

Aitch Care Homes (London) Limited

Harwich House

Inspection report

Harwich House
8 Granville Road
Littlehampton
West Sussex
Tel: 01903 726224
Website: www.achuk.com

Date of inspection visit: 9 June 2015
Date of publication: 17/07/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 9 June 2015 and was unannounced.

Harwich House is a residential care home which is registered to provide accommodation for nine people with a learning disability some of whom also have complex health needs. On the day of our visit there were eight people living at the home.

The last inspection was carried out in June 2013 and no issues were identified.

Throughout the inspection we were assisted by the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

People and their relatives, said they felt safe with the staff. There were policies and procedures regarding the safeguarding of adults and staff had a good awareness of the correct procedures if they considered someone was at risk of harm.

Care records included guidance for staff to safely support people. People had risk assessments in place for staff to follow.

People told us the food provided was good. People had a meeting each week to plan menus and staff provided support to people to help ensure meals were balanced and encouraged healthy choices.

Recruitment checks were carried out on newly appointed staff so people could be confident they received care from suitable staff. Records confirmed all the required recruitment checks had been completed. Staffing numbers were maintained at a level to meet people's needs.

Staff were supported to develop their skills by receiving regular training. The provider supported staff to obtain recognised qualifications such as National Vocational Qualifications (NVQ) or Care Diplomas (These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard). Harwich House employed 14 care staff, eight had already obtained additional qualifications equivalent to NVQ level two and there were another two members of staff in the process of completing this qualification. People said they were well supported

The registered manager sought people's consent and acted appropriately when he thought people's freedom was being restricted. CQC monitors the operation of DoLS (Deprivation of Liberty Safeguards) which applies to care homes. The registered manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS which meant that people's rights were protected.

People were supported to take their medicines as prescribed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely.

Privacy and dignity was respected and staff had a caring attitude towards people. To provide additional support each person was allocated a key worker. A key worker is a person who has responsibilities for working with certain individuals so they can build up a relationship with them so they can help and support them in their day to day lives and give reassurance to feel safe and cared for.

Each person had a plan of care that gave staff the information they needed to provide support to people and these were regularly reviewed. Relatives said the staff were knowledgeable and people said they were well supported by staff.

Staff were observed smiling and laughing with people and supporting them to take part in a range of activities inside and outside the home. People were supported to use facilities in the local community.

There was a policy and procedure for quality assurance. Quality audits were completed by the registered manager. These helped to monitor the quality of the service provided to ensure the delivery of high quality care.

The service delivery was open and transparent and the registered manager said they operated an open door policy and welcomed feedback on any aspect of the service. There was a stable staff team who worked well together and they were well supported by the manager. People and staff were provided with opportunities to make their wishes known and to have their voice heard. The registered manager showed a commitment to improving the service people received and completed training to ensure his own personal knowledge and skills were up to date.

Summary of findings

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 is safe.

People told us they felt safe and there were always enough staff around to offer support. Staff received training on the safeguarding of adults at risk and this helped to keep people safe.

Assessments were undertaken to identify the risks presented to people and others. Where risks had been identified there was information for staff on the type and degree of risk together with information on how the risk could be reduced to help keep people safe.

Medicines were stored and administered safely by staff who had received training.

Good



Is the service effective?

The service is effective.

Staff had the skills, knowledge and experience to care and support people and received the training they needed to carry out their work effectively.

People consented to the care they received and the provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005.

People were effectively supported to eat and drink. They were involved in the planning of menus and staff supported people to maintain a healthy diet.

People's health needs were met and people received regular health checks.

Good



Is the service caring?

The service is caring.

There was a friendly rapport between people and staff and they got on well together.

People were encouraged and supported to make their wishes known to staff so they could be involved in their care as much as possible. Staff understood people's needs and preferences.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service is responsive.

People were supported to make decision about the support they wanted.

Care plans were personalised and gave staff the information they needed to provide support to people. People were encouraged and supported to do as much as possible for themselves so they could maintain their independence.

