

The Chase Care Home Ltd

The Chase Rest Home

Inspection report

The Chase
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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

The Chase provides accommodation and personal support for up to 24 older people with mental health needs. Some people were independent and required little assistance while others required assistance with personal care and daily living; or support with health care such as diabetes and some were living with dementia. There were 18 people living at the home during the inspection.

The home was a converted older building and the accommodation was on four three floors, a lift enabled people to access most of the home. There were large communal seating areas on the ground floor; people using walking aids were able to access the large garden to the rear and a slope enabled people easy access to the pavement at the front.

A registered manager was responsible for the day to day management of the home. 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 inspection took place on the 14 January 2016 and was an unannounced, which meant the provider and staff did not know we were coming.

A quality assurance and monitoring system was in place and, had identified the issues we found during the inspection, in relation to care plans and mental capacity assessments. There was an action plan in place to address the issues and staff training had been arranged to ensure these were addressed.

People said they felt safe and involved in decisions about the support provided. Risk had been assessed to ensure people were able to take risks. Staff provided support if required, such as assisting people to keep mobile with the use of mobility aids and, where appropriate additional support was provided to enable people to go into the town safely. There was guidance for staff to follow, staff knew people really well and they had a good understanding of people's individual support needs.

People had access to health care professionals, which included the community mental health team, the GP, district nurse, optician and dentist. People were supported to maintain a healthy diet and if people lost weight or their appetite there were systems in place to support them. The menus were based on people's preferences, they chose what they wanted to eat and said they food was very good.

There was an open and relaxed atmosphere in the home, people were encouraged to be involved in developing the support provided and were able to talk to the registered manager and provider at any time. People did not have any concerns, they said there were enough staff working in the home to look after them and they had the skills and knowledge they needed to provide the right support to meet their needs.

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.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Risk to people had been assessed and managed as part of the care planning process. There was guidance for staff to follow.

People were cared for by a sufficient number of staff and recruitment procedures were robust to ensure only suitable people worked at the home.

Medicines were administered safely and administration records were up to date.

The premises were well maintained and people had access to all parts of the home.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, but had not followed current guidance for referrals to the local authority.

Staff had received fundamental training and provided appropriate support.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring.

The registered manager and staff approach was to promote independence and encourage people to make their own

decisions.

Staff communicated effectively with people and treated them with kindness and respect.

People were encouraged to maintain relationships with relatives and friends. Visitors were made to feel very welcome.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they moved into the home.

People's support was personalised and care plans were reviewed and updated when people's needs changed.

People decided how they spent their time, and a range of activities were provided depending on people's preferences.

People and visitors were given information about how to raise concerns or to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There was no evidence to show that people were involved in developing their care plan, and daily records did not reflect the support provided.

There were clear lines of accountability and staff were aware of their roles and responsibilities.

People, relatives and staff were encouraged to provide feedback about the support and care provided.

Quality assurance audits were carried out to ensure the safe running of the home.

The Chase Rest 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 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.'

The inspection took place on the 14 January 2016 and was an unannounced, which meant the provider and staff did not know we were coming. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

Before our inspection we reviewed the information we held about the home, including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law.

As part of the inspection we spoke with all of the people living in the home, four care staff, activity staff, the cook, housekeeping staff and the registered manager. We observed staff supporting people and reviewed documents; we looked at four care plans, medication records, four staff files, training information and some policies and procedures in relation to the running of the home.

Some people living in the home were unable to verbally share with us their experience of life at the home, because they were living with dementia. Therefore we spent a large amount of time observing the interaction between people and staff, and watched how people were cared for by staff in communal areas.

Is the service safe?

Our findings

People told us they felt safe living in the home. People said, "If I didn't feel safe I wouldn't be able to sleep." "It is the building and the people who care" and, "Because of the way the staff make you feel." People thought there were plenty of staff and they were always available if they wanted anything. One person said, "We can ring our bell if we are in our room, but if we are downstairs there is always staff around. We don't have to wait very long." Staff had attended training in supporting people safely; they had a good understanding of their needs and enabled them to be independent as much as possible.

