

Kilkhampston Lodge Limited

Kilkhampston Lodge

Inspection report

Kilkhampston Road
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Bude
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Tel: 01288321129

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

We carried out a comprehensive inspection of Kilkhampton Lodge on 22 June 2017. This was an announced inspection. We told the registered manager two days before our inspection visit that we would be coming. This was because we wanted to make sure people would be at the service to speak with us. The service was last inspected in February 2016. The service was meeting regulations at that time.

Kilkhampton Lodge provides care and accommodation for up to eight people with complex needs who have a learning disability and/or mental health conditions. At the time of the inspection seven people were living at the service.

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.

Risk assessments did not always contain the relevant information to help guide staff as to how they could protect people from an identified risk.

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 authorisation 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. Some people were subject to some restrictive practices in order to keep themselves safe. There was no evidence that a best interest process had been followed to help ensure the least restrictive options had been identified. There was no evidence decisions regarding restrictive practices were regularly reviewed. Applications made by the service to authorise deprivations of liberty did not include all the restrictive practices being used to support the person.

People living at Kilkhampton Lodge were supported to take part in activities and pastimes which reflected their individual preferences and interests. There were enough staff available to make sure everyone was supported according to their own needs. Some people liked to take part in evening activities or go away to attend events. Staff were flexible and able to adapt the rota in response to need. One person had been out the evening before the inspection and another was planning a trip to a music festival.

Each person had their own individual flat which comprised of a bedroom, en-suite facilities including a shower, as well as a lounge and kitchen area. One person showed us their flat and told us they liked living there. The flat was decorated to reflect the person's taste and interest and they displayed a sense of ownership when showing us round. Relatives told us the environment suited their family member's needs.

Staff completed a thorough recruitment process to help ensure they had the appropriate skills and knowledge to carry out their role. Systems were in place to support staff in their role through regular

supervision and appraisals. The staff team told us they were well supported by the management team and could request additional support or advice whenever they needed to.

Staff were trained in a range of subjects which were relevant to the needs of the people they supported. A training matrix identified what each staff member had undertaken and identified when a refresher course was due. Training certificates were also included in staff files to support this. New employees undertook a structured induction programme which prepared them well for their role. Staff told us they were confident supporting people at all times.

There were systems in place to ensure people who used the service were protected from the risk of harm and abuse and the staff we spoke with were knowledgeable of the action to take if they had concerns in this area.

Accidents and incidents were being recorded and analysed to identify any trends. Quality assurance systems were in place to gather people's views about the service. Regular audits were carried out to help ensure the service was running effectively and safely and policies and procedures reflected current legislation and good practice guidance.

People knew how to complain and we saw people had the opportunity to discuss how they felt about the service. Each person had a key-worker who checked regularly if people were happy with the service they received. One person had made a complaint and this had been documented and action taken to try and address the issues raised.

Relatives and staff told us the service was well-managed. They told us they felt they were listened to and any ideas or suggestions were acted upon. Relatives said they were kept up to date with any developments and encouraged to raise any concerns or ask questions of the registered manager at any time.

We identified breaches of the regulations. You can see what action we have asked the provider to take at the back of the full 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?

The service was not entirely safe. Staff did not have access to guidance to enable them to protect people from identified risk.

There were sufficient numbers of suitably qualified staff on duty to keep people using the service safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Requires Improvement ●

Is the service effective?

The service was not entirely effective. Best interest decisions taken on behalf of people in order to keep them and others safe were not regularly reviewed. Best interest processes were not followed to ensure the care provided was the least restrictive option available.

Staff were supported with regular supervisions and training.

People had access to other healthcare professionals as necessary.

Requires Improvement ●

Is the service caring?

The service was caring. Staff demonstrated an affection and respect for people.

People were supported to develop their independence.

Staff worked to develop accessible communication systems in order to provide people with meaningful information.

Good ●

Is the service responsive?

The service was responsive. People were supported and encouraged to take part in a range of meaningful activities.

The staff team worked well together and information was shared amongst them effectively.

Good ●

People knew how to raise complaints and were comfortable doing so.

Is the service well-led?

Good ●

The service was well-led. The staff team told us they were supported by the registered manager.

There were clear lines of responsibility and accountability within the service.

There was a system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

Kilkhampton Lodge

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.

