

Cedars Care (Winscombe Hall) Limited

Winscombe Hall

Inspection report

Winscombe Hall Care Centre
Winscombe Hill
Winscombe
Somerset
BS25 1DH

Tel: 01934843553

Website: www.cedarscaregroup.co.uk

Date of inspection visit:

09 May 2018

10 May 2018

Date of publication:

21 June 2018

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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 9 & 10 May 2018 and was unannounced.

This service has been in Special Measures since June 2017 and at least one domain has been rated Inadequate since then. The service had been rated as Requires Improvement since November 2014. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. However the Well-led domain is rated as Requires Improvement as further time is needed to demonstrate the improvements can be sustained.

At our last inspection we found breaches of legal requirements. This was because the service was unsafe. Medicines were not managed safely, risks to people were not managed safely, there were not always enough staff to meet people's needs, records were not complete in respect of skin care, and staff were not sufficiently trained and knowledgeable. People did not always have decisions taken in their best interests recorded as required by the Mental Capacity Act (2005) and the quality assurance systems in place had not been operated effectively.

Following our last inspection we imposed a condition on the provider's registration. This was because people were at risk of receiving unsafe and inadequate care. Each month the provider had to provide a report of actions taken or planned and any improvements to the Commission. These reports have been submitted as required.

At this inspection we found the required improvements had been made and there were no breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Winscombe Hall accommodates 39 people across two separate units, with some shared facilities. One of the units specialises in providing care to people living with dementia. At the time of our inspection the main building was closed for refurbishment and the unit for people living with dementia had 19 people living there.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives were happy with the service they received. People felt safe and cared for by staff they trusted. Relatives told us their relatives were safe and well-cared for. They were positive about the staff and management team.

Staff understood how to protect people from abuse. Staff were confident they would identify and report any concerns. The provider assessed risks to people using the service and had comprehensive, detailed plans in place to keep people safe.

There were enough staff, safely recruited, to meet people's needs. Staff had received training and were supervised effectively to help support them and monitor the effectiveness of the care they delivered. Staff were positive about working at the service, they were happy at work and told us they felt well supported by colleagues and the management team.

People received good nursing care which followed best practice guidance. Medicines were managed and administered safely. There were comprehensive, person-centred plans in place to support people both physically and emotionally. Nursing and care staff maintained effective records of care needed and given. People's care was regularly reviewed and changes put in place if needed.

People at the service were treated with warmth, kindness and compassion. Staff knew people well and spoke of them respectfully. Relatives were involved in people's care and were made welcome at the service.

At our previous inspection we found that the provider's quality assurance systems and processes had not been effective in assessing and monitoring the quality of care. They were also not effective in mitigating the risks relating to the health, safety and welfare of service users. There was now a strong and effective management team in place. The provider had reviewed and strengthened their governance system. They learnt from accidents and incidents and responded to any concerns or complaints. There was a comprehensive system of audits in place to monitor the quality of the service. Shortfalls were identified and addressed.

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.

Systems in place safeguarded people from abuse.

Risks to people were assessed and updated in order to keep people safe.

There were enough staff, safely recruited, to meet people's needs.

Medicines were managed safely.

The service was clean with clear infection control procedures.

The provider monitored accidents and incidents and learnt from these.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed and nurses followed best practice.

Staff were experienced, trained and supervised.

People had access to health professionals and ongoing health care.

The environment was bright, cheerful and adapted to the needs of people living with dementia.

The provider adhered to the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness, respect and compassion.

People and their relatives were supported to express their views and preferences.

People's privacy, dignity and independence were promoted

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which was responsive to their needs.

Complaints and concerns were listened to and suitable action taken.

People received compassionate end of life care.

There were not always enough activities for people.

Is the service well-led?

Requires Improvement ●

The service was well led however improvements need to be sustained.

The provider had a vision and strategy to deliver high quality care.

Staff morale was good, there was an open culture where staff could raise issues and felt involved in running the service.

The provider had a substantial governance framework which is now operated effectively.

The service worked well with other external agencies.

Winscombe Hall

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 9 and 10 May 2018 and was unannounced.

The inspection team consisted of an inspector, a specialist advisor who was an experienced general nurse 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 care service.

Before the inspection we reviewed information we had about the service including statutory notifications and monthly information sent as part of the conditions of reporting we imposed on the provider. Notifications are information about specific events that the service is legally required to send us.

Some people at the service may not be able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us.