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training. They understood the different types of abuse and described the action they would take if they had any concerns. Staff had read the whistleblowing policy and stated they would report any concerns to the senior staff on duty and the registered manager. If they felt their concerns had not been addressed to their satisfaction they would contact the local authority or CQC. Staff said the contact details for the relevant bodies were available in the office and they could all access these if they needed to. Staff said they had not seen anything they were concerned about.

There were systems in place to manage medicines safely. Medicines were kept in locked cupboards in people's rooms, with pictures of each person for ease of identification when people were not in their room. Medicine administration record (MAR) charts clearly stated the medicines people had been prescribed and when they should be taken. MAR charts included specific information including date of birth, room number, a photograph, and any allergies they had. Details of any special instructions were added when necessary, such as, 'has difficulty swallowing'.

We observed medicines were given to people individually at lunchtime and staff signed the MAR chart only when people had taken the medicine. Staff followed the medicine policy with regard to medicines given 'when required' (PRN). These were recorded on the reverse of the MAR and staff said these charts were only completed when the medicines had been actually given; with an explanation as to why they had been administered, such as paracetamol for a headache. The MAR charts were up to date, completed fully and signed by staff. Staff said only those who had attended medicine training and had been assessed by the registered manager as competent could administer medicines. Risk assessments had been completed for each person with regard to medicines; the assessments identified if people were able to look after their own medicines and one person had been assessed as able to look after their medicines. Additional medicines were stored in a locked cupboard in the dining room and medicines requiring refrigeration were stored in a fridge, which was not used for any other purpose. The temperature of the fridge was monitored daily to ensure they were at the correct temperature and therefore still safe to take.

Risk assessments had been completed depending on people's individual needs. These included mobility, nutrition and communication. They were specific for each person and included guidance for staff to follow to ensure people's needs were met. Each assessment looked at the area of concern, the outcome that the support aimed to achieve with guidance for staff to follow, and what was achieved. For example, one person had experienced falls and continued to be at risk of falls. The aim was to encourage the person to

maintain their mobility using a zimmer, a walking aid. Staff provided support by being aware of when the person was walking, but kept a discreet distance. The outcome was that the person continued to walk short distances with the zimmer, safely and kept their independence. Staff said it was important for people to be independent. One said, "We are here to support people and the assessments identify additional support that each person might need, like a walking stick, or staff just keeping an eye on them" and, "The support we provide changes daily, depending on how people feel and what they want to do."

People were cared for by a sufficient number of staff to keep them safe and meet their individual needs. People said there were enough staff working in the home. One person told us, "They are always there if we need anything, but most of us are quite independent. I am going shopping in a minute." Another person said, "I don't need any help at the moment, but if I did I am sure they would look after me." Staff felt they had the time to look after people, without being rushed or pressured to do anything. Staff had a good understanding of people's needs and spoke confidently about the support they provided for each person living in the home. One staff member said, "We have time to sit and talk to people, do activities and provide the support they need. This is the best job I have had, I knew it was for me as soon as I started." Another staff member told us, "We work really well together as a team." We saw that staff were not rushed, there was a relaxed atmosphere and staff provided the support and care people wanted.

Recruitment procedures were in place to ensure that only people suitable worked at the home. We looked at the personnel files for four staff; they included relevant checks on all prospective staff suitability, including completed application forms, two references, Disclosure and Barring System (Police) check, interview records and evidence of their residence in the UK.

Accidents and incidents were recorded and the registered manager monitored these and audited them monthly. Staff told us they understood the process for reporting and dealing with accidents or incidents. If an accident or incident occurred they would inform the senior person on duty and an accident form would be completed. "We would tell the senior and get them down for injuries; we wouldn't move them, and look for signs of bruising." Information about what happened would be recorded and they would talk about what happened at the staff meetings and, how they could reduce the risk of it happening again. Staff were aware of people who were at risk of falls, which was recorded in the care plan and, they discretely observed where they were and asked if they needed assistance.

