

Curo Blackpool Limited

Royal Care Home

Inspection report

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St Anns On Sea
Lancashire
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Tel: 01253726196

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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

This inspection visit took place on 04 January 2017 and was unannounced.

This is the Royal care homes first inspection since the new providers registration with the Care Quality Commission (CQC) on 18 December 2015.

The Royal Care home provides personal care and accommodation for up to 27 older people. The home is situated in St Anne's, in a location close to the town centre with a shopping area, local community facilities and resources and public transport. All the accommodation is located on the ground and first floor of the building and a stair lift is available for people located on the first floor. At the time of our inspection visit there were 24 people who lived at the home.

There was a registered manager in place. 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.

Although a number of people had limited verbal communication and were unable to converse with us, we were able to speak with four people who lived at the home. We also spoke with two people visiting their relatives. People told us they were happy and well cared for and felt safe living at the home. Comments received included, "The staff are very good and look after me really well. I like a grumble but I cannot grumble about them. I am happy here." And, "I think this is a very good home and cannot fault the manager and her staff who are all wonderful. I am happy with the care and know [relative] is safe."

We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and showed affection towards the people in their care.

We saw people who lived at the home were clean and well dressed. They looked relaxed and comfortable in the care of staff supporting them. One person visiting the home said, "I really cannot fault the care of [relative]. They look really well and are always clean and well-dressed when I visit."

People who lived at the home and their visitors told us they enjoyed a variety of activities which were organised for their entertainment. One person visiting the home said, "There was so much going on at Christmas it was wonderful to see everyone enjoying themselves."

Staff knew people they supported and provided a personalised service. Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

We looked at the recruitment of two recently appointed staff members. We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people.

Staff spoken with and records seen confirmed training had been provided to enable them to support people who lived with dementia. We found staff were knowledgeable about support needs of people in their care.

We saw the service had an induction training and development programme in place. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

We found sufficient staffing levels were in place to provide support people required. This included staff supporting people to hospital appointments. We saw staff members could undertake tasks supporting people without feeling rushed.

We found people had access to healthcare professionals and their healthcare needs were met. We saw the service had responded promptly when people had experienced health problems. A visiting healthcare professional told us they had no concerns about the care provided by the service.

We found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

We found equipment used by staff to support people had been maintained and serviced to ensure it was safe for use.

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. We found people were satisfied with the service they received.

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.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home, staff and visitors. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their

care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Royal Care Home

Detailed findings

Background to this inspection

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

This inspection visit took place on 04 January 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before our inspection on 04 January 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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 provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included four people who lived at the home, two people visiting their relatives, a visiting healthcare professional, the registered manager, and five staff members. Prior to our inspection visit we contacted the commissioning department at the local authority and healthwatch Lancashire. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of three people, the services training matrix, supervision records of four staff, arrangements for meal provision, records relating to the management of the home and the medicines records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

We spoke with four people who lived at the home who all said they had confidence in the staff who supported them and felt safe when they received their care. Comments received included, "The staff are all lovely with me and I feel safe living here. I am well looked after." And, "They are very kind and patient with me and don't try to rush me. I am not as quick as I used to be." One person visiting their relative said, "I cannot fault the staff for anything. I live locally and visit all the time. I know [relative] is safe and in good hands."

We looked around the home and found it was clean, tidy and maintained. No offensive odours were observed by the inspector. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. Staff spoken with and records seen confirmed they had received infection control training. We saw cleaning schedules were completed and audited by the registered manager to ensure hygiene standards at the home were maintained.

We spoke with people who lived at the home and their visitors who all said they were happy with the standard of hygiene at the home. One person visiting the home said, "The home is always clean and you never experience any unpleasant smells. I don't know how they manage it."

We found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. People who had chosen to remain in their rooms had their call bell close to hand so they could summon help when they needed to. One person being cared for in bed told us staff responded quickly when they needed them. The person said, "Never have to wait long, they are very good and look after me well."

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. Legionella checks had been carried out.

We found people had personal evacuation plans (PEEPS) in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures that needed to be followed in the event of people needing to be evacuated from the building. They were able to describe what assistance each individual required. This meant people could be assured they would be evacuated in a safe and timely manner during an emergency.

Staff spoken with had received moving and handling training and they felt competent when using moving and handling equipment. We observed staff assisting people with mobility problems. We saw people were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped

staff to prevent or minimise the risk of injury to themselves and the person they supported.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded.

Records had been kept of incidents and accidents. Details of accidents looked at demonstrated action had been taken by staff following events that had happened. The registered manager had fulfilled their regulatory responsibilities and informed the local authority safeguarding team about a recent unwitnessed fall experienced by a person who lived at the home.