During the inspection we spoke with seven people living at the home, six relatives and 10 staff members, this included senior staff, and the registered manager. The registered manager is one of the provider's directors and is referred to in this report as 'the provider'. We also spoke with two health professionals. We reviewed five people's care and support records, pathway tracked two people, looked at all medicine administration records, a selection of nursing records and six staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

At the last inspection in June 2017, we found the service was not safe, as the provider had not rectified the concerns we found during the previous inspection in October 2016. The provider had not ensured people received safe care and treatment. At this inspection, we found significant improvements had been made and the service was now safe.

We found that people now received their medicines safely. At our previous inspection we found people could not expect to receive their medicines as they had been prescribed because systems were not always followed for the safe management of medicines. The provider now ensured safe systems were in place to manage medicines. Medicines were stored and administered safely. People had clear protocols within their medicines records about when to administer 'as required' (PRN) medicines. Nursing staff used pain scales to help determine if people who were unable to communicate pain needed pain relief. People received their medicines at the times specified on their charts and intermittent medicines at the correct intervals. Nursing staff recorded blood pressure readings for everyone who was prescribed medicines to manage their blood pressure. People had their creams applied as prescribed and staff signed to confirm these had been applied. There were body maps in place for the application of some people's creams, but all had detailed instructions on application.

People's care records now contained comprehensive assessments of risks to their health and well-being and guidance for staff on how to manage these risks. At our previous inspection we found risks to people were identified, however assessments did not contain enough information to keep people safe. People were not always moved safely when hoists or wheelchairs were used. People were now helped to transfer safely when staff used wheelchairs, hoists and stand aids. People's records contained clear and detailed guidance for staff on how to support people to transfer safely. We observed staff supporting people with patience and giving verbal directions and encouragement. Staff gave people explanations throughout when they were lifted by the hoist.

Staff had assessed people for other risks such as nutrition, skin integrity and falls. There were clear plans on how to minimise risk. One person was assessed as at very high risk of developing pressure damage to their skin but would only lie on their back. Normal practice is to turn people to different positions every two hours. There was a clear nursing plan in place to minimise risks for this person which contained information on their preferences for care.

The provider had developed more detailed emergency evacuation plans which identified people who could be evacuated and those who would need the fire service to assist them. At our previous inspection we found personal emergency evacuation plans did not give staff realistic guidance they could follow. People's evacuation plans now contained information about people's ability to follow directions, support needed with mobility and the number of staff needed to support.

At our previous inspection we found the laundry area was dirty. The laundry area was now visibly clean and now had a system in place for dirty laundry to enter one door and clean via another. This meant dirty

laundry remained separate from clean laundry.

The provider had ensured there were sufficient staff to meet people's care needs. At our previous inspection we found that although people had mixed views about whether there were enough staff, our observations were that there were not enough staff at certain times of the day. Staff told us, "Yes, there are always enough staff". We observed that call bells were answered promptly. There was always a member of staff in the communal lounge who supported and interacted with people. A relative told us, "Staffing levels are good". Another relative told us, "It is always the same faces (carers) and I know they have spent time with her as her chair is positioned by her bed and her books have been moved".

People told us they felt safe at Winscombe Hall. One person told us, "I feel safe here, there are lots of staff that come and go into my room, they always knock and I have a bell to ring if I need someone". A relative we spoke with said, "" Yes [Name] is safe, there is always enough staff around to prevent her from falling and they keep an eye on her." Staff told us they received training in safeguarding adults from abuse and would have no hesitation in raising concerns. All of the staff we spoke with said they would report any concerns immediately. Records showed that any concerns had been reported to the local safeguarding adults' team and actions put in place to protect people if necessary.

The provider had safe recruitment procedures in place. Staff files showed the provider had carried out checks before employing new members of staff. All contained a Disclosure and Barring number (DBS) this is a check that is made to ensure potential staff are safe to work with vulnerable people. Staff files also contained proof of identity, an application form, a contract, right to work details and references. New staff had reviews at three and six months to assess the quality of their work. Where concerns were raised about any members of staff, an investigation was carried out and action taken in line with the provider's policy and procedures.

The home was clean and free from odour throughout. One person told us, ""It's very clean here, the lady cleans well", and a relative said, "It's always clean, her room is spotless." The provider had cleaning schedules in place which included evidence that 'rummage items' (such as soft toys and fabrics for people with dementia to handle for sensory stimulation) were washed regularly. Staff wore suitable protective equipment such as gloves and aprons for delivering personal care serving food. These were different colours to demonstrate they had been changed between delivering care and serving food. The provider had a clear infection control policy which included the pathway of action to take should there be an outbreak of for example, MRSA, flu or diarrhoea and vomiting.