People were supported to maintain relationships with their family and people spoke positively about the relationships and support provided.

Good



Is the service well-led?

The service is well-led.

Good



Summary of findings

There was a positive and open culture. Staff confirmed that the registered manager was approachable and open to new ideas.

The provider sought the views of people, families and staff about the standard of care provided. Staff confirmed they received regular supervision and were well supported by the registered manager.

The registered manager carried out a range of audits to monitor the quality of the service provided to people.

Harwich House

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.

This inspection took place on 09 June 2015 and was unannounced, which meant the staff and provider did not know we would be visiting. The inspection was completed by one Inspector due to the size and needs of the people who lived at the home. The inspector had knowledge and experience of working with people with learning disabilities.

Before the inspection we looked at notifications (a notification is information about important events which the service is required to tell us about by law) sent to us by the provider. We used this information to decide which areas to focus on during our inspection.

We spoke to six people and four relatives to ask them their views of the service provided. We also spoke with the registered manager, three members of staff and a health care professional.

During our inspection we observed how staff interacted with people. We looked at how people were supported in the communal areas of the home. We looked at plans of care, incident records, risk assessments, and medicines records for two people. We looked at training and recruitment records for three members of staff. We also looked at staffing rotas, support and employment records, minutes of meetings with people and staff, records of activities undertaken, menu's, staff training and recruitment records, accident and incident reports and records relating to the management of the service such as audits and policies and procedures

The last inspection of Harwich House was carried out on 7 June 2013 and no issues were identified.

Is the service safe?

Our findings

People said they felt safe and secure. They confirmed there were always enough staff around to offer support. One person said “I always feel safe”. Relatives we spoke with had no concerns about the safety of their loved ones. One relative said “My relative could not be in a safer place they are so well looked after”.

The registered manager had an up to date copy of the West Sussex local authority safeguarding procedures. The manager told us that these procedures would always be followed. Safeguarding concerns were reported appropriately.

Staff had undertaken training in the safeguarding of people at risk. A member of staff confirmed this. They were able to describe the types of abuse and knew how to report any safeguarding concerns within or outside the service. They said, “I would report any concerns to my manager or a senior carer”.

Risk assessments were undertaken to identify the risks to people and others. Where risks had been identified there was information for staff on the type and degree of risk together with information for staff on how the risk could be reduced. For example, one person had a risk assessment for going on a train. The risk assessment identified that the person was at risk when using train travel. The risk assessment instructed staff to stay close to the person at all times, to let the person have a window seat if possible and to sit in the quietest area of the train. Risk assessments were contained in people’s care records for areas that included; use of the bath, swimming, risks when out in the community and risks while using public transport. Staff confirmed risk assessments gave them the information they needed to help keep people safe.

Accidents and incidents were recorded and looked at on an individual basis. Action was taken to learn from any occurrences and to reduce, where possible any reoccurrence.

Recruitment records for staff contained all of the required information and showed that appropriate recruitment checks were completed to ensure staff were safe to support people. Three staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID. There were also checks on people’s eligibility to work in the UK.

The registered manager told us about the staffing levels at the home. The staff team consisted of the registered manager, a deputy manager, three senior carers and ten care staff. Between 7.30am and 2.30pm there was a minimum of 4 staff on duty. Between 2pm and 9.30pm there were five members of staff on duty. Between 9.15pm and 7.15am there were two members of staff on duty who were awake throughout the night. The homes staffing rota and staff spoken with confirmed that these staffing levels were maintained. In addition the registered manager worked flexibly for 39 hours throughout the week and was available to provide additional support if required. The registered manager told us that the staff team were flexible and additional staff were provided if required for people to attend appointments and to undertake day trips. Staff said the staffing levels were sufficient to meet people’s needs. We observed that on the day of our inspection there were sufficient staff on duty. Staff were available for people when they were needed. Staff were not rushed and were able to spend time with people. Relatives had no concerns about the staffing levels at Harwich House.