This inspection took place on 22 June 2017 and was unannounced. The inspection team consisted of two inspectors. Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

Due to people's health care needs we were not able to verbally communicate with everyone who lived at the service. In order to find out their experience of the care and support they received, we observed staff interactions with people. We spoke with two people, the provider and registered manager, seven staff members and a visiting professional. Following the inspection visit we contacted six relatives and an external healthcare professional to hear their views of the service.

We looked at detailed care records for two people, three staff files, training records, staff rotas and other records associated with the management of the service.

Is the service safe?

Our findings

Care plans contained risk assessments covering a range of areas. Some of the assessments were generic and there was limited guidance for staff on how they could minimise the risk. For example, one person had been identified at risk of choking. There was a risk assessment in place which identified the risk factors and concluded the risk was an 'unmanageable risk.' One member of staff told us they were aware of the need to check on the person shortly after they took food to their room to ensure their well-being. They also told us the person did not store food in their own kitchen. This was not documented in the risk assessment. It is important risk assessments contain all the relevant safeguards in place so staff less familiar with people's needs have access to the information and to help ensure a consistent approach is taken by the staff team. The risk assessment was dated March 2017 and a referral to the Speech and Language Therapy team, (SALT), for a swallowing assessment had been made in April 2017. There was no evidence to show any further efforts had been made to follow up the referral. This meant the person had not been protected from an identified risk.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risk assessments which had been developed as a response to specific and individual circumstances were more informative. For example, one person sometimes left the service unaccompanied. There was clear guidance for staff on the actions they should take in order to keep the person safe while allowing them as much independence as possible. Risk assessments in relation to supporting people when they were distressed and might behave in a way which put themselves or others at risk of harm were also detailed. They described the possible triggers, any physical indicators the person might display when becoming distressed and outlined how staff could support the person in this situation. The information was descriptive and took into account the need to adapt the support provided if the person's anxieties increased.

Relatives told us they believed their family members were safe living at Kilkhampston Lodge. They told us, "I'm delighted, they've been wonderful", "They're an extension of the family" and "He seems very happy there."

There were enough staff on duty to support people to take part in individual activities, attend appointments and engage in daily chores and routines. On the day of the inspection staff responded to people's requests to go out for short walks. We looked at rotas for the previous two weeks and saw staffing levels were consistently met. Staff told us there were enough of them to enable them to spend time with people supporting them according to their preferences. Staff were flexible in arranging their working hours to enable people to take part in evening activities and attend events away from the service.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example Disclosure and Barring checks were completed and references were followed up. This meant people were protected from the risk of being supported by staff who did not have the appropriate skills or knowledge. As part of the interview process potential new employees spent time

with people living at Kilkhampton Lodge to allow the registered manager to observe how well they interacted with people. People were then asked what they thought of the interviewees. This showed people were supported to have an active role in the recruitment process to help ensure they were supported by staff they liked and felt comfortable with.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us they would initially report their concerns to the registered manager and were confident action would be taken. There was information available in the office giving details of how to raise a safeguarding alert and who to contact both internally and independent of the service.

The Care Quality Commission (CQC) had received notifications as appropriate when there were any concerns regarding people's well-being or safety. There were clear procedures in place for making safeguarding alerts to both CQC and the local authority. This demonstrated an open and transparent approach to sharing information with other agencies where required.

Staff told us they felt confident supporting people at all times. They had received training in physical restraint but told us they rarely had to use it. One commented; "I've never had to use restraint, I know others have but it's been minimal." Another told us; "I personally have never felt threatened or uneasy with this client group. We have had training on managing aggression. We rarely need to use physical interventions. We know people's triggers and act before anything happens. If anything happens we use breakaway."

Accidents and incidents were reported by staff to the management team. The deputy manager carried out regular audits of the reports to identify any patterns or trends. Where a person had a regular pattern of incidents a review was held to look at how changes could be made to improve the situation for the person.

Medicines were managed safely at Kilkhampton Lodge. Staff carried out routine checks three times a day. A senior team leader had responsibility for oversight of the medicines and they completed a thorough audit every month. A recent pharmacy audit had not identified any concerns. Where a person was prescribed PRN medicine (medicine to be administered only when required) there were clear protocols in place for staff to follow. This meant there would be a consistent approach to administering these medicines.

The environment was clean and well maintained. There was a full time maintenance worker who carried out regular repairs and maintenance work to the premises. Fire, electrical and water checks were carried out by staff, the fire authority and external contractors, to ensure the systems were safe. Personal emergency evacuation plans (PEEPS), were in place for people and these contained information on how to support people out of the building safely in the event of an emergency.

Is the service effective?

Our findings

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 authorisation 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.