Lessons were learnt and improvements made when things went wrong. Staff told us they reported all accidents and incidents to their line manager. One person had fallen from their wheelchair. This incident had been investigated and actions put in place to reduce the risk of this happening again. Another person became unsettled when two staff were in their room delivering care. Staff told us they now made sure only one person talked them through their care as this reduced their confusion and helped them relax.

The provider had ensured all equipment used in the service underwent regular safety and maintenance checks. A recent fire assessment had identified some improvements needed. The provider had an action plan in place, some actions had been completed and other actions were included in the refurbishment plan.

Is the service effective?

Our findings

Staff now had the skills and experience to meet people's needs. At our previous inspection, we found staff did not always have the skills and knowledge to meet these. Staff now received regular supervision and training. Supervision records showed staff had the opportunity to discuss any concerns and that supervisors gave positive feedback as well as identifying and improvements needed in performance. The provider had ensured staff were up to date with required training such as safeguarding, first aid, manual handling and fire safety. Nursing staff were supported to maintain their training in line with their registration.

Staff clearly recorded any decisions taken in people's best interests in line with the Mental Capacity Act (MCA) (2005). At our previous inspection we found that people had mental capacity assessments in place but best interest decisions were not recorded. People now had decisions recorded for things such as bed rails, medicines and a belt to support someone in a wheelchair. People receiving medicines covertly had best interest decisions recorded with clear instructions within their medicines chart of how to administer in line with the provider's policy.

Staff maintained accurate records where people were identified as at risk from pressure ulcers. At the previous inspection we found staff did not maintain accurate records where people were identified 'at risk' in relation to skin integrity. The quality of these records had improved. Everybody had a nutritional and pressure risk assessment completed with detailed nursing plans to manage any risks. People assessed as 'at risk' had pressure relieving equipment in place which was checked regularly by nursing staff. People had clear continence and skin care plans which included regular repositioning of people being cared for in bed. The clinical manager had worked closely with nursing staff to improve the quality of recording in respect of wound care. Regular audits were undertaken of wounds and discussed in the monthly clinical meetings.

The provider had improved the recording of people's nutritional intake. At the previous inspection we found people's intake was not always recorded. At this inspection we found that people's food and fluid intake was recorded where deemed necessary in their care records. However, we noted fluid intake records had not been totalled to identify if people were meeting their daily target. We brought this to the attention of the clinical manager and when we returned the following day this had been rectified.

People were offered support to eat their meals. At our previous inspection we found people did not always receive the support and assistance they required. People told us, "The quality is excellent it's so fresh", and "The food is good, I get a choice of what I eat, they always encourage me to drink more". We carried out an observation of people's lunchtime experience and found this to be tailored to individual support needs, relaxed and unhurried. People had their meals in two sittings, with people who required help eating first. Staff told us, "" We like two sittings as it gives us time to spend the right amount of time with people" and, "We find it a much better and pleasant experience for both sets of people." Staff asked people if they could put a protective napkin on them. Staff were patient with people they were supporting, describing what was on the fork and asking if they were ready for their next mouthful. People who were more independent attended the second sitting. Staff asked consent before cutting up food or pouring gravy onto plates, salt and pepper were also offered. People had chosen their meal the day before but could have something else if

they changed their mind.

People received nursing care which was in line with best practice standards. For example, people requiring regular blood sugar testing had their own equipment as advised in government guidelines. People received skin care in line with best practice, a tissue viability nurse was involved in the care of people if indicated. Best practice in medicines administration was followed, for example the nurse administering medicines wore a bib to identify they were administering medicines to reduce any interruption. Interruptions during medicine administration is a factor in medicines errors. People were weighed at least monthly and an audit carried out of any weight change. This looked at any medical conditions which may contribute, the person's nutritional score and any action needed by the nursing team.

People had access to healthcare professionals such as the district nurse, GP and chiropodist. Staff recorded any visits and updated care plans with any changes.

Consent to care and treatment was sought in line with legislation and guidance. Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. Some people had a power of attorney document in place which meant that a nominated person had the right to make certain decisions. The provider had a copy of all powers of attorney.

Staff sought consent from people before undertaking any task. Staff told us, "You ask, everyone has a right to choose", and, "For some people, capacity fluctuates, some days are better than others". Throughout our inspection we observed staff asking consent from people.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Two people had DoLS authorisations in place; the provider had applied for a further thirteen authorisations but the local authority had not yet assessed these people.

Is the service caring?

Our findings

People received personal care when needed. At the last inspection, we found people did not always receive personal care when they needed it. Staff were now proactive about supporting people and everyone was clean, well-dressed and groomed with clean hair and nails.

