Care Management Group Limited

Care Management Group - 17 Heathcote Road

Inspection report

17 Heathcote Road
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

17 Heathcote Road is owned by Care Management Group (CMG). The organisation provides 24 hour care and support for up to nine people who live in their own flats in a building which is owned by CMG. People's flats have ensuite and cooking facilities and there are a variety of communal areas for people to use. The service is presented across two floors with access to the first floor via stairs. There is a private garden with a patio at the rear of the property. At the time of our inspection nine people were living at the service.

The inspection took place on 3 October 2016 and was unannounced.

There was a registered manager in post, and they were at the service at the time of our inspection. 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.

This is a supported living service that aims to give people the confidence and skills to live independently. Staff understood to achieve that, people had to be supported to make decisions on their own and be able to understand the consequences of each choice. Throughout our inspection staff helped people to do this, by being available to talk, and spend time discussing issues people had in their lives. The service had a servicely feel and reflected the interests and lives of the people who lived there. There was positive feedback about the service and caring nature of staff from people who live here.

People were safe at 17 Heathcote Road. There were sufficient staff deployed to meet the needs and preferences of the people that lived there. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. People were involved in these decisions because staff took the time to explain to them in a way they could understand.

The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the service. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

People were supported to manage their own medicines where possible. Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building. These procedures were regularly discussed with people to ensure they knew how to respond in an emergency. An alternative location for people to stay was also identified in case the service could not be used for a time.

If people did not have the capacity to understand or consent to a decision the staff understood the requirements of the Mental Capacity Act (2005). Appropriate assessments of people's ability to make decisions for themselves had been completed. Staff asked people for their permission before they provided support.

Where people's liberty may need to be restricted to keep them safe, the staff understood the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected. No one had, or needed a DoLS at the time of our inspection.

People were supported to choose healthy options for what they ate and drank and how they led their lives. Staff respected people's choice to make decisions for themselves.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. When people's health deteriorated staff responded quickly to help people and made sure they received appropriate treatment. People's health was seen to improve due to the care and support staff gave.

The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection, such as staff talking with them and showing interest in what people were doing. People looked relaxed and happy with the staff. People could have visitors from family and friends whenever they wanted.

Support plans were based around the individual preferences of people as well as their medical needs. People were very involved in how their support was planned and given. Support plans gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as detailed in their care plans.

People knew how to make a complaint. The policy was in an easy to read format to help people and relatives know how to make a complaint if they wished. Complaints received since our last inspection had been dealt with in an appropriate manner. Staff knew how to respond to a complaint should one be received.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the service. The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained. Records for checks on health and safety, infection control, and internal medicines audits were all up to date. Accident and incident records were analysed and used to improve the care provided to people. The senior management from the provider regularly visited the service to give people and staff an opportunity to talk to them, and to ensure a good standard of care was being provided to people.

People were living in a caring, safe, clean service, and had effective and responsive support from the staff. The registered manager led the service well and worked with the provider and staff team to give a good quality of life to people. A person said, "The staff are friendly, helpful and understanding. They are all such nice people."

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 understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

There were enough staff to meet the needs of the people.

People felt safe living at the service. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Is the service effective?

Good

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. If people's freedom were to be restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were understood.

People were supported to choose healthy options when shopping and cooking their food.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly. We saw good interactions from staff that showed respect and care to people. People's choice and opinions about their support and life style choices were listened to. This gave people the skills to build their independence for the future.

Staff knew the people they supported for as individuals. Communication was good as staff were able to understand the people they supported.

People could have visits from friends and family, or go and visit them, whenever they wanted.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People had good access to the local community, and could partake in activities that interested them, and promoted their independence.

There was a clear complaints procedure in place.

Is the service well-led?

Good

The service was well- led.

People and staff were involved in improving the service.

Staff felt supported and able to discuss any issues with the manager. The provider and registered manager regularly spoke to people and staff to make sure they were happy.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Quality assurance records were up to date and used to improve the service.

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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 3 October 2016 and was unannounced.

Due to the small size of this supported living service the inspection team consisted of one inspector who was experienced in care and support for people with Learning Disabilities.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the service.

We spoke with six people who lived at the service, and four staff which included the registered manager. We also reviewed care and other records within the service. These included three care plans and associated records, three medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the staff. After the inspection we made contact with three relatives of people who lived at the service.

The local authority safeguarding team and quality assurance team had no concerns about the service. Two commissioners of the service also had no concerns.

At our previous inspection in November 2013 we had not identified any concerns at the service.

Good

Is the service safe?

Our findings

People told us that they felt safe living at CMG 17 Heathcote Road. People said they felt safe because of the presence of the staff and knew they were there to help if they needed it. People were cared for in a clean and safe environment. The service was well maintained and the décor in the communal areas was homely.