The registered manager told us that regular maintenance checks of the building were carried out. If staff identified any defects they were recorded in a log and reported to the manager who would then contact the provider to arrange for any defects to be rectified. Records showed that any defects were quickly repaired and this helped to ensure people and staff were protected against the risk of unsafe premises. The registered manager told us they had identified the need for some redecoration in the vacant room and would be contacting the provider about this.

We spoke to the registered manager about how they would support people if they had to evacuate the building. We saw that there was an evacuation and contingency plan in place. This plan detailed the action for staff to take should the home be uninhabitable due to an unforeseen emergency such as total power failure, fire or flood. These plans included the arrangements for overnight accommodation and staff support to help ensure people were kept safe.

Staff helped people to take their medicines. The home had a policy and procedure for the receipt, storage and safe administration of medicines. Storage arrangements for medicines were secure and were in accordance with

Is the service safe?

relevant guidelines. Each person had their own individual medicines file and this included a Medicines Administration Record (MAR). We saw that all MAR's had been completed correctly and there were no gaps or omissions.

People who were prescribed when required (PRN) medicines had clear protocols for their use. MAR's showed these were not used excessively and the dosage given and time they were administered were clearly recorded.

Is the service effective?

Our findings

People were happy with the care and support provided and said they could make decisions about their own care and how they were supported. They told us they got on well with staff and said staff knew them well. One person said “I get all the support I need, if I want anything I can ask the staff and they will help me”. Relatives said they were happy with the support provided by staff. One relative told us: “The staff do a great job and I know my relative is well looked after.” Another told us “I am very happy with the care and support provided by the manager and staff”

The registered manager told us about the training provided for staff. Training was via E learning on line. Each member of staff had their own log details to access the training pack. Training records showed what training had been completed, the dates for future training and the dates when any refresher training was required. The registered manager told us that once a staff member had completed a training module staff informed him and he then went on line to check the results. If a satisfactory pass mark was achieved the manager would print off a certificate for the person concerned. If the required standard was not achieved the manager would re-set the training and the staff member would have to take the training again. Where required the provider also provided face to face and practical training for staff. Training undertaken by staff included; equality, dignity and respect, nutrition, food safety, medicines, MCA and DoLS, risk taking, health and safety, infection control, person centred care and good recording practice. This helped staff to obtain the skills and knowledge required to support the people who lived at the home. Staff said the training provided was good and they confirmed they received the training they needed to carry out their work effectively.

All new staff undertook a comprehensive induction in line with Skills for Care common induction standards. The induction programme including receiving essential training and shadowing experienced care staff. The manager told us he had just completed a two day assessor course for the new Care Certificate and all new staff would be expected to obtain the new Care Certificate award.

The registered manager stated that the provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. Of the

14 care staff employed at Harwich House eight had already obtained additional qualifications equivalent to NVQ level two and there were two members of staff in the process of completing this qualification. Staff confirmed they were encouraged and supported to obtain further qualifications.

Staff confirmed they received regular supervision but said they did not have to wait for supervision to come round if they needed to talk with the registered manager. Staff also had annual appraisals to monitor their overall performance and to support their own professional development. There were also regular staff meetings. The last staff meeting took place in May 2015.

Staff were knowledgeable, understood people's needs and knew how people liked to be supported. People had differing needs, some were relatively independent with regard to personal care tasks and only needed verbal prompts' to do things. Others needed a great deal of support. We observed staff supporting people and saw people were consulted as much as possible and were encouraged to make their own decisions. Staff offered suggestions to people and then allowed them to make their own choice. We saw a staff member asking a person “Would you like to go out tomorrow to buy some new clothes?” The person considered this and decided they would and said they would like to go out in the morning”.