People were highly complimentary about the staff. We were told, "It's home to me and I am very comfortable, all the staff are kind and I know I can speak to any of them, they treat me with respect and staff always tell me what they are doing" and, "The night sitter is so kind she will always give me a hug before my light goes out". Relatives told us, "It is such an inviting atmosphere, staff always engage in conversation and informally tell me about [Name]", and, "They are so calm with [Name] as she can become aggressive but they always deal with her with patience and kindness."

A person told us, "It's nice and peaceful and I have the same staff most days, they are kind to me and they listen and talk with me" and "I like the food here but I do miss certain food". A member of staff overheard and asked them to write a list which they would give to the kitchen to see if they could sort something out.

We saw several examples of staff attending to people in a caring manner. One person was hugged by member of staff while being in conversation together. Staff got on the same level to talk with sitting people and we heard one person tell a member of staff, "You are so nice". Residents appeared happy and showed good rapport with staff.

Staff told us, "It could be my mum or dad, or me in a few years", "It's important people feel you care". Staff told us about recent dementia training called 'The dementia bus'. This was virtual reality training where staff had their vision and hearing altered to be like that of a person with dementia. They told us they also had something put in their shoes which affected how they walked. Staff said the training had a powerful effect and they had more idea how it might be for the people they looked after. One staff told us about a person who said their feet hurt even though there was no sign of any problem. They said the training had made them think about how walking might feel to this person and to understand them more.

People told us they were treated with respect and dignity. One person said "I manage to dress myself but washing I need help with, the staff are so gentle and keep me covered", and another said, "The staff look after me gently, they respect me". Relatives told us, "The care has dramatically changed since the other wing has closed, they are more focussed and have more time for the dementia residents, and they are very well cared for." Staff were able to describe how to protect people's privacy and dignity during personal care, "I cover people with towels or a blanket, and make sure the door and curtains are closed".

People's independence was promoted. One person told us, "I am independent I like to do everything myself". People were supported to move independently as much as possible; staff accompanied people but only assisted when needed.

Relatives and visitors were made welcome at the service. Relatives told us, "It is such a friendly environment, I am always offered a drink and I have informal chats with carers about [Name]" and, "Staff are very welcoming offering us tea or coffee. I have no issues or concerns".

Is the service responsive?

Our findings

People were involved, as much as they were able, in the development of their care plans. At the last inspection, we found people or their relatives were not involved with developing their care plans. Some people had signed their care plans to confirm they had been consulted, while for other people whose care was delivered in their best interests, family members had signed.

One person told us they knew they had a care plan but didn't know what was in it. Relatives we spoke with said, "We have a yearly official meeting but I know they have mentioned small changes when needed, like changing bed mattresses". Another said "Yes I was involved when [Name] was first living here". A third relative told us nursing staff involved them as much as possible in their relative's care, "All the nurses have empathy and will sit and discuss issues."

Care plans were comprehensive and person centred. They contained clear information about people's care needs and preferences. Each person's care plan had a photograph and a one page profile called, 'This is Me' at the front of the file. This profile contained information about the person's life history, interests, family and preferences. There was also a one page brief summary of the person's care needs which included nursing, mental health, communication, preference for meals, daily activities and medication.

People's care records also contained detailed, person centred plans for each identified care need. These plans also contained clear guidance on how people liked to have their care delivered. Some people had specific medical conditions; care plans contained guidance on the physical care needed and also how the condition affected the person's experience of daily life. There was guidance for staff on how best to support the person with this.

Some people could become distressed and potential display behaviour that may challenge. There were clear support plans in place to guide staff on how to respond. For example, one person who did not always like personal care had a plan which said, "This anxiety can be overcome with staff talking to [Name]. They do not like to be cold". Their plan also said staff were to talk to them throughout, "If [Name] is involved and staff talk to them they quickly calm down".

People had regular reviews of their care and plans were updated when their needs changed.

Staff were responsible for delivering activities in the home. During our inspection we saw people participating in potting plants for the courtyard garden. As it was windy the compost and plants had been brought into the lounge. However, we felt that activities were limited and there was no record of activities provided for people who stayed in their rooms. A relative told us, "The care is good, I sometimes feel that [Name] could be coaxed into more activities and they will take the easy option of not getting involved". Staff told us they did spend time with people in their rooms. People's care records stated if the person wanted to socialise or preferred to spend either most or all of their time in their room. The providers monthly compliance visit on 30 April 2018 had identified, "basic activities are provided" but stated, "however more detail required".

People had their religion recorded and any wishes people had for burial, however, there was no provision for people to receive religious or spiritual support.