One person was subject to range of restrictions in order to keep themselves safe. There was no evidence that a best interest process had been followed to decide why the restrictions were necessary, proportionate and in the person's best interest, or to consider the full range of alternative options available to them. Without this documentation we could not establish whether the restrictions in place were the least restrictive possible. There was no evidence these practices were regularly reviewed. For example, the door to the person's flat had a viewing panel through which staff could observe the person when they were in their bedroom or living area. We asked why this was necessary and were told a similar panel had been in place where the person had previously lived and they had replicated the practice. The person had been living at Kilkhampston Lodge for over a year and there was no evidence this decision had been discussed or reviewed during this period to ensure it's on-going necessity and proportionality. There was a DoLS authorisation in place but the viewing panel was not referred to in the restrictions.

We asked the registered manager if they had any examples of the best interest process being followed. They were unable to locate any evidence to show they were adhering to the requirements of the legislation in this respect. This meant people's rights were not protected.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person could sometimes act in a way which could put them or others at harm and could cause other people to become anxious. When this person left the service to take part in activities, staff made sure other people were not in corridors and that doors to all rooms were closed. The registered manager told us this was to keep people safe and to prevent the person from entering rooms and taking people's food and drinks. We asked if they could have their own front door to allow them to leave the building without this impacting on other people. We were told they did have a separate door but the path was difficult to navigate in wet weather and it was important to the person that they follow a set routine in order to avoid them becoming anxious. The provider told us the other people; "Don't mind" and they did not consider this practice to be a problem. They said it was for very brief periods and did not affect people. However, this meant people's autonomy to move freely around the premises at certain times was restricted. The

restrictions in place appeared to be not only in the interest of the person being supported, but also for the safety of others. The best interest process had not been followed before taking these decisions. There was no evidence people had been asked if they agreed to the restrictions.

We recommend the provider ensures all restrictive practices are reviewed to ensure that practices are lawful and authorised under the correct framework.

The design, layout and decoration of the service had been developed to help ensure people had access to their own private spaces. Everyone, except one person, had an open plan living, dining, kitchen area and separate bedroom and wet room. One person did not have a kitchen area as this would not have been appropriate for their needs.

People were supported by skilled staff with a good understanding of their needs. The registered manager and staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs. People had allocated key workers who worked closely with them to help ensure they received consistent care and support.

New staff were required to undertake an induction process consisting of a mix of training and shadowing and observing more experienced staff. The induction process had been updated to include the Care Certificate. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. Staff worked for a week alongside more experienced staff before they were included on the rota.

Staff had access to a range of training which was specific to their roles and the needs of people using the service. Training included understanding autism, safeguarding, the Mental Capacity Act and associated Deprivation of Liberty Safeguards, as well as other core training areas such as food safety and infection control. A member of staff commented; "They are always offering training and we have time in the day to complete it." Some people found their emotions difficult to manage at times and subsequently could act in a way which might put themselves or others at risk of harm. Staff had received training in physical intervention techniques and positive behaviour support (PBS). This was delivered by the deputy manager who had recently completed external PBS accredited training. Not all staff had completed epilepsy training although all had received training in administering emergency medicines for this condition. Although the training was not mandatory some people at the service were living with epilepsy and it was important staff had an understanding of their needs in this respect

Staff had regular supervision meetings which provided an opportunity to discuss any working practices or training needs. They also had yearly appraisals to discuss their personal development. Staff told us they felt well supported by the registered manager, deputy manager and senior team leaders. They frequently referred to the 'open door' policy and accessibility of support at any time.

People were supported to eat and drink enough and maintain a balanced diet. Some people liked to be involved in shopping for groceries and were supported to do this by going out with staff. Staff were familiar with people's choice of foods and encouraged people to take a balanced and healthy diet. Although most people had their own kitchen staff told us people generally preferred to use the main shared kitchen. Staff supported them to take part in the preparation of food. Some then ate in the shared lounge area while others took meals back to their rooms.

People were supported to access a range of other health and social care professionals, including GP's, social workers, opticians and dentists. Multi-disciplinary meetings were held when necessary to help ensure all

aspects of people's needs were taken into consideration when planning care. Healthcare professionals told us the registered manager and staff worked well with them. Comments included; "The team are very open to communication and since I have been involved with residents there, have provided relevant update information without prompting" and "They work together and alongside us." Some people found attending appointments difficult. In these cases arrangements were made for healthcare professionals to visit people at Kilkhampton Lodge. For example, a learning disability nurse and community nurse had visited one person to carry out their annual health check.