People were protected from the risk of abuse. People knew who they could speak to if they had any concerns, and believed their concerns would be addressed promptly. One person said, "I feel I can talk to all of the staff about any issues I may have." Information was available for people about what abuse was and what they should do if they suspected it was taking place. It was on display in an easy read format in one of the communal areas. They would then know what to do if they felt the need to contact an outside agency. Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the signs of abuse, such as bruising or a change in a person's behaviour. Staff understood that a referral to an agency, such as the local Adult Services Safeguarding Board or police should be made. Staff knew about whistleblowing and felt confident they would be supported by the provider if they felt the need to raise any concerns.

People were kept safe because the risk of harm from their health and support needs had been assessed. Risk assessments had been carried out in areas such as falls, and behaviour management. Measures had been put in place to reduce these risks, all of which involved the person. The assessments recorded how each person had discussed the risk with staff, and how they had agreed to manage the risk. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs. Accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed.

The staff struck a good balance between managing risk and keeping people safe whilst promoting people's independence. One person said, "My freedom is not restricted by staff, no one tells me what I can and can't do here."

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people. One person said, "Yes I really do think there are enough staff. If people have things planned in the diary, they put on extra staff. I have never been restricted doing things by a lack of staff." The registered manager explained that the staffing levels reflected the needs of the people and also the activities and appointments of that particular day. Staffing rotas demonstrated that the number of staff on duty matched with the numbers specified by the registered manager. This demonstrated the flexible approach to staffing levels to meet people's needs.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and given safely, and people were involved in the process. Many people were able to self-administer their medicines. The registered manager and staff had completed a risk assessment with each person to ensure this was done in a safe manner.

Staff that administered medicines to people received appropriate training, which was regularly updated. Staff who supported people with medicines were able to describe what the medicine was for to ensure people were safe when taking it. For 'as required' medicine, such as pain killers, there were guidelines in place which told staff when and how to administer the pain relief in a safe way.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use.

People were cared for in a clean and safe environment. The service was well maintained. The risk of trips and falls was reduced as flooring was in smooth and in good condition. Assessments had been completed to identify and manage any risks of harm to people around the service. Areas covered included infection control, and fire safety. Staff understood their responsibilities around keeping a safe environment for people. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the service. The signs were in a format people could understand. People had individual emergency plans which detailed the care and support they would need in the event the building needed to be evacuated.

Evacuations were regularly practiced to ensure people and staff understood how to react when the fire alarm when off. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. There was also a continuity plan in place for several situations, including flooding and flu epidemic, to ensure people would be cared for if the service could not be used after an emergency.

Good

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. One person said, "The staff come and go, but the training CMG give them is brilliant. They are very knowledgeable." Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices. The induction was not rushed and staff were able to extend the process if they felt they needed more time to understand and meet the needs of people. Ongoing training and refresher training was well managed, and the registered manager ensured staff kept up to date with current best practice.

Staff were effectively supported. Staff told us that they felt supported in their work. One staff member said, "The manager is very supportive, I feel able to talk to him about anything. One to one meetings with the registered manager took place (sometimes called supervisions) as did annual appraisals. Both these processes were used to check on staff performance and discuss their goals and aspirations with regards to training and development. All the staff told us they could approach management anytime with concerns; and that they would be listened to and the management would take action.

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. Where people lacked capacity the assessments were based on specific decisions rather than a blanket assessment of a person understanding. People could then be assured that decisions would be made for them in their best interests only in the areas they could not understand.

Staff had an understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. They were able to demonstrate how it had been used to ensure a person's human rights were not ignored. Staff asked for people's consent before giving support throughout the inspection. They also took time to explain decisions and possible consequences to help people make decisions for themselves.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS). Staff understood that people's capacity could change, and if they had to restrict someone's freedom to keep them safe, they knew they would have to do an MCA assessment, have a best interest's decision, and apply for a DoLS. At the time of our inspection no one had, or needed, a DoLS.

People were supported to have enough to eat and drink to keep them healthy. A person said, "Staff don't cook for us, we buy our food ourselves and cook ourselves. They will help if I ask." Staff encouraged people

to eat healthily, but the decision was down to each person in what they ate. One person said, "They do prompt us about healthy eating, but they respect the choices we make." Staff worked with people to help them manage their diet, for example one person wanted to watch their weight. Staff supported them by discussing healthy options when deciding shopping lists.

People received support to keep them healthy. As this was a supported living service visits to health care professionals was down to each person's individual choice. One person said, "I get support to visit the GP and the dentist." To promote independence, and help staff to see if any changes in support were required, each person was asked to complete a feedback form after appointments. This was to let staff know the outcomes (as staff did not always attend the appointment with people) and if they needed to do anything to help. Completion of the form was entirely optional, one person said, "They don't pressure me to fill in the form, once I say no, that's it, they don't keep asking."