Staff consulted people as much as possible and staff took time to explain things to people in a way they understood. Staff told us that whenever possible they encouraged and support people to make their own choices. One staff member told us “If you give them options they will choose what they would like to do” One person told us, “The staff are all really good”.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA aims to protect people who lack mental capacity and maximise their ability to make decisions or participate in decision-making. DoLS protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Staff had received training and understood the principle that people should be assumed to have capacity. Care records showed that all people had capacity assessments undertaken. Although they were able to make some day to day decisions about their care and support, people lacked

Is the service effective?

capacity to make more involved decisions. We saw that MCA assessment had been carried out together with best interest decisions regarding people's freedom of movement in the local community. We saw that DoLS applications had been approved for two people with regard to them leaving the home unsupported by staff. DoLS applications had been made for five other people, however no decision had yet been made on these applications.

People said they enjoyed the food and always had enough to eat and drink. Comments included. "I like all the food, especially when it's my choice". Another person said "I like some things but if I want something else I just ask". For breakfast and lunch people made an individual choice. The main meal of the day was in the evening and people were asked about their food preferences during weekly meetings which were held to plan the week's menu. Each person had a choice of what main meal they wanted and staff supported people to plan the menu and offered advice and support to help people to incorporate healthy options for a balanced diet and to avoid repetition. If the choice of the main meal was not to an individual's liking an alternative meal would be made. A record was kept of each person's nutritional intake.

Each person had a medical file entitled 'My Health Plan'. This had information about 'The people who support me'. 'What you need to know about me'. 'What I need to keep

me healthy'. 'My Action plan' and an accident and emergency plan. These provided staff with information about people's medicines, diagnosis, contact details of family and GP, there was also information about how the person managed pain. There was information about what the person could do for themselves and areas where they needed support. The registered manager told us that if a person needed to go to hospital they would be accompanied by a member of staff so they were supported by someone they knew. This would help to ensure people received consistent, effective support.

Each person was registered with a local GP surgery and staff contacted the surgery if anyone had any health problems. Records showed that regular health checks were carried out. Appointments with other health care professionals were arranged through referrals from their GP. The registered manager told us staff accompanied people to any healthcare appointments. Staff completed a record after each appointment to show the outcome of the visit together with any treatment or medicines prescribed. There was also details of any follow up appointments. These helped to provide a health history of the person to enable them to stay healthy. Care records showed that people had received support from a range of specialist services such as chiropodists, dentists, opticians, and support from the local learning disability team.

Is the service caring?

Our findings

People said they were well looked after and that staff were kind. Comments included. "I like living here", "I am happy here" and "It's nice living here." Relatives expressed their satisfaction with the service provided. All were complimentary about how the staff cared for their family member. One person said "All the staff are very caring and I am so happy that I found Harwich House".

Throughout our visit the atmosphere was relaxed with staff and people enjoying each other's company. There was a good rapport between staff and people. We observed positive interactions between staff and people. There was a relaxed and caring atmosphere and people were confident to approach staff. Any requests for support were responded to quickly and appropriately.

We observed staff always gave people time and attention. Staff understood people's needs and knew what people could do for themselves. We saw that people's privacy and dignity was respected. Staff knocked on people's doors and waited for a response before entering.

Staff took time to explain to people what they were doing and communicated with them in a way that people could understand. Staff used people's preferred form of address, showing them kindness, patience and respect. People took pride in their appearance and staff supported them to dress in their personal style. Staff said they would always respect people's wishes and treat them with dignity and respect. Observations showed staff had a caring attitude towards people and a commitment to providing a good standard of care.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in the home's confidential communication book or discussed at staff handovers which were conducted in private.

Each person was allocated a 'keyworker' who met with them on a one to one basis each month. These meetings enabled people to discuss any issues they had and gave people the opportunity to be involved in how their care was delivered. Records of these meetings were kept and showed people were able to discuss individual issues and also plan activities.

The registered manager told us that he liked to spend time with people in order to build relationships and trust and to monitor how the staff treated people. The registered manager had an office on the ground floor which was also used by staff. The door was always open and we observed people coming into the office to speak with them. There was no hesitation in walking into the office and people felt confident to approach them. It was apparent that people felt relaxed in the company of the registered manager and staff.