There was a system to deal with any unforeseen emergencies. The registered manager said that with support and guidance from staff everyone could be moved out of the home quickly. Staff were aware of the emergency evacuation plan and felt confident that people would be able to leave the home safely. The registered manager or one of the senior staff were on call each night. Staff felt this system worked well, although they did not usually need to contact the registered manager or senior staff, they were confident that support systems were in place if they needed them.

The home was clean and comfortable, although some areas required redecoration; the registered manager said this had been included in the business plan for the next year. There were records to show relevant checks had been completed, including lighting, hot water, call bells and electrical equipment. The fire alarms system was checked weekly and fire training was provided for all staff and the records showed they had all attended. External contractors maintained the lift, electricity supply and kitchen equipment, and if there were any problems staff were able to access their contact details.

Is the service effective?

Our findings

People said the staff looked after them very well, they understood their needs and had the skills to look after them. People told us, "They are quite good at helping. They help as far as they can." "They look after you properly" and, "They know what we need, and they know how to look after us." People said the food was very good. "There is a choice and they ask us what we want." Staff told us they asked people what they liked and the menu was based on people's preferences.

There was no evidence on the training plan that staff had completed Mental Capacity Act 2015 (MCA) training. Although they demonstrated a good understanding of MCA during discussions about their training and the care they provided. MCA aims to protect people who lack capacity, and enable them to make decisions or participate in decisions about the support they received. Staff said people living in the home were able to make decisions about all aspects of the support and care provided and, they were aware that some people were living with the early stages of dementia. Staff said, "Some people have dementia and they forget, but they can make decisions and we make sure we offer choices and encourage them to be independent." Staff told us they always gained people's consent before supporting them with personal care. One member of staff said, "We ask them if we can wash their face or make the bed, and we respect their answer." One person said, "I can make decisions for myself."

Deprivation of Liberty Safeguards (DoLS), which is part of the MCA, is to ensure someone, in this case living in a care home, is deprived of their liberty in a safe and appropriate way. This is only done when people are unable to tell staff about their wishes and need support with aspects of their lives. Decisions about their support is made during best interest meetings and agreed by relatives or an advocate, health and social care professionals and staff, when there is no other way of safely supporting them. One member of staff told us about the implications of DoLS for the people they were supporting. "This is only done when it is in the best interests of the person and there is no other way to safely care for them." Staff were aware that the locked front door, which prevents people entering and leaving the home, was a form of restraint, and the registered manager said applications had been made to the local authority about this. A DoLS had been agreed with the local authority for one person living in the home and additional support was provided so the person could go into town safely on a daily basis. However, the registered manager had applied for DoLS for other people, but had not completed a mental capacity assessment. This meant they had not followed the appropriate procedures to evidence the reasons for applying for a DoLS and, the registered manager said they would address this.

People felt that staff were competent and skilled in their roles. One person said, "They are wonderfully patient and love everyone." Staff said the training was very good. One member of staff said, "We do all the usual training, like moving and handling, safeguarding and infection control." Another said, "I have learnt a lot from other staff who have worked here longer, but mainly that we are here to support people to have the best life they can, like when they lived at home." The training plan showed staff attended relevant training and service specific training such as mental health awareness and challenging behaviour.

New staff were required to complete induction training. This included working with more experienced staff

to learn about the day to day running of the home and working through the Skills for Care and Care Certificate programme. The registered manager said all new employees would be required to complete the Care Certificate, which familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. This involves a programme of observation and assessments to ensure staff have the skills and knowledge to understand people's needs and provide appropriate support and care. Staff said they could work towards professional qualifications if they wanted to and they told us they were working towards or had completed national vocational qualifications Level 2. One member of staff told us, "We are taught the correct way and learn a lot."