We looked at the recruitment of two recently appointed staff members. We found appropriate checks had been undertaken before they had commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to reduce the risk of employing unsuitable staff to work with vulnerable people. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment.

We looked at the services duty rota, observed care practices and spoke with people supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. We saw the deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way. The atmosphere in the home was calm and relaxed and we saw staff engaged with people they supported in conversation. Two people visiting the home told us there was always plenty of staff on duty when they visited their relatives. One person said, "There have never been any issues finding staff when I visit. There is always someone around and I find them very attentive towards the residents." A visiting healthcare professional told us staff were always available to support them during their visits to the home.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They understood their responsibility to report any concerns they may observe and knew what procedures needed to be followed. People visiting the home including a healthcare professional told us they had never witnessed poor care or mistreatment of people who lived at the home.

Discussion with the registered manager confirmed they had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The registered manager was also aware of their responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant we received information about the service when we should do.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. This meant systems were in place to check people had received their medicines as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed one staff member administering medicines during the lunch time round. We saw the medicines cabinet was locked securely whilst attending to each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The staff member informed people they

were being given their medicines and where required prompts were given.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Our observations confirmed the atmosphere was relaxed and people had freedom of movement. We saw people had unrestrictive movement around the home and had the choice of two lounges or could go to their rooms. We saw people visiting the home were made welcome by staff and where appropriate updated about their relative's welfare. One person visiting the home said, "Always made welcome when I visit and updated about any developments with [relatives] care. I have to say there is a lovely relaxed atmosphere and it is always a pleasure to visit."

We spoke with staff members and looked at the services training matrix. This confirmed staff training covered safeguarding, moving and handling, fire safety, first aid and health and safety. Staff had received dementia care training and were knowledgeable about how to support people who lived with dementia. All recently appointed staff had been enrolled on the Care Certificate which is a set of standards that social care and health workers follow in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Existing staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. Staff spoken with told us during their supervision sessions they had been encouraged to become champions in their field of interest including dementia care and safeguarding vulnerable people. One staff member chosen to be the services safeguarding champion told us they were excited about their new role and the training they would be undertaking. They told us knowledge and skills learnt would then be shared within the staff team to create more positive outcomes for people who used the service.

On the day of our inspection visit we saw breakfast was served to meet the individual preferences for each person. There was no set time and people were given breakfast as they got up. We noted a variety of cereals and drinks were on offer along with a cooked breakfast if requested. Staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. We saw people who were nursed in bed or had chosen to remain in their rooms had jugs of juice or water within their reach.

The service operated a four week menu. Choices provided on the day of our inspection visit included bacon chops, new potatoes, mushrooms and grilled potatoes followed by lemon sponge and custard. A variety of alternative meals were available and people with special dietary needs had these met. These included four people who had their diabetes controlled through their diet.

At lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. We observed different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed.

The people we spoke with after lunch told us they enjoyed the food provided by the service. They said they received varied, nutritious meals and had plenty to eat. Comments received included, "The cook comes to see me every morning and asks me what I would like for lunch. I always get what I want and it's always delicious." And, "Lovely meals and always plenty to eat." A visiting relative said, "I have had several meals here and the quality is very good. Christmas lunch was lovely."

The Royal care home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. When we undertook this inspection the registered manager had completed a number of applications to request the local authority to undertake (DoLS) assessments for people who lived at the home. This was because they had been assessed as being at risk if they left the home without an escort. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs. A visiting healthcare professional told us staff were always receptive to advice given and worked closely with them.

The service had considered good practice guidelines when managing people's health needs. For example, we saw people had hospital passports in place. Hospital passports are documents which promote communication between health professionals and people who cannot always communicate. They contain clear direction as to how to support a person.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff were caring towards them. Comments received included, "All the staff are lovely with me. They are looking after me really well and I am very happy." And, "The staff are attentive and caring towards me. It's a nice place to live. Two people visiting their relatives both told us they were happy with the care provided. One person said, "The attitude of the staff is excellent they are really friendly and caring. I am pleased and impressed with the care."

We saw one person cared for in bed had been provided with a mattress suitable for the relief of pressure and prevention of pressure sores. They looked comfortable and well cared for. Records completed by staff members described the daily support they had provided. We spoke with the person who said, "I am very comfortable and well looked after. I have everything I need and the staff are always popping in to check on me."