Each person had a health action plan in place. This detailed when they had check-ups, and how often these should be done. Staff reminded people if they had not seen a healthcare professional for some time, but it was the person's choice and responsibility to book an appointment for a check-up, or if they felt unwell. Where people's health had changed appropriate referrals were made to specialists to help them get better. Where people showed an interests in improving their fitness they were encouraged to visit the local gym. To help promote people's confidence the staff also agreed to go along and join with them, or to go out on runs with them. People's health was seen to improve due to the effective care given by staff. For example people's weight was seen to improve due to exercise and balanced diet, due to encouragement by the staff.

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said, "The best thing is the friendliness and the will of the staff to support us in the right way." Another person said, "Staff here are excellent, I would soon tell you if they weren't!" The registered manager said the goal was to create a safe and calm atmosphere at the service, and give people the support and freedom to live their lives the way they wanted. Feedback from people and our observations showed he had been successful.

The atmosphere in the service was calm and relaxed and staff spoke to people in a caring and respectful manner. People came to staff if they had a question, or wanted support to do something. Rather than telling people what to do, in each conversation we heard staff asked the person what they thought they should do. They then talked through the other options, choices and possible outcomes with the person. Staff explained to us that they did this to help people understand the consequences of their actions; this would help when people moved on to living on their own and help them manage their own lives in a safe way.

Staff were very caring and attentive with people. One person said, "I need things done in a particular way, no one judges me here." They knew the people they looked after and involved them in making decisions about their life. One example seen was when staff saw a person standing in the hallway outside their flat. The staff noticed the person was frowning. The spoke with the person to find out if they were alright, or needed help with anything. The person's verbal communication was understood by staff, and as a result a visiting contractor was asked to change their schedule and visit this person's room first. This enabled the person to then go out sticking to their schedule, which was very important to the individual.

Throughout our inspection staff had positive, warm and professional interactions with people. Care staff were talked to people, asking their opinions and involving them in what was happening around the service. People's independence was promoted and supported by staff. Each person had specific duties to complete in their flat such as cleaning, and other household tasks to help them be more independent.

Staff were knowledgeable about people and their past histories. Care records recorded personal histories, likes and dislikes. Throughout the inspection it was evident the staff knew the people they supported well. Staff were able to tell us about people's hobbies and interests, as well as their family life. Their knowledge covered people's past histories, and family life, down to a person's favourite food.

Staff communicated effectively with people. When providing support staff checked with the person to see what they wanted. Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication needs. People were given information about their care and support in a manner they could understand. Information was available to people around the service. It covered areas such as local events that people may be interested in.

Staff treated people with dignity and respect. Staff were very caring and attentive throughout the inspection, and involved people in their support. An external contractor visited on the day of our inspection to inspect the building. This involved them accessing people's flats. The registered manager and staff had made

everybody aware of this, and sought peoples consent. Some people requested to be present during the check, while others requested staff to also be present. Each person's choice was respected by staff. When giving personal care, staff ensured doors and curtains were closed to protect the people's dignity and privacy.

People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services in the community so they could practice their faith. People told us they could have relatives and friends visit when the in their flats whenever they wanted, or go and stay with their relatives and friends if they wished.

Good

Is the service responsive?

Our findings

People's needs had been assessed before they moved into the service to ensure that their needs could be met. One person said, "It was really interactive, not just one person talking. We made my support plan together." Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility.

People were involved in their care and support planning. One person said, "I am very involved in how I receive my support. We were asked who we wanted our key worker to be. Everyone got who they wanted." Care plans were based on what people wanted from their care and support. They were written with the person by the registered manager or key worker.

Reviews of the care plans were completed regularly with people so they reflected the person's current support needs. One person said, "100 % I am involved in reviews. The reviews are about asking me how I want to be supported. They involve my family and I am 100% happy with this." Family members, health or social care professionals, and people involved in activities outside the service were also involved to ensure that the person's choices and support were covered for all aspects of their life.

The responsive care and support provided by staff gave positive outcomes to people's lives. A relative said, "The staff at CMG have given my family member the support and guidance to cope with the ups and downs of everyday living." another relative said, "Today, largely thanks to the support from the manager and his team, my family member, is more confident; uses public transport by themselves; shops and cooks for themselves; has obtained a qualification and now volunteers with a company while looking for paid employment. They play football with friends several times a week. In short, they now have a life."

People's choices and preferences were documented and were seen to be met. For example one person said, "I have a support plan, but don't really want to be involved in paperwork, they respect that." There was detailed information concerning people's likes and dislikes and the delivery of care. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive and were person-centred, focused on the individual needs and goals of people. People received support that matched with their preferences. This had been recorded in each person's care file, for example being supported to maintain independence by helping them to take medicines. One person said, "I manage my own medicines. Staff used to ask me if I had taken them each day. This annoyed me so I asked them to stop doing it. We reviewed what might happen if I forgot to take my medicines, and can to an agreement. They have never asked me again."

