Countrywide Care Homes (2) Limited

Field View

Inspection report

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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 took place on 5 October 2017 and was unannounced. This meant the staff and the provider did not know we would be visiting. Field View was last inspected by CQC on 10 August 2015 and was rated Good. At this inspection we found the service continued to be Good.

The home had a registered manager in place. A registered manager is a person who has registered with 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.

Field View provides care and accommodation for up to 36 older people and people with a dementia type illness. On the day of our inspection there were 34 people using the service.

Accommodation is provided across one level. Facilities included several lounges, a dining room, communal bathrooms, shower rooms and toilets, hairdressing room, coffee shop, sweet shop and a communal garden. The general reception was spacious with a comfortable seated area.

We saw that entry to the premises was controlled by key-pad entry and all visitors were required to sign in.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and was suitably designed for people with dementia type conditions.

The provider had procedures in place for managing the maintenance of the premises.

People who used the service and their relatives were complimentary about the standard of care at Field View. We saw staff supporting and helping to maintain people's independence. People were encouraged to care for themselves where possible.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns. Thorough investigations had been carried out in response to safeguarding incidents or allegations.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of

people using the service.

Staff were properly supported to provide care to people who used the service through a range of mandatory and specialised training, supervision and appraisal.

The service was working within the principles of the Mental Capacity Act 2005 and any conditions on authorisations to deprive a person of their liberty were being met. All the care records we looked at contained evidence of consent.

People were protected against the risks associated with the unsafe use and management of medicines.

People had access to food and drink throughout the day and we saw staff supporting people to eat and drink at meal times when required. People's weight and nutrition was closely monitored.

People had access to a range of activities in the home and within the local community.

All the care records we looked at showed people's needs were assessed. Care plans and risk assessments were in place where required and daily records were up to date. Care plans were written in a person centred way and they were reviewed regularly.

Staff used a range of assessment tools and kept clear records about how care was to be delivered. People who used the service had access to healthcare services and received ongoing healthcare support.

The provider had a complaints policy and procedure in place and complaints were fully investigated. Staff we spoke with told us they felt able to approach the registered manager and felt safe to report concerns.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions.

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 remains Good.

Is the service effective?

Good

The service was effective.

The service remains Good.

Is the service caring?

Good

The service was caring.

The service remains Good.

Is the service responsive?

Good

The service was responsive.

The service remains Good.

Is the service well-led?

Good

The service was well-led.

The service remains Good.

Field View

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 5 October 2017 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law.

The provider completed a Provider Information Return (PIR) before the inspection. The PIR 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.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control. No concerns were raised by any of these professionals. We also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we spoke with seven people who used the service and four relatives. We spoke with the registered manager, deputy manager, two care staff, the activities co-ordinator, administrator, handyman, laundry assistant and two visiting professionals.

We looked at the personal care or treatment records of three people who used the service and observed

how people were being cared for. We also looked at the personnel files for three members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits, surveys and policies.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe. One person said, "Definitely, I do feel safe here" and another person commented, "I feel safe, all the staff are very nice." One relative told us, "It is very secure here and the girls [carers] are lovely" and another relative said, "I do think she is safe as there are people around her."

Field View comprised of 36 bedrooms, all of which were en-suite. We saw that entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. A person told us, "It is a secure building" and a relative told us, "It is very safe and secure here."

We looked at the selection and recruitment policy and the recruitment records for three members of staff. Appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Each record contained a staff photograph and proof of identity was obtained from each member of staff, including copies of birth certificates, driving licences and passports. Copies of application forms were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

The registered manager told us that the levels of staff provided were based on people's dependency needs and any staff absences were covered by existing home staff or bank staff. We saw there were six members of care staff on a day shift and four care staff on duty at night. A person told us "There are enough [staff] here for me" and a relative said, "There are always carers around." We observed sufficient numbers of staff on duty to meet people's needs and call bells were responded to by staff in a timely manner. One person told us, "If I press the call button the carers always come" and another person said, "I have a buzzer they come quickly, I don't have to wait long." A relative told us, "They [staff] are champion they come when they are called."