Staff told us they had regular one to one supervision with the registered manager and they felt this gave them a chance to sit down and talk about anything, and find out if there were areas where they could improve. The supervision records showed staff attended regularly and it was evident that work based and personal issues were raised and addressed. Such as outlining actions and support for staff members when needed. One member of staff said, "I bring up supervision issues from the notebooks provided. It is a two way process. There is really good access to training monthly. If we want to access a course we can request it." Staff said appraisals were carried out yearly and the records showed these had been completed in March 2015 of staff who had worked at the home of a year.

People told us the food was very good and staff asked them what they wanted for each meal. The staff were aware of people's preferences and the cook had a good understanding people's needs and their likes and dislikes. Such as one person preferring sandwiches rather than a hot meal at lunchtime. People sat in the dining room for lunch, the atmosphere was relaxed and quiet, and people had an opportunity to socialise if they wanted to. Condiments, napkins and a choice of juices were available, and tea and coffee was served throughout the day, when people wanted it. People were encouraged to have enough to eat and drink. One person said, "I always eat what I am given." Staff told us snacks and drinks were available at any time and people said they had enough to eat and drink. Staff said they would notice if people were not eating and drinking as much as usual and would report this to the senior staff or registered manager, who in turn would contact their GP if required. Staff assisted people and records were kept of the amount two people ate and drank, as they had lost weight. As part of their support plan they had been weighed weekly so that staff were aware of any changes, and their GP had been informed. People's preferences were recorded on the food and fluid charts, such as 'I am a porridge eater', so that staff offered appropriate choices to support them with their diet.

People had access to health care professionals. These included the community mental health team, speech and language team, dentists, opticians and chiropodists. GPs visited the home as required. Appointments and any outcomes were recorded in the care plans which included any changes to the support provided, such as prescriptions for antibiotics. The district nurse visited daily to support one person with insulin dependent diabetes and records were kept of these visits, with details of blood sugar levels, and there was guidance in the care plan for staff to follow.

Is the service caring?

Our findings

People were very positive about all aspects of the support provided. They said staff looked after them very well. People told us, "The staff are very pleasant and caring." "I like the staff here they are friendly" and, "I'm sure they are caring." Staff said they provided the support people needed in a caring way and respected their choices.

People decided how they spent their time. They said, "The home is nice and comfortable" and, this was evident with people sitting in the lounge, dining room or their own room if they preferred. One person had a cat and they spent most of their time together in the person's room. The atmosphere was relaxed and comfortable, people and staff talked about how they were going to spend their day and they discussed the activities they might want to do. People went into town, others joined in the activities and some liked to watch the afternoon film in the lounge, which they enjoyed.

Staff had not yet attended equality and diversity training, but they had a good understanding of the issues and their implications for the people they were supporting. Staff were knowledgeable about people's likes and dislikes. For example, one person does not like showers so they support them to have a bath when they wanted them. People's preferences were recorded in the care plans. There was information about each person's life and these had been compiled with people and their families where possible when they moved into the home. They contained information that staff could use to help build relationships, such as people's previous occupations and hobbies. Staff said they had read the care plans and felt the information enabled them to provide support based on people's preferences so that they could meet people's diverse needs. A keyworker system was in place. This meant staff worked on a one to one basis with people to help them keep in contact with relatives and friends, ensure they had enough toiletries and their clothes were appropriate and replaced when necessary. For example, ensuring one person had enough stamps and their letters were posted. Staff said the system worked really well and meant they had a closer relationship with people.

Staff told us each person was different, they had their own personality and made their own choices, some liked music or watching TV, while others liked to sit quietly in their rooms, and they enabled people to do this as much as possible. One member of staff said, "I think we support people to be independent, make choices and encourage them to be different. Like we are, none of us are the same, we like different things and so do they." One person said they did not sleep very well so they went down to the lounge during the night to have a cup of tea and talk to the staff. This showed staff understood people's needs and supported them in a caring way.