A member of staff we spoke with said that people were well cared for. They said that there was a good staff team and they worked well together. They said everyone enjoyed supporting and working with the people who lived at Harwich House.

Is the service responsive?

Our findings

People told us they were happy with the care and support they received. One person said “The staff are always around to help me”. Another said “The staff help me to go out to places I like to visit”. People said they were happy with the activities available to them. Relatives said they were happy with the support provided. Comments included “It’s a lovely home and the staff are very good”. “I could not be happier” and “Nothing is too much trouble, I can’t fault the place or staff”

People were supported to maintain relationships with their family. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual’s life was kept in their care plan file. One person told us. “I go to visit my parents some weekends”. Relatives confirmed they had regular contact with their family members and they visited whenever they were able. They confirmed they were kept up to date on their family member’s progress by telephone and they were always welcomed in the home when they visited. One relative said “I visit my daughter every week, staff are wonderful and ensure I am always kept up to date”. The registered manager told us that one person is supported to keep in touch with their relative via weekly “skype” (video calls through a computer) calls.

People were given appropriate information and support regarding their care or support. Plans of care contained a ‘Pen Picture’ of the person and this contained information about the person. There was information such as “Things I would like you to know about me”. “People who are important to me”. “What those who know me best say about me”. The pen picture was put together with information from relatives as part of the person’s assessment of needs and formed the basis of the person’s plan of care. The care plans helped staff to ensure they responded to people’s needs in the best way for the individual.

Care plans were personalised and were person centred, meaning the needs and preferences of people were central to their care and support plans. This enabled staff to deliver care they way people wanted and care was not task led. Care plans had information such as: “My morning routine” and “My evening routine”. The plans gave staff the information they needed to provide support to people. For example the care plan for one person explained that the

person liked to have a bath each day but only wanted to be supported by a female carer. We also saw a care plan for one person detailing the support they needed if they were to become upset or distressed. The plan informed staff that when the person was happy they would use a high pitched voice but they would be quiet and withdrawn if they were unhappy. The plan went on to explain to staff how they could support the person if they were unhappy. The care plans enabled people to receive the support they needed but also enabled them to do as much as possible for themselves.

Staff recorded what support people had received in a daily diary. Records showed how the person had been during the day and night and any additional care people were given or needed. These reports provided evidence of care delivery and how people had been supported.

Care plans were reviewed monthly and updated to reflect any changes so that people’s most up-to-date care needs were met. Each person met with their keyworker monthly and they went through the care plan with them to ensure that it was still meeting the person’s needs. However the monthly reviews did not always provide an evaluation of how the care plan was working for the person. We spoke with the registered manager about this who told us that he would speak with staff to ensure that recordings reflected the effectiveness of the care plan and to highlight if any changes were needed. Staff told us that the care plans reflected the current support people needed.

When we arrived at the home two people had already gone out into the local community to attend college. During our visit we saw one person was supported to go out shopping. Two people were relaxing with staff. Staff recorded what activities people participated in within the person’s individual daily diary. Activities that people took part in included: Attendance at local colleges, spending time in the garden, walks, swimming, trips out into the local community, shopping, local social clubs, puzzles and games. People also had an annual holiday and one person had expressed a wish to go on holiday to Greece. The registered manager told us that they were in the process of arranging the holiday for this person who had never been abroad before.

During the visit one person went up to the registered manager and reminded him that they wanted to go to London to visit London Zoo. The manager chatted to this person and established that they wanted to travel up to

Is the service responsive?

London by train and they wanted a certain member of staff to go with them. The registered manager explained to this person that he would be speaking to the staff member concerned the next time they came on duty and he would then sort out a suitable date in the near future for the trip to take place.

There was an enclosed rear garden with a trampoline. In the garden a summer house had been converted into a sensory room. This had suitable lighting, bean bags, and a range of sensory equipment to enable people to relax in a quiet peaceful environment. Staff told us that this was very popular with people who liked to get out of the house to 'chill out'.

