Newlyn Court Limited

Newlyn Court

Inspection report

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Tel: 01902408111

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 24 May 2017. At the last inspection in April 2016, the overall rating was 'requires improvement', but the provider was not in breach of the regulations. At this inspection we found a number of improvements had been made, however some areas of concern still needed to be addressed.

Newlyn Court is registered to provide accommodation with nursing and personal care for up to 80 people including older people, people living with dementia and people with mental health needs. On the day of the inspection there were 64 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 we found there were sufficient numbers of staff to meet people's care needs, improvements were required to the way in which staff were deployed, to ensure people received timely support at mealtimes. People living at Newlyn Court told us they felt safe.

The provider had not always carried out assessments of people's capacity to make specific decisions. Some people who required staff support during mealtimes experienced delays which meant their lunchtime experience was not a positive one. Staff did not always ensure people had the appropriate equipment to support them with the meals.

Staff were aware of their responsibility to report any concerns about people's safety and knew how to escalate any concerns to the relevant authorities. People were supported to manage their risks by staff who were aware of the need to protect people from avoidable harm. The provider carried out safe recruitment practice to ensure staff who supported people were safe to work with vulnerable adults. People received their medicines as prescribed and there were systems in place to ensure medicines were managed and stored safely.

People were asked for their consent before care was provided. People were supported by staff who received training to ensure they had the skills and knowledge to meet people's care and support needs. Staff told us training benefited their understanding and knowledge of people's needs. People were happy with the food and drink they received and were supported to maintain a healthy diet. People received support to access relevant healthcare professionals where required which helped them maintain their health and wellbeing.

People received support from staff who were caring. People were supported to make their own decisions where possible. People were encouraged to maintain their independence and staff supported people in a way that respected their privacy and dignity.

People and relatives were involved in the planning and review of their care and support. Staff were aware of people's individual care needs and supported them according to their personal preferences. Information about changes to people's care was shared with staff to ensure people received up to date and relevant support. People and their relatives were aware of who they could contact if they were dissatisfied about the service they received. There was a system in place to manage complaints and where improvements had been identified changes had been made to reduce the likelihood of events reoccurring.

Although some improvements had been made since the last inspection, further action was needed to address the issues identified during this inspection. Action needed to be taken to ensure the quality of mental capacity assessments and the effective deployment of staff during mealtimes. People and their relatives told us they were happy with the support they received. Staff expressed confidence in the management team and provider and told us they could share any issues or concerns. People, relatives and staff felt able to share their views on the service, and the registered manager used these responses to drive improvements across the service. The registered manager and provider were aware of their responsibilities in relation to their roles and had notified us of incidents and events as required by law.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Although there were sufficient numbers of staff to meet people's care needs staff were not always deployed effectively, which meant some people waited a long time for support to eat their meal.

People were supported by staff who knew how to identify signs of potential abuse and were aware of how to report any concerns.

Risks were assessed and managed to protect people from avoidable harm.

People received their medicines as prescribed and systems to manage medicines were safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Some people, who required support to eat, did not have a positive mealtime experience.

People's capacity to make specific decisions about their care and support had not always been assessed.

People were supported by staff who had the skills and knowledge to meet their needs. Staff received training relevant to their role, which benefited their understanding of people's support needs.

People were asked for their consent before receiving care.

People were supported to access health care professionals when required and staff followed guidance from professionals to ensure people maintained their health.

Is the service caring?

Good

The service was caring.

People were supported by staff who treated them with kindness.

Staff encouraged people to maintain their independence.

Staff were aware of people's preferences and people were supported to make decisions about their daily living.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in the planning and review of their care and support.

People received support that was tailored to their individual needs and took account of their personal preferences.

People were supported to take part in activities that interested them.

People and their relatives knew how to complain if they were unhappy with the service they received and the provider had a system in place to manage and investigate complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems used to monitor the quality of care provided had not always been effective at identifying the issues found at our inspection.

Some improvements had been made to ensure people received person centred compassionate care.

The registered manager was present in the home on a daily basis and people and relatives knew who they were.

The registered manager worked with the management team to review the quality of the service and acknowledged where improvements needed to be made.

The provider had notified us of incidents and events as required by law.

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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 24 May 2017 and was unannounced.