People said they made their own decisions and choices. They felt that staff spoke to them in a nice way and listened to them. Conversations between people and staff were very relaxed and friendly, with joking and laughter, in a respectful way. Staff had a good understanding of people's needs and talked to people quietly and waited for a response before they provided support. People said they were treated with dignity and respect. One person said, "I think they do." Staff knocked on people's doors before entering and one person told us, "It couldn't be better." Staff were caring and attentive and people made decisions about their care.

They ensured bedroom doors and curtains were closed when they supported people with their personal care and, were discrete when they asked people if they needed assistance when they were in communal areas.

Staff respected people's privacy and dignity, and they regarded information about them as confidential. One staff member said, "We do not talk about people's needs in front of other people." Another told us, "The information we have about people is confidential and we don't even discuss it with relatives or friends unless the person gives us permission to do so."

People were able to maintain contact with family and friends and people that were important to them. They told us how they were supported by staff to maintain friendships with people through various methods such as mobile phones and social media. One person said, "My visitors and friends are made to feel welcome." One person was supported to visit another care home to see a relative. Staff said the person looked forward to the visits and was up and dressed early in preparation, although on the other days they chose to remain in bed until later in the day. Staff dropped the person off and picked them up at times agreed between the registered managers of each home. This showed that people received care from staff who knew them well and responded to their individual needs in a caring and compassionate way.

The registered manager said advocates were available to support people if they had no relatives or representatives and information was available in the office. They said this service was not needed at the time of the inspection.

Is the service responsive?

Our findings

People were very positive about the activities provided, each person had their own preferences and staff supported them to do group and individual activities. People were equally positive about not being pressured to join in if they chose not to. One member of staff said, "We look at the whole person when we plan and provide care and support, a holistic approach and this includes all aspects of their care." Staff regarded doing activities as part of the care and support they provided.

People's needs had been assessed before they moved into the home. The registered manager said if people wanted to move into the home their needs were assessed, to ensure they could provide the care and support they needed, and to ensure their admission to the home would not affect the wellbeing and health of other people resident at the time. People were invited to visit the home and meet people and staff to assist them in deciding if they wanted to move in. People said they liked living in The Chase and felt very well looked after. The information from the assessment was used as the basis of the care plans.

The information in the care plans was specific to each person, but had not been reviewed and updated by the registered manager. However, staff had a good understanding of people's needs, including the way they communicated and their behaviour, and there was guidance for staff to follow. Staff said they had read the care plans, but on a day to day basis they relied on the handover to keep up to date with people's needs. One member of staff said, "We all have a good understanding of how to support people and if we are not sure there is always someone to ask."

At handover staff discussed each person, not only those whose needs had changed, they included positive comments about what people had done and said. Records were kept of appointments by health professionals, family visits and other information like birthdays.

People told us, "I like sitting here in the morning we have a chat and I watch TV in the afternoon with my friend." "I like to have a chat with people and this is the best place to be" and, "I go out, but not on my own, someone takes me, which is very nice." Activity staff said they were reviewing the activity programme and had been looking for something new to add. They said, "We do group and individual activities and reminiscence is very popular and can be quite entertaining depending on what people remember" and, "We take people out when the weather is good." This included the local park, library or café. Records were kept of the activities provided so that it was clear what people wanted to do, "So activities could be planned around this." A 'tablet' had been provided for one person so they could play games and people were able to use the homes email system to keep in touch with relatives; a Wii was used for group games like bowls and a small piano had been purchased to enable one person to continue to enjoy playing music. One person said, "They can't do enough for you." People joined staff in doing work in the home if they wanted to, such as setting the table or clearing up after meals. Staff asked people if they wanted to join in and respected their choice if they said no. People clearly chose how they spent their time and what they wanted to do.

During the team meeting staff discussed people's needs and suggestions were made, such as a 'Manicure Monday' and it was agreed this would be offered to people. People also put forward suggestions and make their choices known. One person is looking forward to staff helping them in the garden when the weather

improves. External entertainers have visited the home and, the local church regularly joins people for singing sessions.