There was an effective complaints system available and the registered manager told us any complaints would be recorded in a complaints log. We saw the complaints log and one complaint had been received in the past 12 months. This had been dealt with by the registered manager and was resolved to the satisfaction of the person making the complaint. Staff said they understood the complaints procedure. They said they would support any one to make a complaint if they so wished. Relatives said they felt able to raise any concerns or complaints. One person said, "I have never had any concerns, but if I did I would raise it with the manager and I am sure it would be sorted out".

Is the service well-led?

Our findings

People said the registered manager was good and they could talk with him at any time. Relatives confirmed the registered manager was approachable and said they could raise any issues with a member of staff or with the registered manager. Relatives told us they were consulted about how the home was run by completing a questionnaire.

The provider's goal is to enable that each person they work with is supported to lead a full, enjoyable and active life – in the way that best suits their needs and wishes. The registered manager and staff said they supported and encouraged people to make their wishes known and to have their voice heard. Throughout our visit we observed how staff interacted with people. They valued people as individuals and their practice confirmed this. Care plans were person centred and showed that the individual was central to the care and support they received. The registered manager and deputy manager regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour. However they did not record any observations. The registered manager said he and senior staff would address any areas of poor practice as they were observed. The registered manager said they would develop a section in the supervision notes to record observations of staff practice so they could feedback, acknowledge and encourage staffs good practice.

The registered manager encouraged open communication with people, relatives and staff. He operated an open door policy and welcomed feedback on any aspect of the service. He said he had a good staff team and felt confident staff would talk with him if they had any concerns. Staff confirmed this and said the registered manager was open and approachable and said they would be comfortable discussing any issues with him.

There was a weekly meeting for people to discuss menus but this also gave people an opportunity to discuss any issues they may have. Each person had a monthly meeting with their keyworker to give them an opportunity to share their views and to make comments and suggestions about the service provided. Regular staff meetings took place and minutes of these meetings were kept. Staff confirmed this and said the staff meetings enabled them to discuss issues openly with the registered manager and the rest of the staff

team. Staff said the registered manager was a good leader and they knew they could speak with him at any time and communication was good and they always felt able to make suggestions.

The provider was able to demonstrate good management and leadership as there was a system of management support at all levels. The registered manager said there was a locality manager who was his line manager and they were able to contact them for help, advice and support at any time.

Quality assurance surveys had been sent to people, relatives, outside professionals and staff. We saw completed surveys that were sent out last month. These were positive and did not identify areas for improvement. Relatives confirmed to us that they had completed surveys. One relative told us "I speak with the manager on a regular basis and he always keeps me informed about what's going on with my relative"

The home had a policy and procedure for quality assurance. The quality assurance procedures that were carried out helped the provider to ensure that the service they provided was of a good standard and to identify areas where they could improve. The provider carried out a quality audit of the service annually. The last audit was carried out on the 18 May 2015. The quality audit covered CQC outcome areas and the locality manager told us that in future audits' would be based on the CQC key questions. We saw a copy of the last audit and this had identified that a carpet needed cleaning and improvements were needed in two care plans regarding end of life care. We saw the manager's action plan and this showed that these areas had been addressed. The registered manager said the quality assurance systems ensured that standards were maintained and helped to move the service forward.

The registered manager ensured his own personal knowledge and skills were up to date. He told us he had attended training which was provided by the West Sussex learning and development team and he recently attended training regarding the changes to Adult Safeguarding and the new reporting process. He also regularly checked relevant web sites such as CQC, Skills for Care, The National Institute for Care and Health Excellence (NICE) and the site for Social Care Commitment so he could keep up to date with relevant issues. The registered manager said any learning obtained was cascaded down to staff if appropriate.

Is the service well-led?

Records were kept securely. All care records for people were held in individual files which were securely stored in

in the office. Records in relation to medicines were locked away when not in use. The registered manager was able to locate records we asked for quickly and these were accurate and up to date.