Is the service caring?

Our findings

Staff demonstrated a fondness and affection for the people they supported in their conversations with us. They were extremely positive about people and their jobs. Comments included; "Lovely lad, handsome chap", "He really is great, so cheeky and so much fun" and "Everything here really is great. It's a lovely place to work." A relative told us "[Person's name] is cared for by staff who genuinely care for him."

One person who lived at Kilkhampton Lodge had passed away earlier in the year. A memorial garden had been created and we saw a photo album containing many photographs of the person which had been taken over a long period of time. The registered manager had arranged a memorial event to which family and other people who had been involved in the person's life had been invited. A member of staff told us; "When one person was ill and at the end of their life, the staff put a lot of time into making sure they were comfortable. The manager was here all the time." We spoke with a relative of the person who told us; "I don't think they, or us, could have treated her any better."

Staff worked to try and increase people's independence. For example, one person disliked travelling in vehicles which limited their ability to take part in activities beyond the nearby village. The registered manager explained how they were slowly encouraging the person to overcome their reluctance to sit in a car. They told us the person had recently sat with a member of staff in a car with the door open listening to music. They commented; "It's little steps." Following the inspection we spoke with a relative who told us their family member had telephoned to tell them they had had a short drive up and down the driveway in a car. They told us; "It's wonderful, they have taken their time and given him the space he needs."

Staff meeting minutes showed there had been a discussion about the need to encourage someone to be more involved in food preparation. The notes read; "He is very able to do this for himself with minimal staff support so let's enable him to get back to it!"

Staff worked to identify ways to communicate effectively with people. Staff meeting minutes recorded staff had discussed introducing pictures as a way of supporting communication with one person. In addition simple signs were being used to help prompt the person when starting personal care tasks. Care plans contained some easy read information. Easy read uses limited text supplemented by pictures and can be used to support people's understanding of written information. A member of staff told us they were working on developing this to include more areas of the care plan. This demonstrated people were supported to access information about their care planning process.

During the day we observed several positive interactions between staff and people. Staff adapted their approach to suit the needs and mood of the person they were supporting. For example, we saw one person was feeling unsettled. A member of staff spoke to them quietly and asked them what they would like to do. The person said they wanted to walk into the village and the staff member immediately started making arrangements to enable this to happen. The person was reassured and appeared happier. Another person was in an upbeat mood and staff joked with them and engaged in friendly banter.

People were supported in a way which helped ensure their privacy and dignity was upheld. Staff protected people's privacy. They knocked on the doors to people's flats and requested consent before entering. Staff introduced us and had explained the reason for our visit before we arrived. This helped people feel more comfortable in our presence.

Staff worked to develop strong and positive relationships with people. For example, if people and staff had similar interests the staff member would support that person to take part in certain activities. One member of staff told us; "I take [person's name] to the car show at the NEC twice a year. It's our thing!"

People were supported to maintain relationships with families and friends. One person was regularly supported to visit their relative at home. The relative told us this was always well organised. Other relatives told us they always felt welcome and able to visit whenever they wanted.

There was a lack of information in care records in respect of people's personal histories and background information. This kind of information can help staff to gain an understanding of the person, what topics might be suitable to discuss and areas where a certain approach may not be suitable.

Is the service responsive?

Our findings

The registered manager assessed people's needs prior to them moving into Kilkhampton Lodge to help ensure they could meet those identified needs. They then arranged for people to visit the service a few times to allow them to meet other people and familiarise themselves with the environment and local area. People were encouraged to personalise their flats before moving in.

Care plans identified what support people required and how they would like this to be provided. They covered a range of areas including, physical and personal needs, social needs and interests, medicines and any dietary requirements. Where possible relatives were fully involved in the care planning process and were kept informed of any changes to people's needs through regular reviews. A relative told us, "They (staff) keep us informed and I'm always being told, "If you want to ask anything please let us know.""

Some of the information in the care records was repeated in more than one section and some information lacked detail in respect of how people liked to be supported. This is important as it helps enable staff to deliver care according to people's individual preferences. The registered manager and deputy manager said they were introducing a new care planning system and would include greater depth of information in the new format. They told us they expected the transition to be completed by the end of August.