The provider's safeguarding adults policy provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. Where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. Staff had completed training in safeguarding of vulnerable adults. The staff we spoke with demonstrated a good awareness of safeguarding and whistleblowing. They knew the different types of abuse and how to report concerns. The provider also had a staff disciplinary policy in place. This meant that people were protected from the risk of abuse or unsafe care.

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in

line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). We saw wardrobes in people's bedrooms were secured to walls.

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. The records for portable appliance testing, gas safety and electrical installation were all up to date.

The provider's accident management and recording policy and procedures provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were recorded and the registered manager reviewed the information monthly in order to establish if there were any trends and made referrals to professionals when required, for example, to the falls team.

A fire emergency plan was displayed in the reception area. This included a plan of the building. A fire risk assessment was in place and regular fire drills were undertaken. The checks or tests for firefighting equipment, fire alarms and emergency lighting were all up to date.

There were arrangements in place for keeping people safe in the event of an emergency. The provider's business continuity plan provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. We looked at the personal emergency evacuation plans (PEEPS) for people. These described the emergency evacuation procedures for each person who used the service. This included the person's name and room number and detailed the assistance required.

Risks were identified and minimised to keep people safe. People had detailed risk assessments in place relating to, for example, falls, moving and handling, choking, skin integrity and medication. The service also had health and safety risk assessments in place, which contained detailed information on particular hazards and how to manage risks.

We found appropriate arrangements were in place for the safe management of medicines. The provider's medication policy covered all key areas of safe and effective medicines management. Medicines were supplied by a national pharmacy chain. There were clear procedures in place regarding the ordering, supply and reconciliation of medicine. Medicines were stored appropriately and treatment rooms displayed a good standard of housekeeping. Staff were able to explain how the system worked and were knowledgeable about people's medicines. One person told us, "I don't get my own tablets, they [carers] give me my tablets and water to take them. They are for my blood and they give them to me on time. I can get a paracetamol anytime" and another person said, "She [carer] brings it in [medication] I take it three times a day. It is spot on [on time] when they fetch it. I understand what they are for. I ask for one [pain relief] If I need one and they bring it."

We looked at the electronic medicines administration charts (MAR) for four people and found there were no omissions. Photo identification for each person was in place and allergies were recorded. Medicine administration was observed to be appropriate. Clear guidance was in place to ensure staff were aware of the circumstances to administer "as necessary" medicine. Appropriate arrangements were in place for the management, administration and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse. Temperature checks for treatment rooms and refrigerators were recorded on a daily basis and all were within recommended levels by the British Pharmacological Society. Staff who administered medicines were trained and were required to undertake an annual competence assessment. We saw that medicine audits were up to date and included action plans for any identified issues.

The home was clean, well decorated and maintained. The en-suite bathrooms, communal bathrooms, shower rooms and toilets were clean and suitable for the people who used the service. The registered manager told us the service had two infection control champions and we saw infection control audits and cleaning schedules were up to date. Staff had completed infection control training and were observed to wash their hands before and after aspects of personal care. Gloves and aprons were readily available to staff and were used as necessary. One person told us, "Oh yes it is always clean and fresh in here" and another said "Yes clean and my en-suite is kept clean and tidy too". A relative told us, "Yes it is always very clean in here."

Good

Is the service effective?

Our findings

People who lived at Field View received care and support from well trained and well supported staff. One person told us, "The carers are very good" and another said "They [staff] know what they are doing". A third person commented, "The staff are very pleasant and effective". A relative told us, "They [staff] are very good here."

New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. The registered manager also told us that a 'people's champion' had been appointed to support new staff with their induction.