Changes in people's support needs were responded to by staff. One person said, "They always ask if I need help. Just because I have been able to do something one day they don't automatically assume I will be able to do it the next, especially if I am not feeling well."

Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them. Other areas covered included keeping safe in the environment, personal care,

behaviour and emotional needs. The information matched with that recorded in the initial assessments, giving staff the information to be able to care for people. Staff explained how they were given time to read the care plans. During handover meetings between staff shifts, each person's support needs were discussed. This helped with communication as staff would understand if an earlier event may affect a person's behaviour, or give a reason for additional support needs that day.

People had access to a range of activities that interested them, most of them based in the local community. As this was a supported living house, no formal daily activities were put on by staff. People were encouraged to seek employment, visit friends, and go shopping. Information on local events was available to people, so they could arrange support if required or go with friends. During the inspection people were going out on activities throughout the day.

People were supported by staff that listened to and would respond to complaints or comments. All the people we spoke with understood how to make a complaint, and said when they had, this had been dealt with by the staff. People also understood the outside agencies they could contact if they felt the service provider had not dealt with their concerns. Contact with them with the CQC in the past demonstrated they were comfortable to do this.

There was a complaints policy in place. This was displayed in the communal area and was in an easy read format. People's knowledge of the complaints process demonstrated they understood how to make and complaint and the process the provider would go through to address their concerns. The policy included clear guidelines, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. Complaints received at the service since our last visit had all been dealt with to the satisfaction of the people making the complaint.

Good

Is the service well-led?

Our findings

There was a positive culture within the service between the people that lived here, the staff and the manager. A person said, "I have been through a number of services in my life, and the manager here is the best manager I have ever known." Staff felt supported working at the service, and enjoyed their job. One staff member said, "The manager is really nice, if I have problems I know I can go to him and sort them out. He gives us really good advice." We saw this positive interaction between the registered manager, people and staff happen during our inspection.

Senior managers were involved in the service because a representative from the provider carried out regular visits to check on the quality of service being provided to people. During a recent period where the registered manager was on annual leave, the regional director visited the service to speak with people. One person said, "They asked us how the service was running without the manager, we told her the service was ran as usual and we were happy with the staff." The person went on to explain how the chief executive from the provider also visited to speak with people and make sure they were getting a good quality of support. People knew who the senior managers of CMG were, showing that they had been involved in discussions with them.

Regular monthly and weekly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the service. These covered areas such as infection control, health and safety, and medicines. The audits generated improvement plans, if needed, which recorded the action needed, by whom and by when.

The provider also carried out regular quality assurance checks to ensure a good standard of support had been provided. These visits included an inspection of the premises and reviewing care records. An action plan was generated, which detailed who was responsible for completing the action and by when. This was then reviewed at each visit to ensure actions had been completed. The registered manager also completed a monthly management report to keep the senior managers within the organisation up to date on what had happened at the service, and to monitor that a good standard of care and support where being given.

People were included in how the service was managed. One person said, "We (the tenants) have put rules into place at tenants meetings to manage when people are disrespectful to others. We all agreed to these and stick by them." People were involved in training and recruiting the staff that worked for CMG, so staff had a first-hand account of how to effectively support someone. People said they also had the opportunity to join a quality checking service managed by CMG. They would go to other CMG services and talk with people and write a report as to how well the service met people's needs.

People also had access to regular 'tenants' meetings where they could discuss any issues they wanted to raise; and the staff could pass on information from the provider. Topics covered included a talk about legionnaire's disease and the dangers of lime scale, to help people understand why cleanliness of their bathrooms was important to their health. Minutes of the meetings showed that people had the opportunity to raise any concerns, and were encouraged to tell the staff what needed to be done around the house, or in

relation to their care and support needs. The last three meeting minutes recorded all positive comments.

The provider also ensured that various groups of people were consulted for feedback to see if the service had met people's needs. People who lived here and their families were involved in these questionnaires, which covered all aspects of care and support provided at the service. This was done annually by the use of a questionnaire. The responses were compiled and analysed by the provider and then fed back to the registered manager and his team.

Staff felt supported and able to raise any concerns with the manager, or senior management within the provider. Staff understood what whistle blowing was and that this needed to be reported. They knew how to raise concerns they may have about their colleague's practices. Staff told us they had not needed to do this, but felt confident to do so.

Staff were involved in how the service was run and improving it. Staff meetings discussed any issues or updates that might have been received to improve care practice. They were also used to check on staffs understanding of key topics around care and support for people.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the service, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection

Records management was good and showed the service and staff practice was regularly checked to ensure it was of a good standard.