve the problems. The management systems did not identify trends emerging from feedback the service had received or ensure that action was taken to ensure the service operated within the law. Following that inspection we served a warning notice on the provider. We completed a focussed inspection in August 2015 and found the provider had taken the immediate action necessary to improve the management of the service. During this inspection we found that the management team had continued with their work to improve the service, although further work was needed.

The home did not have 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. Following the inspection in June 2015 a manager was appointed and was in post when we completed the focussed inspection in August 2015. Following the focussed inspection, the manager left the service. The regional manager told us a new manager had been employed and was due to start work in February 2016. They said an application to become the registered manager would be submitted to CQC. Whilst the home had been without a manager, the regional manager and two deputy managers had been providing management cover. The provider had a condition of registration that a registered manager must be in post at The Cedars and was therefore in breach of their conditions of registration at the time of the inspection. We will monitor this and will consider further enforcement action if the service continues to operate without a registered manager.

Following the last comprehensive inspection in June 2015, the provider developed a detailed action plan to address failings in the way the service was operating. This plan had been regularly reviewed, revised and updated to reflect the development of the service and where further improvements were required. The provider had shared this plan with people who use the service and their relatives, through group and individual meetings and written communication with people. One relative told us they had attended a meeting where "Plans for the future had been spelt out".

Since the last comprehensive inspection the management team had completed a daily 'walkaround' in the service. This was used to assess how the home was operating, including the numbers of staff on duty, cleanliness, records that staff were keeping, how medicines were stored and administered and how quickly staff responded to call bells. There were reports of these observations and details of any actions that had been taken to address shortfalls identified. For example, action had been taken where the management team had identified poor infection control practices and concerns about the way meals were presented.

The management team held a heads of department meeting every morning. This was used to review what had happened overnight and plan any work that was required to ensure the service operated effectively.

Most of the staff we spoke with felt the changes that had been made to the management of the service since the last comprehensive inspection had been positive. Staff told us the management team had met with them to discuss the findings of the previous inspection and the plan of how to make improvements. Comments from staff included, "Things are improving; on the up. We just try our best and keep going" and "We can talk about how we feel, any concerns (to the management team)". Staff told us they felt they were able to say what they wanted and were listened to. An agency nurse who had been working at the home since the last comprehensive inspection told us, "It's calmer now. Things have improved at the service". Staff demonstrated an understanding of the improvements that were needed and the plans in place to achieve these.