We recommend the provider reviews their activity and spiritual support provision.

The provider had an effective complaints system; concerns and complaints were listened to, investigated and a response provided. People had not currently made any complaints. One relative told us, "When [Name] moved in there was a door near her room with no lock on but when I pointed this out they put one on which I was happy about" and also, "At the moment with the building work [Name] has no hot water in the shower but is offered alternative option of using another, I don't mind as I know it will be short term".

Another relative told us about a complaint made by another family member. They said the service reported back to them with the outcome and the action they had taken.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. One relative told us, "My [Name] received end of life care, it was amazing, we were all involved with every stage and they were always clean and looked smart, they never smelt at any stage".

People's care records had a section entitled, "Planning ahead" which enabled people to express any future wishes or plans for end of life. Some people had declined completing these plans but others had more detailed plans. One person had been specific they would like to be buried and have their wife's ashes buried with them. Relatives had their wishes recorded about how and when they would like to be contacted should their relative pass away during the night and they were not present.

The provider and members of the operational support team, a provider-wide governance team, told us they intended to introduce the gold standard framework for end of life care and had begun the planning to introduce this.

The service worked closely with other health providers, commissioners and the safeguarding adults' team. Professionals we spoke with were positive about the service, the communication and the care that people received.

Is the service well-led?

Our findings

At the last inspection in June 2017, we found the service was not well led, as the systems had not identified the concerns we found during previous inspections since November 2014. These included: safe care and treatment; need for consent; person centred care; staffing; and good governance. The provider did not have effective systems and processes for identifying and assessing risks to the health, safety and welfare of people who used the service. Their audits had not identified the shortfalls. The service has been in breach of regulations since November 2014 and has been inspected on three further occasions since then. At this inspection, we found the provider had improved and strengthened the audits and governance processes. However, further time is needed as the provider needs to demonstrate these improvements can be maintained. The home has a significant number of vacancies and the provider needs to demonstrate that safe, good quality care can be provided when the numbers of people accommodated increases.

The provider had changed the management structure which now had three senior staff responsible for managing specific aspects of the service in addition to the registered manager. There was a clinical lead, responsible for nursing care, a care manager who was responsible for care staff and a deputy manager responsible for budgets, reports and other office functions. This had resulted in a strong and effective management team. The team was supported by the Operational Support Team which was responsible for monthly compliance checks and who mentored the three lead staff. Additionally, the clinical lead was supported by a registered manager from one of the provider's sister homes. The management team had clear allocated responsibilities.

Relatives told us, "[Name] is very good their communication is good. I can always phone and speak with them they are very approachable and will answer any question I may ask." Another relative told us, "The clinical lead is excellent and the administration and business side is good. The management team is always available."

The provider and clinical lead discussed with us how they had changed the culture of the service. They explained they had needed to replace the previous system's structures and routines. They told us they felt the current arrangements were effective and they were confident sustainable improvements had been made. One member of the management team told us, "We give good clinical care. We have a plan where we want to go next. We now meet the vision and values the provider set for us, they wanted it to be a home from home where they would put their parents."

Nursing staff now met monthly and were encouraged to develop their leadership skills. Records of meetings showed that management and recording of wound care was discussed. This had been brought up regularly until the clinical lead was satisfied that improvements had been made.

The provider had closed one unit of the service following the last inspection and reduced the number of people living at the home. They told us that once the refurbishment of the new unit was finished they would look at increasing the number of people again.

Staff we spoke with were positive about the changes. They told us they delivered good care, with sufficient time to do so. Staff said they felt well supported by an open and accessible management team. They told us they would have no hesitation in approaching any of the management team. Staff received regular supervision and training. Any issues with staff performance were addressed in supervision with more formal action taken for significant performance issues. The provider kept an overview of training and supervision, with all staff having up to date training.

Staff were positive about working at Winscombe Hall. A typical remark was, "I love working here". Staff told us things had changed at the service, "We are not stressed or forced. We work as a team, everybody helps each other". One member of staff said, "I would put my mum in here, no problems. Everything – the ambience, the whole team is getting in place. I enjoy coming to work. If we need anything they will always support us. I am really happy here." Staff also told us how the provider would support them to work shifts that fitted in with their personal circumstances.

There was a comprehensive system of audits in place. These included care plans, people's weights, pressure equipment, medication audits and bed rails. Any shortfalls identified by these audits had been followed up and rectified. The provider held staff meetings and minutes showed staff could raise concerns and ask questions. Relative and staff surveys had been carried out, however these were brief and did not give space for comments. Relatives told us there used to be a relatives group but it had not been held for some months.