The inspection team included two inspectors, a specialist nurse advisor, whose area of expertise was older people and dementia, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Before the inspection the provider 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. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events, like serious injuries or incidents. We also contacted the local authority and the clinical commissioning group (CCG) for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We spoke with five people who lived at the home, six relatives, five staff, the deputy manager and the registered manager. We looked at seven records about people's care and support, 32 people's medicine administration records, two staff files and the systems used to monitor the quality of care provided.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in April 2016, we rated the provider as 'requires improvement' under the key question of "Is the service safe?" We found improvements were required to ensure people were supported by sufficient numbers of staff. At this inspection we found improvements had been made, however the deployment of staff, particularly at lunchtime, meant people did not always receive support in a timely way and further improvements were required.

We observed staffing levels throughout the home and found there were sufficient numbers of staff to keep people safe and meet their care and support needs. However, during lunchtime some people who were supported to sit at tables in the dining room in preparation for their meals waited for over 30 minutes for their meal to arrive. We saw staff were busy collecting meals from the kitchen and serving meals to people in other parts of the home, which meant people in the dining room experienced considerable delays. This caused confusion for some people, who tried to leave the dining room and had to be supported back to the table by staff. Some people needed one to one support to eat their meal and we saw they waited for periods in excess of 20 minutes for staff to become available. Other people experienced considerable delays between being seated at the table and their food arriving, which for some people was a wait of over 30 minutes. One person told us, "I've eaten some of my meal, it wasn't cold, but it wasn't exactly warm either."

We discussed the deployment of staff at lunchtime with the registered manager who told us they were working to make improvements to people's meal time experience. They showed the results of audits they had recently carried out which had highlighted similar concerns to those we raised. The registered manager acknowledged the reasons for our concerns and advised further reviews would take place in order to ensure people did not experience such delays in the future.

People received support from staff to manage risks to their health, safety and well-being. One relative told us they were pleased with the measures taken by the provider to protect their family member from the risk of falls. They told us, "[Person's name] can be quite restless at night, so there is an alarm on the bed so staff know when they are up and about, so staff can check they haven't fallen over." Staff we spoke with were aware of risks to people's health and safety and there were systems in place to keep staff up to date with any changes to people's risks. Staff told us they had a handover between each shift where they shared information about people's current care needs and they also used a communication book to keep up to date with any changes to people's risks. Records we reviewed showed that risks relating to the use of bed rails, nutrition and hydration and risks to people's fragile skin had been assessed and reviewed where appropriate. Staff we spoke with were aware of people's individual risks, for example, from diabetes. They told us clear guidance was available on how to manage risks, which they followed to ensure people were kept safe.

However, we observed there was some confusion between staff in relation to how people, who had swallowing difficulties, should have their drinks prepared. We saw guidance about thickened fluids was available in people's care records and additional information was displayed in the kitchen, so staff could reference it when preparing drinks. We observed two people who received drinks with more or less thickener

than their care records stated, which may place them at risk of choking or other health risks such as aspirational pneumonia. We discussed our concerns with the registered manager who advised they would take action immediately to ensure staff were aware of people's requirements and the direction given by healthcare professionals.

Relatives told us they felt there were enough staff available to support people. One relative told us, "They definitely have enough staff; they are pretty much on the ball." Another relative commented, "There are lots of staff." Staff we spoke with told us they were confident that staffing levels at the home kept people safe. We found that with the exception of meal times there were sufficient numbers of staff deployed to meet people's care and support needs.

People told us they felt safe living at Newlyn Court. One person said, "I think it's a safe environment, if there are any issues, staff deal with them quite well." A relative commented, "It's very safe here." Staff we spoke with understood their responsibilities in recognising and reporting suspected abuse and knew to raise concerns with the registered manager, provider and other external agencies if necessary. One staff member told us, "I would speak to [name of registered manager] if I had any concerns. We've all had training in safeguarding so know what to look out for." The registered manager told us they had taken a proactive approach to managing safeguarding concerns and had discussed all incidents in relation to people's safety and well-being with the local authority safeguarding team. We found the registered manager demonstrated a good knowledge of their responsibilities in relation to protecting people from harm and had notified us of incidents and events as required by law.

People told us they were happy with the way they received their medicines. One person told us, "I have no concerns with medication." A relative said, "I am happy with the way staff give medicines." We saw staff supporting people to take their medicines and explaining to people what they were for. Staff also offered people their 'as required' medicines, including pain relief, if they observed that people may need them. Where people had their medicines administered covertly, for example disguised in food, we saw decisions about this had been made in their best interests and were clearly documented. Staff had received training in administration of medicines and the deputy manager took responsibility for the overall management of medicines. We reviewed Medication Administration Records (MAR) for half the people living at the home and found records had been completed accurately and reflected that people had received their medicines as prescribed. Medicines audits were regular carried out to identify any errors and systems used to manage medicines were safe.