Staff training records showed that mandatory training was up to date. Mandatory training is training that the provider thinks is necessary to support people safely. Mandatory training included manual handling, fire awareness, first aid, health and safety, food safety and control substances that are hazardous to health (COSHH). In addition staff had completed more specialised training in for example, dementia awareness and death, dying and bereavement. We also saw evidence of planned training in challenging behaviour and electronic care plans. The staff we spoke with told us that training was important to them.

We saw staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The staff we spoke with and the records we saw supported this.

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).

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. We found the registered manager had a good understanding of their legal responsibilities with regard to the MCA and DoLS and staff had received training in the MCA. Applications for DoLS had been submitted to the supervisory body, mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Consent to care and treatment was documented in people's care plan documents. There was evidence that people and their relatives were aware of and involved in the care planning and review process. A person told us, "I have mine [care plan] here."

People had access to a choice of food and drink throughout the day. One person told us, "You get quite enough. I have not had a meal which I didn't like" and another person said "I get two choices, I love the

food." Staff supported people to eat and drink in the dining rooms at meal times when required. People were also supported to eat in their own bedrooms if they preferred. Menus were displayed in the dining room which detailed the meals available throughout the day.

Meal times were relaxed and unhurried. A person told us "The tea trolley comes in the morning and in the afternoon", another said "If you want a snack they will bring it to you" and another person told us, "You just have to ask if you want anything to eat or drink." A member of staff told us they serve fruit, biscuits and drinks, including fortified drinks, on a morning and on afternoon they offer a choice of drinks, biscuits and homemade cake. One person told us, "The tea and cake is very nice" and another said, "They keep coming in with tea, it is very nice." There was also a coffee shop where people and their relatives could help themselves to tea and coffee.

Care records demonstrated people's weight and nutrition was closely monitored. We spoke with a kitchen assistant about people's special dietary needs and preferences. The provider had a nutrition and hydration policy in place and all staff had completed training in food safety. Some staff had also completed focus on nutrition and identifying and treating undernutrition in care homes training.

People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GP's, audiologist, physiotherapist, optician, osteoporosis service, falls team, speech and language therapist (SALT), nurse practitioners, dentist, chiropodist and community psychiatric nurses. One person told us, "They have two chiropodists who come every six weeks. One private and one NHS, I choose to see the NHS one", another person said "If I need a doctor they will call one" and another person told us, "You can see any one in here a dentist or they will get the doctor out if you need one". One relative told us, "They call a doctor if she needs one and let me know" and another relative said, "Yes they will get her anybody she needs, they are very good."

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely and the home was suitably designed for people with dementia type conditions. For example, there was colour coding and additional signage on the doors of toilets and bathrooms. There were memory boxes in place which contained a range of meaningful memorabilia for people to reminisce. Walls were decorated to provide people with visual stimulation and corridors were clear from obstructions and well lit, which helped to aid people's orientation around the home. The registered manager told us there were plans to refurbish parts of the home by the end of the year including updating seated areas, decorating corridors and creating a library in the quiet lounge.

Good

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Field View. A person told us, "The carers are always nice, I know them all", another said, "They are kind, I am very comfortable here" and another person commented, "They are kind, I talk to all of them all the time. We have a daft carry on." A relative told us, "It is champion she receives good care here" and another relative said "They are kind and they know her (name) very well."

People we saw were well presented and looked comfortable. Staff knew people's names and spoke with people in a kind and caring manner. One person told us, "It is lovely in here", another said, "It is a very good place to live", another person commented, "It is great, champion. The home is ideal" and another person told us, "It is first class here." One relative told us, "Everything is champion" and another said, "It is very nice, I feel very welcome here."

We saw staff assisting people, in wheelchairs to access the lounges, bedrooms and dining room. Staff assisted people in a calm and gentle manner, ensuring the people were safe and comfortable, often providing reassurance to them. Staff interacted with people at every opportunity and were polite and respectful. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. One person told us, "The carers are very respectful", another said, "Yes they knock before they come in" and another commented, "They treat me with dignity, they always ask me first."