During our inspection visit we saw staff were caring and treated people with dignity. They were polite and attentive and quick to respond to people who required their assistance. We saw people looked cared for, dressed appropriately and well groomed. Staff we spoke with knew and understood people's history, likes, dislikes, needs and wishes. They knew and responded to each person's diverse cultural and spiritual needs and treated people with respect and patience.

We saw positive interactions between staff and the people they supported. We noted people appeared relaxed and comfortable in the company of staff. We saw people enjoyed the attention they received from staff who asked if people were alright and if they needed anything. People we spoke with during our observations told us they received the best possible care.

We looked at care records of three people. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. The plans contained information about people's current needs as well as their wishes and preferences. For example one person had stated that they wished to retain their independence and continue to dress themselves despite being slow. We noted it had been recorded on the care plan for staff to show compassion and not take over. Another person had made it clear they only wanted female carers to attend to their personal care needs.

Daily records completed were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed and updated on a regular basis. This ensured staff had up to date information about people's needs.

We looked around the home and saw staff had an appreciation of people's individual needs around privacy and dignity. We saw they knocked on people's doors and asked if they could come in before entering. We observed they spoke with people in a respectful way, giving people time to understand and reply. They demonstrated compassion towards people in their care and treated them with respect. Comments received

included, "I am settled and happy here. The staff do their very best for me." And, "I cannot fault the staff they are all wonderful. I am happy with the care [relative] receives."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we contacted external agencies about the service. They included the commissioning department at the local authority and healthwatch Lancashire. Neither organisation contacted us to say they were concerned about the service.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed staff members undertaking their duties in a timely manner and engaging people they supported in conversation. We saw they could spend time with people making sure their care needs were met.

We spoke with two people visiting their relatives at the home. They told us they had chosen the home because of its reputation within the local community. One person said, "The home was recommended to me and I haven't been disappointed. Everything has worked out superbly. [Relative] looks really well, has put on weight and their mobility has improved. The staff are superb people and have no issues with any of them."

We looked at care records of three people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. People who had been unable to participate in the care planning process had been represented by a family member or advocate

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. We found care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly. We saw where concerns had been identified with weight loss medical intervention had been sought.

The service organised a range of activities to keep people entertained. The activities were structured and varied. On the day of our inspection visit we saw staff singing and dancing with the people in their care. There was lots of laughter and it was clear people were enjoying themselves. People visiting the home told us about the activities that had been organised for Christmas. One person visiting the home said, "There was so much going on at Christmas it was wonderful to see everyone enjoying themselves." Another person said, "I spent Christmas day with [relative] at the home and had a lovely day. The staff worked extremely hard and it was very much appreciated."

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. We looked at a complaint received by the service. We could see it had been taken seriously and responded to appropriately by the registered manager.

People we spoke with told us they knew how to make a complaint if they were unhappy. They told us they would speak with the manager who they knew would listen to them. All four people said they were happy with their care and had no complaints. A visiting relative said, "If anything was troubling me I know the staff and manager would act on what I had to say."

Is the service well-led?

Our findings

Comments received from staff and people who lived at the home were positive about the registered manager's leadership. Staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. They told us they were well supported, had regular team meetings and had their work appraised. One member of staff said, "I really like working at the home and find the registered manager very supportive." Another staff member said, "There have been a lot of changes made since the appointment of the manager, all for the better. She has a clear vision what she wants for the service and we all support her."

Two people visiting the home told us they were happy and impressed with the improvements being made to the home. They told us they and their relatives had been consulted and kept informed about changes being considered. One person said, "We received a newsletter recently informing us about planned improvements to the facilities and asking us for our views. It was nice to be considered." Another person visiting the home said they had also received the newsletter and were pleased to be informed about the activities being planned for the Christmas period. The person said, "It was nice not to be kept in the dark and informed about their plans. I made a real effort to support them and attend as many activities as I could."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. Staff told us they felt the service was well led and they got along well as a staff team and supported each other. People visiting the home told us the atmosphere was relaxed and calm. They said they were made welcome by friendly and polite staff when they visited.

The registered manager had procedures in place to monitor the quality of the service provided. Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included arrangements for the Christmas period and preparations for their first CQC inspection since registration. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided.

We found the registered manager had sought the views of people about their care and the service provided by a variety of methods. These included resident meetings and family and friends surveys. We saw following the most recent residents meeting additional hours had been given to a member of the catering team as residents had requested a cooked meal at tea time.

Feedback from family and friends surveys about how the service was led showed they felt it was consistently good. Comments received included, 'The staff team is excellent. Their enthusiasm and commitment is

remarkable.' And, 'Staff are friendly, efficient and very caring.'

Discussion with staff members confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.