We reviewed two staff files and looked at pre-employment checks carried out by the provider. We found that necessary checks had been carried out prior to staff starting work. These included background and identity checks as well as checks carried out by the Disclosure and Barring Service (DBS). DBS checks include criminal record and baring list checks for persons whose role is to provide any form of care or supervision. These checks help providers to reduce the risk of employing staff who are not suitable to work with vulnerable people.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in April 2016, we rated the provider as 'requires improvement' under the key question of "Is the service effective?" We found improvements were required to ensure people's capacity to make specific decisions had been assessed and recorded. We also found improvements were needed to ensure people's experience at mealtimes was a positive one. At this inspection we found improvements were still required.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Although some staff told us they had received training in MCA staff we spoke with were unclear about how to apply their learning to the care and support they provided. We found that assessments of people's capacity to make certain decisions had not always been completed correctly, meaning guidance available to staff may have resulted in people being supported in a way that did not promote their human rights. For example we reviewed a number of people's capacity assessments and found they were generic in nature and not specific to the decision needing to be made. For example, where bed rails were in use to protect people from falling out of bed, risks had been assessed, but the person's capacity to consent to the use of bed rails had not always been assessed. This placed people as risk of being prevented from making their own decisions, where possible.

We observed people's experiences during lunchtime in various areas of the home and found this was not always positive. We saw the registered manager had recently made changes to try and improve mealtime experiences; however we saw some people's experiences, particularly in the dining room, were not good. Some of the people seated in the dining room had been supported by staff to sit alone at tables facing away from other people. For some people this meant they could look out of the window, but for others they ate their meal sitting alone, facing a wall. We saw some people who were eating their meals in the lounge area did not receive appropriate support. One person, who had difficulty using cutlery, frequently pushed food off their plate when trying to eat. The person struggled to eat for over 20 minutes before staff fitted a plate guard, which prevented food from being pushed off the plate.

We spoke with the registered manager about our concerns and they told us they were regularly conducting observations at meal times to enable them to improve the way in which meal times were managed. They shared with us audits, which had been carried out shortly before the inspection where they had identified similar concerns to those we found. The registered manager told us they and the deputy manager would be working together to improve people's meal time experience.

Although some people experienced delays during lunchtime, feedback about the quality and quantity of the food was positive. One person told us, "Staff give us a lot to eat." A relative said, "I can't fault the food, the variety is there. It is fresh food here." We observed people were given a choice of meals and a visual picture menu was available for breakfast to support people to make their own selection. Drinks were readily

available throughout the day and we saw staff prompted people who required support to encourage them to drink.

Most people we spoke with were not able to share their experiences of staff assisting them with their healthcare needs or helping them to access healthcare professionals when required, because of their level of capacity. However, relatives we spoke with expressed positive views about the way staff supported their family members. One relative told us, "When [person's name] came here they had some sore skin. Staff dressed it and treated it and it has all healed. If they [provider] are concerned they call the doctor." We saw from records that there was regular intervention with healthcare professionals such as GPs, chiropodists and opticians. Records we reviewed reflected that people who required support to reduce the risk of them developing sore skin were supported to change their position regularly and this was monitored by senior staff to ensure people received appropriate support.

Relatives told us they felt staff were trained to meet people's care and support needs. One relative told us, "The staff are well trained. They support [person's name] very well." Another relative shared with us how pleased they were with the way one staff member supported their family member with their nutrition. They told us, "[Staff member's name] is brilliant. They have tried all sorts of sandwiches and fillings to try and get [person's name] to eat. Staff do persevere."
Staff told us they felt they received training which equipped them in their roles and enabled them to meet people's needs. One staff member said, "I recently did some training in end of life care, which has given me the skills I need to have those difficult conversations." Staff told us they were given an induction when they began working at the home, which helped them get to know people and understand their needs. The registered manager supported staff to undertake nationally recognised qualifications, to further develop their skills and knowledge. For example, at the time of the inspection some staff were in the process of completing the care certificate. The care certificate looks to improve the consistency and portability of the essential skills, knowledge, values and behaviours of staff, and helps raise the status and profile of staff working in care settings.

Throughout the inspection we saw people were asked for their consent before care and support was provided. For example, people were asked if they were willing to take their medicines, or if they wanted to take part in an activity.