People were supported by staff in a patient and friendly way. People had a good rapport with staff. Staff knew how to support people and understood people's individual needs. People told us the staff listened to them and they were offered choices about their care. For example, one person told us, "I tell them [staff] when I want to go to bed and they help me" and another said, "I like to have a bath and I have one twice a week." A relative told us, "Yes, she tells them what she wants."

People's bedrooms were individualised with their own furniture and personal possessions. Many contained photographs of relatives and special occasions. A member of staff was available at all times throughout the day in most areas of the home. People received help from staff without delay. We saw staff supporting people to maintain their independence. One person told us, "They let me do what I can for myself" and a relative told us, "I think they encourage her to do what she can."

People were encouraged and supported to maintain their relationships with their friends and relatives. There were no restrictions on visiting times. One person told us, "Yes they [friends/family] can come anytime", another said, "My family all come here, any time they want to" and another person told us, "I have someone [visitor] everyday; we sit in the coffee shop." One relative told us, "I feel welcome, when I come in everyone speaks", another said, "I like the staff here they always talk when I come in", another relative commented, "The cafe is a godsend. I come in and have a drink and/or a meal with my relative" and another relative said, "I come in and have a drink and/or meal with my relative. I pay two or three pounds and the food is nice and hot. We get a choice and the corn beef pie is very good."

Do Not Attempt Resuscitation (DNACPR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making. We saw end of life care plans, in place for people, as appropriate and staff had received training in end of life care. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

We saw people were provided with information about the service in the provider's 'statement of purpose' and 'service user guide' which contained information about the facilities, services, safeguarding, meals, fire procedures, spiritual support and complaints. Information about health, advocacy and local services was also prominently displayed on notice boards throughout the home.

Good

Is the service responsive?

Our findings

We looked at care records for three people who used the service. People had their needs assessed and their care plans demonstrated a good understanding of their individual needs. There was also evidence of regular review, updates and evaluation. The registered manager told us the service planned to introduce electronic care plans by the end of November 2017.

Care plans had been developed from a person-centred perspective and covered a range of needs including sleep, nutrition, skin integrity, mobility, communication, continence, activities, psychological support and personal hygiene. Each person's care record was personalised and contained a 'me and my life' document which had been developed with the person or their relative and detailed what is important to that person including their individual needs, interests, social history, preferences, likes and dislikes and how best to support them.

Staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered. For example, Malnutrition Universal Screening Tools (MUST), which is a five-step screening tool, were used to identify if people were malnourished or at risk of malnutrition. Waterlow assessed the risk of a person developing a pressure ulcer and body maps were used where they had been deemed necessary to record physical injury.

The service employed an activities co-ordinator. People and their relatives were complimentary about the activities co-ordinator and the activities in the home. Planned activities were displayed and included skittles, bingo, dominoes, home baking, seated exercises and coffee mornings. We observed a person playing a game of Connect Four with a member of staff in the main lounge and a person doing a jigsaw in the 'sweet shop'. One person told us, "There a lots of things to do. I do some cooking and join in with what is going on" and another said, "I sometimes go and play dominoes, I feed the birds and I see the horses in the field" and another person commented, "I do keep fit." One relative told us, "[name activities coordinator] is very good. She arranges singing and skittles which she [relative] enjoys" and another said, "She [relative] does ten pin bowling and loves the music."

The activities coordinator told us about a new initiative the home had accessed through 'second wind dreams' an organisation which provides virtual dementia tours and enables people to wear a digital headset to see locations of interest, for example, Beamish. There were also themed events planned in for October which included curry tasting, a clothing party, a Halloween entertainer and a cheese and wine party.

The registered provider's complaints policy was on display. It informed people who to talk to if they had a complaint, how complaints would be responded to and who to contact, if the complainant was unhappy with the outcome, for example the local authority and the local government ombudsman. Complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed. A person told us, "I would talk to the head one [manager], she is very good" and another person said, "If I had a problem I would talk to

the carers or the manager." One relative told us, "I would talk to the manager if I had any problems, I don't have any" and another said, "Everything is very good. We have not needed to make a complaint."