The registered manager said people were supported to maintain their independence as much as they could in a safe way, and make decisions about the support they received. One person refused personal care at times, this was recorded in their care plan and, to ensure they received the care they wanted all staff offered care at different times. The GP had been informed and had assessed the person's needs and advised that the support provided was appropriate. The registered manager told us they offered appropriate care, but could not make people accept it; this was their choice if they had capacity to make that decision. Staff had a good understanding of this person's needs and their decisions with regard to the care and support that was available.

A complaints procedure was in place; a copy was displayed on the notice board near the entrance to the home, and given to people, their relatives and representatives. Staff told us they rarely had any complaints, and the registered manager kept a record of complaints and the action taken to investigate them. People said they did not have anything to complain about and, if they did they would just talk to the staff or the registered manager.

Is the service well-led?

Our findings

From our discussions with people, staff and the registered manager, and our observations, we found the culture at the home was open and relaxed. Care and support focused on providing the support people living at The Chase needed and wanted. People said the registered manager was always available and they could talk to them at any time. Staff felt well supported by the management and told us they were able to talk to their colleagues and the registered manager about anything.

People told us they had been and continued to be involved in decisions about the care and support they received. They were aware of their care plans, but did not feel they needed to be involved, as the staff would deal with things for them. Staff told us people were always involved in decisions about the care and support provided and, we observed this in practice. However, there was no evidence of this in the care plans. The records did not show that people's views had been sought, which meant people may not have had the opportunity to alter their care plan if they felt it had not reflected their care needs accurately. The registered manager was aware of this and had been setting up a system for the deputy manager and senior care staff to take responsibility for reviewing and updating a number of care plans. They said this would offer staff an opportunity to improve their record keeping and would evidence people's involvement in the care planning process. Record keeping training had been arranged to support staff and the registered manager said the training would be repeated and staff meetings would be used to discuss care plans and daily records. This was to ensure they evidenced people's involvement and reflected the support and care provided.

The registered manager told us about their philosophy of care and said they had developed a system that was based on meeting the needs of each person, providing the care and support they needed in a way that they wanted it. Staff were positive they could provide individual care and that people benefitted from the relaxed and inclusive way the home was managed. We observed if people wanted to do an activity they could, there were no specific times for people to get up or going to bed, and meal times to a certain extent were flexible, so that people could have their meal when they wanted to. Staff provided care based on people's choices and preferences and involved them in decisions about all aspects of the support they provided.

Staff said the registered manager had an open door policy and staff and people were able to go to the office at any time. The registered manager was available for people and staff, and involved with the provision of care and support. Staff said they had confidence in the management of the home and they felt well supported. One member of staff said, "I feel much more supported and listened to. He is a good manager and even if I don't agree he will listen to our point of view so that we get a better solution, it is flexible." Another one told us, "We get good support from the managers." Staff said there were clear lines of accountability. They were aware of their colleague's role on each shift and, they felt they worked very well together as a team. Staff were clear about their own role and responsibilities and there were systems in place to ensure staff provided the support and care people needed and wanted.

Staff meetings were held regularly and we joined staff for one of these meetings. The registered manager discussed a series of issues that needed to be addressed, such as staff not using the seated weighing scales

correctly. The registered manager had identified that the weights recorded each month for people did not always reflect what they ate and drank. The registered manager provided a short training session for people to ensure they used the scales correctly. Staff were encouraged to add any issues they wanted to discuss to the agenda and the meeting was open to all the staff to raise concerns or suggest areas for change.

A system of quality assurance and monitoring was in place. The registered manager checked and analysed incidents, accidents and complaints. There were systems to audit the MAR charts and they were aware that the care plans and mental capacity assessments needed additional work. Satisfaction surveys for people living at the home and their relatives or representatives, were used to collect feedback about the support and care provided at the beginning of each year, and they were due at the time of the inspection. People and staff said they were asked to put forward suggestions about improving the support provided and felt involved in developing the service. The registered manager said they had spoken with people about having meetings, but they had not wanted them.