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). DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection 26 people living at the home were subject to an authorisation to deprive them of their liberty. We saw that the conditions included in the authorisation had been complied with. The registered manager explained how the decisions had been reached to ensure that people's rights and freedoms were lawfully protected. The deputy manager shared with us their system for the monitoring of DoLS, which ensured that where required, new applications, had been made prior to the expiry of current authorisations.

Good

Is the service caring?

Our findings

At the last inspection in April 2016, we rated the provider as 'requires improvement' under the key question of "Is the service caring?" We found improvements were required to ensure people received compassionate care and were supported to make their own decisions. At this inspection we found improvements had been made.

People and relatives told us staff were kind and caring. One person told us, "The carers are nice". A relative said, "Staff go out of their way to spend time with [person's name]. They spend time just reassuring them." Another relative commented, "The staff are very nice, very friendly." Relatives spoke positively about the caring nature of staff and shared with us examples of how staff supported people with compassion and kindness. One relative told us, "[Person's name] is cared for in bed. When the staff come in they always get a smile from [person's name]. Staff have been welcoming from the beginning. They are valuing [person's name]'s life as important."

We saw that staff had good relationships with people and knew their personal histories. Staff were able to tell us about people's likes and dislikes and their preferences. We saw staff responded to people in a caring way and reassured people when they were showing signs of anxiety. For example they were aware of what might cause a person to become distressed and we saw they responded quickly by offering reassurance to people.

People were supported to make decisions about their day to day care and support. A relative told us, "[Person's name] gets up when they like and can have their breakfast in their room if they want to." We saw people were involved in decisions about how and where they spent their time and although staff were aware of people's usual choices, they still offered different options to ensure people were making their own choices and decisions.

Relatives shared with us examples of how staff had promoted people's independence. One relative said, "[Person's name] used to use a wheelchair, but since moving here they are walking with the support of one staff member. We could not believe the improvement." We saw examples of staff maintaining people's dignity in the way they supported them. For example ensuring bedroom and bathroom doors were closed when in use, and being discreet when asking people about personal care. We also saw staff knocked on people's doors before entering their rooms and gave people the time they needed to mobilise or make choices. A relative told us, "As far as I know they treat everyone with respect."

We observed visitors were present throughout the day and were welcomed by staff and offered drinks. People were offered a choice of where to spend time with friends or family members and staff knew visitors by name. One relative told us, "The staff are very nice, very pleasant. I get offered a drink when I come in." Another relative said, "You can visit at any time and stay for as long as you want."

Good

Is the service responsive?

Our findings

At the last inspection in April 2016, we rated the provider as 'requires improvement' under the key question of "Is the service responsive?" We found improvements were required to ensure people received consistent person centred care and support. At this inspection we found improvements had been made.

Due to their communication difficulties and understanding people we spoke with were not able to share with us their experiences of how they were involved in planning their care. However, relatives told us they had been involved in the assessment, planning and review of their family member's care. One relative told us, "When [person's name] first came to the home we met with a senior carer. We have been through the care plan several times since. Everything has been explained to us. We are quite happy." We saw that staff had access to care records which contained information and guidance about how to respond appropriately to people's needs. They understood how to deliver the support and care people needed and were able to tell us about the person's individual likes, dislikes and preferences as well as their health and support needs. One staff member told us, "We try and do as much as we can for each person as an individual. If the person themselves can't tell us, we sit down and talk with their family." We saw staff were aware of people's personal preferences and life histories. This included their interests and hobbies as well as their preferences in terms of room decoration. Where people's needs had changed relatives told us they were kept informed. One relative said, "Staff always give me an update, if there are any problems they ring me. I get notified and know the nurses well."

People received care that was responsive to their needs. Care records were individualised and mostly contained detailed information and clear guidance for staff about all aspects of a person's health, social and personal care needs. For example, one person's care records outlined actions staff should take when supporting a person whose behaviours might be challenging to others. Staff we spoke with were aware of this guidance and were able to clearly explain the steps they would take to try and reduce the person's agitation. Staff told us, and we saw, that they reported any changes in people's needs to senior members of staff. One staff member told us, "If I notice any changes I tell the deputy manager, they make sure action is taken so the person receives the right support". Staff told us they felt communication within the home was good and they received updates on people's needs during shift handover meetings which were held daily. This meant staff were able to provide people with care and support that met their changing needs.