The registered manager and staff were knowledgeable about people's current health and social needs and the best way to support people. Staff spoke confidently about how people liked to be supported and what was important to them. Some people needed constant monitoring to keep them safe. Staff were able to describe how they managed this at all times and what the indicators were that someone might be at risk due to their health condition. We were concerned audio monitors used by staff to enable them to monitor people without needing to be with them at all times, might impact on people's privacy and dignity. Staff assured us these were turned off or down when anyone was receiving personal care.

The staff team worked well together and information was shared amongst them effectively. When a new shift started there was a verbal handover and daily logs were completed throughout the day. These recorded any changes in people's needs as well as information regarding activities and people's emotional well-being. Incident records were regularly reviewed to identify any emerging themes.

People had access to a range of activities in line with their interests and preferences. For example one person told us they had tickets to attend a music festival and they were really looking forward to this. They told us they often went to music events with staff who also enjoyed music. The registered manager recognised people's interests changed and adapted activities accordingly. For example, one person had been taking part in swimming and Jacuzzi sessions for several months. Recently they had refused to take part in the activity. The registered manager had spoken with a relative to identify an alternative pastime which they were arranging to put in place at the time of the inspection.

People were supported and encouraged to access the local community and frequently went into the nearby village. One person told us they had visited the local pub the previous evening and then played table tennis

at the nearby church hall which they had clearly enjoyed. The registered manager told us this was a big step for the person as they found socialising and getting out difficult. The registered manager was very proud of what the person had achieved and shared their pleasure in the outing. They told us; "It's a big thing for him. He had a really good night." Another person attended a local day centre based on a farm. They told us they enjoyed going there and helping out. Other activities in the community included taking part in a project tending parkland, attending church and using an arts and crafts activity centre. Relative's comments included; "He has access to his favourite pastimes" and "He's busy every day, he loves that."

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. Information regarding how to make a complaint was also available in easy read format. One person had made a complaint recently and this was being dealt with. This demonstrated people felt able to raise any concerns with staff. Relatives said they had not had reason to raise a complaint but were confident any concerns would be dealt with.

Is the service well-led?

Our findings

The service is required to have a registered manager and there was a registered manager in post. Staff, healthcare professionals and relatives were unanimously positive about the management of the service. One relative told us; "I cannot praise this place enough, it is a shiny beacon." A member of staff commented; "Managers go above and beyond to help the team. I had some personal issues recently and I was so well supported. They check on your wellbeing. You aren't just an employee." An external healthcare professional said; "There appears to be a good level of organisation and the manager and senior staff seem very knowledgeable of care policy and practice, but also of the individuals placed there."

There were clear lines of responsibility and accountability within the service. The registered manager oversaw the day to day management of the service and was visible to staff and people on a daily basis. They were supported by a deputy manager and senior team leaders. All the management team had a clear set of responsibilities. For example, one senior team leader oversaw the rotas and another was responsible for medicine audits. People had assigned key workers with responsibility for reviewing and updating care documentation, organising appointments and co-ordinating care planning. A member of staff told us key workers collated weekly reports to document people's health and well-being and were an; "extra eye." The service also employed administrative assistants and a maintenance worker.

Staff morale was good and staff told us they enjoyed working at the service. Regular staff meetings were held and staff told us they were listened to and their ideas and suggestions were respected. One commented; "I love it, the whole atmosphere and environment is really good. We [staff] are supported and listened to." Staff and management told us staff retention was good and this had enabled staff to develop good relationships with people and each other. One told us; "We can lean on each other."

As noted in the responsive section of this report the care planning system was being updated. The deputy manager told us the new system would also facilitate more effective analysis of any incidents in the service. A questionnaire was circulated to relatives annually to gather their views of the service. These questionnaires had recently been redeveloped to more closely reflect the areas looked at in the CQC inspection process. These changes to the systems in place demonstrated a commitment to continually improving the service.

Regular audits were carried out to check on various aspects of the service. For example, medicines, care planning documentation and environmental checks. Relatives were asked for their views of the service through meetings and questionnaires. There were also regular opportunities for families to meet with staff and management if they wanted to discuss any aspects of their family members care. Relatives told us they were kept informed of any developments and were able to approach the registered manager at any time.

Policies and procedures were in place and these were regularly reviewed. Registered persons are legally obliged to send CQC notifications of incidents, events or changes that happen to the service within a required timescale. The registered manager had sent us written notifications telling us about important events when required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people were unable to give consent because they lacked capacity to do so the registered persons were not consistently acting in accordance with the Mental Capacity Act (2005). Regulation 11(3).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was reasonably practicable to mitigate against any identified risks to people using the service. Regulation 12(2)(b)</p>