Good

Is the service well-led?

Our findings

At the time of our inspection, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered with CQC since 3 July 2014. CQC registration certificates and copies of inspection reports were prominently displayed in the home's entrance.

The registered manager told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. A person told us, "Yes she [manager] is very nice and friendly" and a relative said, "She [manager] is very friendly and approachable. They [staff and manager] are there for you at anytime you want."

Staff we spoke with were clear about their role and responsibilities. They told us they were supported in their role and felt able to approach the manager or to report concerns. A member of staff told us, "I am very happy here" and another said, "The management listen and are open to suggestions." A visiting professional told us, "The staff are very approachable and always happy to help", another professional said, "It's a very friendly home, who always puts the resident's needs first."

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care. We saw regular quality assurance visits were carried out on behalf of the provider and audits were in place for care records, health and safety, home presentation, safeguarding, dining experience and information governance. All of these were up to date and included action plans for any identified issues.

The home had been awarded a "5 Very Good" Food Hygiene Rating by the Food Standards Agency on 24 July 2017 and was rated as 9.7 out of 10 by the care home.co.uk scheme which was based on the reviews of fifty one people who used services, relatives and friends. Comments included, "My family and I have visited several care homes. Field View impressed us the most, from the manager to the staff. Mam has been staying at Field View for several weeks and is settling well. She gets involved in the activities. I feel happy knowing she is safe and well looked after" and "I enjoy coming here on Wednesday, I feel very relaxed and find it very good. The staff are very helpful and easy to talk to and will listen to us."

People who used the service and their relatives told us they were regularly involved with the service in a meaningful way. They told us they felt confident they could go to the registered manager or the deputy manager with any suggestion, concern or complaint and they felt their views were listened to and acted upon and that this helped to drive improvement. The registered manager told us how people were empowered to influence the running of the home, for example, people were offered the opportunity to chair meetings, attend sections of the staff meetings and health and safety panels, and be involved in the recruitment of new staff.

We saw a 'You said, We did' notice board displayed in the entrance to the home. The board demonstrated the registered manager had recently sought views about the home from people who used the service and

their relatives. The comments received included that people would like to attract more wildlife into the garden, have more activities in the evening and more seating in the garden. The board also displayed the actions taken by the registered manager in response, for example, a birdfeeder had been placed in the garden, a cheese and wine party had been arranged for an evening and a new swing chair had been provided for the garden.

We saw residents and relatives meetings were held regularly. A relative told us, "I have been invited to a meeting; I didn't attend because everything is alright". There was also a suggestion box available in the main entrance for people to post comments, complaints or compliments.

The quality assurance surveys for 2016 for people who used the service and their family and friends received very positive responses. Themes included staff and care, home and comforts, choice and having a say and quality of life. One person told us, "I completed one [survey] a year ago; I mentioned the meals on the survey. I put I wanted modern day meals [curry and pasta]. They have put them on the menu."

Staff meetings were held regularly. The minutes of the meeting held in September 2017 showed staff were able to discuss any areas of concern they had about the service or the people who used it. Discussion items included medicines, care documentation, policies and procedures, activities, training and staffing. We saw positive responses from the 2016 staff survey. Themes included the approachability of managers, communication, training and recognition/feeling valued. We also saw the service operated an annual awards ceremony to recognise staff for their care and support.

The service had close links with the local community. Coffee mornings were held every Wednesday and religious services were provided for people by the local churches.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. For example, the registered provider's medication policy referred to guidance from the National Institute for Health and Care Excellence (NICE). The registered manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice." The staff we spoke with and the records we saw supported this.

Records were maintained and used in accordance with the Data Protection Act. The registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the home in line with their legal responsibilities and statutory notifications were submitted in a timely manner.