Relatives told us and we saw that activities took place on a daily basis. Relatives were able to tell us how people had been encouraged by staff to take part in activities that interested them. One relative said, "Staff asked about what was important to them [person using the service]. They have tried lots of different things, putting on favourite films and talking about football. They like to talk about the past with staff as well." We saw staff encouraged people to take part in activities and gave clear descriptions about what was about to take place so people could make an informed choice about whether they joined in or not. The atmosphere during planned activities was light-hearted and one relative commented, "There is quite a jolly atmosphere, the staff are happy around the residents." We spoke with the staff member responsible for activities who told us they were supported by the registered manager and provider in making improvements to the activities available both within and outside of the home. They told us the provider made resources available when

needed and they were continually working to improve people's experiences and involvement in things they enjoyed.

People and their relatives knew who to contact if they were unhappy with any aspect of their care. One relative told us, "The management are open to comments and I have given my opinions. They have listened to what I said". All of the relatives we spoke with knew who to contact if they had any concerns. One relative told us, "There will always be niggles, but they are very small. Any complaints are normally sorted out." We discussed complaints with the registered manager and reviewed records relating to complaints. We found the registered manager and provider had responded appropriately to any concerns raised. Investigations had been carried out in to allegations and concerns and an outcome had been provided to the complainant. We saw that where investigations had identified that improvements could be made, the registered manager had made changes to reduce the likelihood of events reoccurring. For example, reviewing and updating risk assessments to improve the guidance available to staff.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in April 2016, we rated the provider as 'requires improvement' under the key question of "Is the service well-led?" We found the provider and registered manager needed to make improvements to ensure staff were deployed effectively and that people received appropriate support during meal times. Improvements to the way in which people's capacity was assessed when making specific decisions about their care and support were also required; as well as changes to ensure people received compassionate, person centred care. At this inspection we found some significant improvements had been made, however in other areas improvements were still required.

We found systems to monitor the standard of care provided had been further developed and these had been effective in identifying and addressing some areas of improvement. Where shortfalls had been identified we saw the manager had plans in place to drive improvements and raise the standard of care provided. However, audits had not been effective at identifying some of the areas highlighted during the inspection, for example, the quality of mental capacity assessments and the deployment of staff. We saw observations and audits had been carried out during mealtimes, which identified concerns; however we found some people's mealtime experience was still poor. We spoke with the registered manager about our concerns and they advised they would review our findings and continue to work to improve the support people received. They told us and records confirmed, they used a tool called Dementia Care Mapping to identify where people's needs were not being met. Dementia Care Mapping is an observational tool that is used in public areas of care environments. It usually involves one or two trained mappers sitting in areas such as a lounge or dining area and observing what happens to people with dementia over the course of a typical day. At the end of a period of observation the results are analysed and fed-back to the care team so that care can be developed. The registered manager told us that they and the deputy manager would continue to use this tool to drive improvement to people's experiences of person centred care.

People and relatives we spoke with expressed positive views about life at Newlyn Court and felt it was well managed. One relative told us, "I would be hard pressed to find anywhere else that would be as good for [name of person]." A second relative said, "We would recommend this home, the staff are very good and helpful." Relatives also told us the registered manager was available if they needed to speak with them. One relative commented, "[Name of registered manager] is very approachable. I'd be happy to go to them if I needed to. They are good." Relatives told us they had been invited to participate in the development of the home, and that where possible; people were encouraged to give feedback on the service. One relative said, "You are invited to take part and are encouraged to come to fetes and shows. If you raise any concerns, you always get a response."

Staff we spoke with told us they felt supported by the management team and were given opportunities for training and development. One staff member said, "It's a positive place to work, everyone is so supportive." Another staff member told us, "I work closely with the deputy manager and have learned a lot from them. I can also approach the registered manager and provider if I need anything."

At the time of our inspection there was a registered manager in place and they understood the

responsibilities and requirements of their registration. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The most recent CQC report and ratings were displayed in the main reception area and the provider had notified us about events that they were required to by law.

The registered and deputy managers tracked the progress of any safeguarding referrals, or DoLS applications and took action where necessary to progress these. The registered manager shared with us how these systems gave them an opportunity to identify any patterns or trends in incidents or accidents which meant they could act to reduce the likelihood of them happening again. Other audits included health and safety, falls monitoring and monitoring of people's fragile skin. The registered manager was keen to develop and improve people's experiences of living at the home and proactively sought advice and support from other professionals including healthcare professionals, other social care providers and specialists in dementia care. A healthcare professional confirmed the registered manager and other staff were participating in a quality and improvement programme run by the local Clinical Commissioning Group (CCG) and regularly attended provider information events. This helped the registered manager to keep up to date with best practice which they could then share with the staff team at Newlyn Court.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.